

ROUTING SLIP

TV-050080

ASSIGNMENT NO.: 105066 MOTCAR NO.: 43468 PERMIT: HG-61643
CARRIER NAME: Doug Jensen, DBA Doug's Furniture Delivery & Moving Serv.
INVESTIGATOR(S): A. DICKSON DATE: 7-20-05

RECOMMENDATION: Carrier is in compliance with the economic rules and regulations. One safety violation noted - No driver's medical exams -- carrier will update and provide proof of compliance within 60 days.

I would recommend this company be considered for issuance of the permanent HG authority.

Should carrier be rechecked? No

REVIEWED BY: M. J. O'Leary DATE: 7-21-05
concur with recommendation to grant permanent HIG Authority. close & file

FINAL RECOMMENDATION BY: _____ DATE: _____

OTHER INFORMATION: 7/21/05 closed case
cc: Alan Dickson
Licensing

RMS
JA

MEMORANDUM

July 20, 2005

Assignment No.: 105066

Industry Code: 207

To: Mark Halliday, Compliance Manager

From: Alan Dickson, Special Investigator

Subject: Doug Jensen Permit Number: HG-61643
Db: Doug's Furniture Delivery & Moving Service
12425 175th Avenue SE
Snohomish, WA 98272
360 281-0800

Mr. Doug Jensen, owner was contacted at the above address on July 18, 2005 and he submitted records for inspection. Mr. Jensen was knowledgeable of the moving company requirements. He will require his drivers to obtain medical examination and certificates for compliance with driver qualification regulations within 60 days.

The company was found to be in compliance with the economic rules and regulations.

Summary:


I would recommend this carrier to be considered for issuance of the permanent household goods authority.

Completed compliance review, technical assistance and records review checklist, and vehicle inspection reports are attached.



Alan Dickson

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION

	US DOT # 0000000	Legal: DOUG JENSEN Operating (DBA): DOUGS FURNITURE DELIVERY & MOVING SERVICE		
MC/MX #:		State #: A-105066	Federal Tax ID: 91-2122953 (EIN)	
Review Type: Compliance Review (CR) - Receipt				
Scope: Principal Office		Location of Review/Audit: Company facility in the U. S.		Territory:
Operation Types				
Interstate		Intrastate		
Carrier: N/A		Non-HM	Business: Corporation	
Shipper: N/A		N/A	Gross Revenue: \$170,000.00	for year ending: 6/30/2005
Cargo Tank: N/A				
Company Physical Address:				
12425 175th Ave SE Snohomish, WA 98290				
Contact Name:				
Phone numbers: (1)		(2)	Fax	
E-Mail Address:				
Company Mailing Address:				
19030 Lenton Place SE # 287 Monroe, WA 98272				
Report Summary				
	Report		# of Pages	
	Part A - General		1	
	Part B - Violations		1	
	Part B - Recommendations		1	
	Total Pages		3	
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.				
QUESTIONS regarding this report or the Federal Motor Carrier Safety Regulations may be addressed to the WUTC at: 1720 Ellis Street, Suite #200 Bellingham, WA 98225				
This report will be used to assess your safety compliance.				
Person(s) Interviewed				
Name: Doug Jensen		Title: Owner		
Name:		Title:		
Reported By:	<i>Alley Jensen</i>	Title:	<i>Motor Carrier Safety</i>	Code: WA0553 Date: 7/18/2005
Received By:	<i>[Signature]</i>	Title:	<i>DUNN</i>	

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION

	US DOT # 0000000	Legal: DOUG JENSEN Operating (DBA): DOUGS FURNITURE DELIVERY & MOVING SERVICE
---	----------------------------	--

MC/MX #: _____ **State #:** A-105066 **Federal Tax ID:** 91-2122953 (EIN)

Review Type: Compliance Review (CR)

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: \$170,000.00 for year ending: 6/30/2005
Shipper:	N/A	N/A	
Cargo Tank:	N/A		

Company Physical Address:

12425 175th Ave SE
Snohomish, WA 98290

Contact Name: _____
Phone numbers: (1) _____ (2) _____ **Fax** _____
E-Mail Address: _____

