

ROUTING SLIP

ASSIGNMENT NO.: 105243 MOTCAR NO.: 43503 PERMIT: HG-61664

CARRIER NAME: Express Movers, Inc.

INVESTIGATOR(S): Tom McVaugh DATE: 11-4-05

RECOMMENDATION: Close & File. This carrier received a Satisfactory Safety Rating and has completed ALL provisional HIG requirements. I recommend permanent Authority Be issued.

Should carrier be rechecked? No - Recommans Permanent HIG Authority

REVIEWED BY: Mike Haley DATE: 11-4-05

concur with recommendation to grant permanent HIG authority, close

FINAL RECOMMENDATION BY: V Elliott DATE: 11/6/05

Approved

OTHER INFORMATION: 11/7/05 closed case

cc: Tom McVaugh
Licensing

RMS
TA

WA UTILITIES & TRANSPORTATION COMMISSION

	US DOT #	Legal: EXPRESS MOVERS INCORPORATED Operating (DBA):
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MC/MX #: **State #:** HG-61664 **Federal Tax ID:** 537-98-2147 (SSN)

Review Type: Compliance Review (CR) - Receipt

Scope: Principal Office **Location of Review/Audit:** Company facility in the U. S. **Territory:**

Operation Types	Interstate	Intrastate	Business: Corporation
Carrier: N/A		Non-HM	Gross Revenue: \$50,000.00 for year ending: 11/3/2005
Shipper: N/A		N/A	
Cargo Tank: N/A			

Company Physical Address:

4212 SOUTH 375TH PLACE
AUBURN, WA 98001

Contact Name: ADRIAN YUN
Phone numbers: (1) 206-276-4599 (2) **Fax** 253-838-6120
E-Mail Address:

Company Mailing Address:

12819 SE 38TH STREET #409
BELLEVUE, WA 98006

Report Summary

Report	# of Pages
Part A - General	1
Part B - Violations	1
Part B - Recommendations	1
Review/Audit Receipt Page	1
Total Pages	4

Disclaimer: By signing below, I acknowledge that I have received a copy of this review/audit and agree with the total number of pages indicated (above) for each document. My signature does not imply agreement with the findings of the review/audit, however they have been discussed in detail with me.

QUESTIONS regarding this report or the Federal Motor Carrier Safety or Hazardous Materials rules may be addressed to the WUTC at:

WUTC ATTN: TOM McVAUGH 360-664-1237
PO BOX 47250
OLYMPIA, WA 98504-7250

This report will be used to assess your safety compliance.


Person(s) Interviewed

Name: ADRIAN YUN	Title: PRESIDENT
Name:	Title:

Reported By: *Thomas R. McVaugh* **Title:** *MCTE Sp. Inv* **Code:** WA0531 **Date:** 11/3/2005

Received By: *[Signature]* **Title:** *President* **Date:** 11/3/05

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Company Physical Address:				
4212 SOUTH 375TH PLACE AUBURN, WA 98001				
Contact Name:	ADRIAN YUN			
Phone numbers:	(1) 206-276-4599	(2)	Fax 253-838-6120	
E-Mail Address:				
Company Mailing Address:				
12819 SE 38TH STREET #409 BELLEVUE, WA 98006				
Carrier Classification				
Exempt for Hire				
Cargo Classification				
General Freight		Household Goods		
Does carrier transport placardable quantities of HM?		No		
Is an HM Permit required?		N/A		
Driver Information				
	Inter	Intra	Average trip leased drivers/month: 0	
< 100 Miles:			Total Drivers: 1	
>= 100 Miles:		1	CDL Drivers: 0	
Equipment				
	Owned	Term Leased	Trip Leased	
Truck	1	0	0	
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This report will be used to assess your safety compliance.				
Person(s) Interviewed				
Name:	ADRIAN YUN		Title: PRESIDENT	
Name:			Title:	
Reported By:	<i>Tom McVaugh</i>		Title: <i>mclre sp.</i>	Fav. Code: WA0531 Date: 11/3/2005
Received By:	<i>Mark</i>		Title: <i>President</i>	<i>11/3/05</i>





EXPRESS MOVERS INCORPORATED

U.S. DOT #:

State #: HG-61664

Review Date:

11/03/2005

Part B Violations

1 STATE	Primary: 391.11(b)(8) Secondary: 391.11(a) CFR Equivalent: 391.11(b)(8)	Discovered 1	Checked 1	Drivers/Vehicles In Violation 1	Checked 1
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Description

Using a driver who has not taken a road test or who has not been issued a certificate of driver's road test or presented an operators license, or certificate of road test which the motor carrier accepted as equivalent.

Example

Adrian Yun, trip record: 11-1-05.

2 STATE	Primary: 391.21(a) CFR Equivalent: 391.21(a)	Discovered 1	Checked 1	Drivers/Vehicles In Violation 1	Checked 1
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Description

Using a driver who has not completed and furnished an employment application.

Example

Adrian Yun, trip record: 11-1-05.

3 STATE	Primary: 391.51(b)(4) CFR Equivalent: 391.51(b)(4)	Discovered 1	Checked 1	Drivers/Vehicles In Violation 1	Checked 1
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Description

Failing to maintain the responses of each State agency to the annual driver record inquiry required by 391.25(a).

Example

Adrian Yun, trip record: 11-1-05.

Safety Fitness Rating Information:		OOS Vehicle (CR): 0
Total Miles Operated	9,000	Number of Vehicle Inspected (CR): 0
Recordable Accidents	0	OOS Vehicle (MCMIS): 0
Recordable Accidents/Million Miles	0.000	Number of Vehicles Inspected (MCMIS): 0

Your proposed safety rating is : SATISFACTORY	Rating Factors	Acute	Critical
	Factor 1:	S	0 0
	Factor 2:	S	0 0
	Factor 3:	S	0 0
	Factor 4:	S	0 0
	Factor 5:	N	0 0
	Factor 6:	S	- -





EXPRESS MOVERS INCORPORATED

U.S. DOT #:

State #: HG-61664

Review Date:

11/03/2005

Part B Requirements and/or Recommendations

1. Ensure that periodic inspections are conducted at least once a year, on each vehicle owned and operated by the company. The inspection must be defect free and conducted by a certified periodic inspector.
2. Ensure that all drivers are fully and properly qualified before operating in interstate and intrastate commerce. Maintain a complete file as required for each driver, documenting the qualification process.
3. Maintain a complete accident register for a period of three years, for each recordable accident involving a commercial motor vehicle. This includes accidents occurring on or after April 29th, 2003.
4. This review will result in an intrastate safety rating and carrier profile. To obtain a copy of your profile, contact Ms. Carolyn Caruso at 360-664-1244.





EXPRESS MOVERS INCORPORATED

U.S. DOT #:

State #: HG-61664

Review Date:

11/03/2005

Part C

Principal Reviewer Signature

WA0531

Upload Authorized:

Yes

No

Authorized by:

Date:

Assistant Reviewers Signature(s)

Uploaded:

Yes

No

Failure Code:

Verified by:

Date:



Washington Utilities and Transportation Commission
**Household Goods Technical Assistance and
 Records Review Checklist**

Rev. 4/01

Carrier: d/b/a: <i>Express Movers, Inc.</i>	HG- <i>61664</i>
Location: <i>4212 S. 375th Pl. Auburn, WA 98001</i>	Assignment #: <i>105057 105195 105243</i>
Investigator: <i>Tom McVaugh</i>	UBI #:
Period of Records Checked: From: <i>3-8-05</i> To: <i>11-3-05</i> Total Number of Bills: <i>20</i>	

WAC Rule	WAC Rule Reference	Findings	Number Checked	Number in Violation
480-15-	Does the company have current accounts with: Labor & Industries Employment Security Secretary of State Dept. of Revenue	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
110	Address/Phone Number - Are the carrier's address and phone number those listed in Commission records?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
360	Permits - Is original kept in main office?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
480	Annual Report/Regulatory Fees - Has the carrier filed the most recent annual report? Was the annual report filed on or before May 1 st ? If not, were late fees and interest included? Does the carrier correctly calculate and submit regulatory fees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Not Yet</i>	
530	Insurance - Does the carrier have current public liability and property damage insurance? Does it match the information on file with the Commission? Liability and property damage insurance information: Company: <u><i>Progressive</i></u> Policy: <u><i>R504010/0152 08393563-0</i></u> Liability Limits: <u><i>\$50,000</i></u> Expires: <u><i>5-6-06</i></u> <u><i>12-22-05</i></u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
550	Cargo Insurance - Does the carrier have adequate cargo insurance? Cargo Insurance information: Company <u><i>LLOYDS OF LONDON - PUI</i></u> Policy: <u><i>R2504010/0152</i></u> Limits: <u><i>\$20,000</i></u> Expires <u><i>5-6-06</i></u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>CARRIER is currently STOPPING FOR CARGO INSURANCE</i>		

590/600	Leasing - Does the carrier lease equipment? If yes: Were the leases filed with and approved by the Commission? Were the terms of the lease complied with?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			
610	Advertising - Is the carrier's HG or TCC permit number included in all advertisements? If no, note on "other information".	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>He will comply in the future</i>		

Bill of Lading

720	Bills of Lading - Is the carrier using a Uniform Household Goods Bill of Lading that meets the requirement of Tariff 15-A? Has the carrier issued a Bill of Lading for each shipment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>He will use white B/L</i>		
740	Does each Bill of Lading contain all required information?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
620	Notice to Shippers - Is the carrier providing shippers with the "Rights and Responsibilities" guide Has the notation on the Bills of Lading been signed by the shipper?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Tariffs - Rates & Charges

490	Does the carrier have a copy of Tariff 15-A? If yes: Is it current? Is it available to the public?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	If shipper selected a valuation option, were charges computed correctly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
330 Hourly	Does the carrier accurately record start and stop times on the bill of lading for each job?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	Are the charged hourly rates within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	Are the extra labor charges within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	Does the carrier charge travel time to and from job sites?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	Charging overtime is optional. If the carrier charges overtime, are the charges within the rate band?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>N/A to date</i>		
	Has the carrier assessed hourly rates for any moves that have exceeded 35 miles from origin to destination?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	Has the carrier charged for any services not authorized under time rates? (Long carry, stairs, piano charge, etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	Packing Material rates - are the charges within the rate band? Does the carrier charge for materials not in the tariff? (Such as: paper, tape, padding, bubble wrap, shrink wrap, tape, etc.) Has the carrier provided packing material to the shipper at no cost?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			
330 Mileage	Does the carrier use the Rand McNally mileage guide to determine mileage for tariff purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>He will use it in future</i>		
	Is mileage computed correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>N/A</i>		
750	Determination of weights - has the carrier weighed all shipments that have exceeded 35 miles from origin to destination? Are empty and loaded weight tickets maintained with the bill of lading?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	Does the carrier use correct tariff mileage/weight charges?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>local only</i>		

	Packing Material rates - are the charges within the rate band? Does the carrier charge for materials not in the tariff? (Such as: paper, tape, padding, bubble wrap, shrink wrap, tape, etc.) Has the carrier provided packing material to the shipper at no cost?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Storage-in Transit - Has the carrier improperly classified or converted and storage-in-transit into long term storage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No	Storage
	Does the carrier use correct rates for movements into and/or out of storage-in-transit?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Facilities
	Have shipments properly classified as storage-in-transit been charged long term storage rates?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the carrier provided temporary storage-in-vehicle? If yes: Are the charges within the rate band? Did the carrier obtain the shipper's authorizing signature?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are charges for stairs, elevators, and long carry calculated within the rate band?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	
	Are extra stop(s) charges calculated within the rate band?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	
	Are piano/organ charges calculated within the rate band?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	
	Has the carrier charged for "Expedited Service"? If yes: Did the carrier obtain the shippers' authorizing signature?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		

Estimates

640	Is the company aware that verbal estimates are not allowed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
630-690	Does the carrier issue written estimates? If yes: Are written estimates based on a written inventory (cube sheet)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Do written estimates include all required information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier provide written estimates without visually inspecting the goods at the origin?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Binding Estimates - Does the carrier issue binding estimates? If yes: Is required documentation attached to binding estimates? Has carrier failed to honor any binding estimates? Have any binding estimates exceeded the highest legal tariff rate? Has the carrier issued any supplemental estimates on binding estimates? If yes: Is a signed supplemental estimate attached to the original estimate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Have all written estimates been signed by the customer?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier retain all written estimates of moves they have conducted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the carrier issued any Supplemental Estimates? If yes: Do supplemental estimates show what additional services were requested by the customer that would cause the increase? Is a signed supplemental estimate attached to the original estimate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Has the carrier refused to agree to release a shipment upon payment of 110% of a written and any supplemental estimates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If the goods were released upon payment of 110% of a written estimate, has the customer been allowed 30 days to pay the balance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A

	Has the carrier collected more than 25% over the written non-binding estimate (plus any supplemental estimate) for time charges on hourly moves, or collected more than 15% over the estimate for accessorial or other services?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Has the carrier collected more than 15% over a written non-binding estimate (plus any supplemental estimate) for mileage rated moves?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Has the carrier underestimated any shipments? If yes, How many were underestimated _____ How many total moves did company conduct _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Does carrier understand that if they choose not to issue written estimates, they can not provide service by offering to meet or beat another company's estimate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Claims

800-870	Does the carrier maintain a Complaints and Claims Register? If yes: Does the register include all required information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Have all complaints been recorded in the register?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Are all complaints and claims consecutively numbered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	
	Have all claims for loss and damage filed within 9 months of delivery date been recorded and processed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	ll	
	Are all claim record documents retained for 6 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	ll	
	Are complaint records maintained in office for 3 years after resolution or shipment date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	ll	
	Does the carrier notify the customer in writing, within 10 days, that claim or complaint was received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	ll	
	Does the carrier investigate the claim quickly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier advise customer of resolution? Advisement is: Written <input checked="" type="checkbox"/> Verbal <input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier pay, refuse, or offer a compromise on a claim within 120 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	No (Vacans)	
	If claim is not settled within 120 days, does carrier the continue to inform claimant every 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	ll	
	If a customer is not satisfied with the carrier's resolution, is the customer referred to the Commission? Does the carrier provide the customer with the Commission's toll-free line to Consumer Affairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	ll	

Operations

190	Permit - Is carrier operating within the scope of the permit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
300	Temporary Permit - Is carrier in compliance with conditions attached to its temporary authority?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
390	Carrier Name - Is the carrier operating under its permitted name or an approved d/b/a?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
430-450	Suspension/Cancellation - Has the carrier's permit been suspended or canceled during the time frame of this records check? If yes: Did the carrier operate during the suspension or cancellation period?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		

900	Interstate Authority - Has the carrier operated in interstate commerce? If yes:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
930	Is the carrier properly registered? Is a copy of the SSRS/Exempt receipt in each vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
360	Permits - Does carrier keep copies in each vehicle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
560	Vehicle Identification - Is the carrier's equipment properly identified by name and permit number?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NOT @ This time. Camera will have name/num. painted on in next future.	
600	Leased vehicles: are copies of leases in each vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	

- This records review indicated that the carrier's records are in compliance with WUTC rules and regulations.
- This records review indicated that some records, as indicated in this form, need to be corrected. The items that need correction have been discussed.
- This records review found numerous record violations. All of the items that need correction were discussed.

Company Representatives contacted during this records review.	Position Held	Phone Number
ADRIAN YUN	OWNER	206-276-4599
RESIDENCE:	6323 6th Ave. NE #5	
	SEATTLE, WA 98115-6560	

Other information:

(3-8-05) 2 years in HHC Industry.
 #105057 was initial ETA. WUTC Hold rules & Tariff 15 was discussed with Mr. Yun.
 A vehicle inspection was conducted. Two (2) defects were noted w/no CSA Decal issued. Refer to Uniform Driver/Vehicle Inspection Report #175903.
 7-5-05 Discussed safety regulations with Mr. Yun including WUTC Safety Guide which I provided to him. Tentatively set up middle of August 2005 to complete CR & close out Assignment.

#105243 11-3-05

Closing Compliance Review conducted. Carrier received a Satisfactory Rating. In addition, I reviewed Bill of Ladings, Estimating, Mileage & Hourly Rates, Valuation, Damage & Service Claims

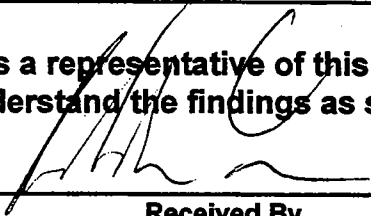
If you have any questions, or would like further technical assistance, please contact:

Thomas R. McVaugh
Investigator

360-664-1237
Telephone

360-586-1150
FAX

I, as a representative of this company, acknowledge receipt of this records review form and understand the findings as stated herein.



Received By

President
Title

11/3/05
Date