Company Mailing Address:

19030 Lenton Place SE # 287
Monroe, WA 98272

Carrier Classification

Other: HG-61643

Cargo Classification

Other: HG-61643

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:		3	Total Drivers: 3
>= 100 Miles:			CDL Drivers: 0

Equipment

	Owned	Term Leased	Trip Leased	Owned	Term Leased	Trip Leased
Truck	2	0	0			

QUESTIONS regarding this report or the Federal Motor Carrier Safety Regulations may be addressed to the WUTC at:
 1720 Ellis Street, Suite #200
 Bellingham, WA 98225

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: Doug Jensen **Title:** Owner
Name: _____ **Title:** _____

Reported By: *Alden Johnson* **Title:** Motor Carrier Sfty **Code:** WA0553 **Date:** 7/18/2005

Received By: *[Signature]* **Title:** *[Signature]*

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION

	US DOT # 0000000	Legal: DOUG JENSEN Operating (DBA): DOUGS FURNITURE DELIVERY & MOVING SERVICE
---	----------------------------	--

MC/MX #: **State #:** A-105066 **Federal Tax ID:** 91-2122953 (EIN)

Review Type: Compliance Review (CR)

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

Operation Types	Interstate	Intrastate	
Carrier:	N/A	Non-HM	Business: Corporation
Shipper:	N/A	N/A	Gross Revenue: \$170,000.00 for year ending: 6/30/2005
Cargo Tank:	N/A		

Company Physical Address:

12425 175th Ave SE
Snohomish, WA 98290

Contact Name:

Phone numbers: (1) 360 281-0800 (2) **Fax** 360 863-9278

E-Mail Address:

Company Mailing Address:

19030 Lenton Place SE # 287
Monroe, WA 98272

Carrier Classification

Other: HG-61643

Cargo Classification

Other: HG-61643

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:		3	Total Drivers: 3
>= 100 Miles:			CDL Drivers: 0

Equipment

	Owned	Term Leased	Trip Leased		Owned	Term Leased	Trip Leased
Truck	2	0	0				

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

1720 Ellis Street, Suite #200
Bellingham, WA 98225

This report will be used to assess your safety compliance.

Person(s) Interviewed

Name: Doug Jensen **Title:** Owner
Name: **Title:**

Reported By: **Title:** **Code:** WA0553 **Date:** 7/18/2005

Received By: **Title:**



DOUGS FURNITURE DELIVERY & MOVING SERVICE (DOUG JE dba)

U.S. DOT #: 0000000

State #: A-105066

Review Date:

07/18/2005

Part B Violations

1 STATE CRITICAL	Primary: 391.45(a) Secondary: 391.11(a) CFR Equivalent: 391.45(a)	Discovered 3	Checked 3	Drivers/Vehicles In Violation 3	Checked 3
-------------------------------	---	------------------------	---------------------	---	---------------------

Description

Using a driver not medically examined and certified.

Example

Doug Jensen
7-18-2005

2 STATE	Primary: 393.95 (f)	Discovered 2	Checked 2	Drivers/Vehicles In Violation 2	Checked 2
------------	---------------------	------------------------	---------------------	---	---------------------

Description

Failure to equip vehicle with emergency warning devices for stopped vehicles.

Example

U#1, 2003 Mitz Lic no.A09310S - Wa
No emergency warning devices for stopped vehicles
2-10-2005

Safety Fitness Rating Information:		OOS Vehicle (CR): 0
Total Miles Operated 60,000		Number of Vehicle Inspected (CR): 2
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: C	0	1
	Factor 3: S	0	0
	Factor 4: S	0	0
	Factor 5: N	0	0
	Factor 6: S	-	-

[Signature]
Received by

[Signature]
Title

7/18/05
Date



DOUGS FURNITURE DELIVERY & MOVING SERVICE (DOUG JE dba)

U.S. DOT #: 0000000

State #: A-105066

Review Date:

07/18/2005

Part B Recommendations

1. Ensure that all vehicles are systematically repaired and maintained. Establish a complete file for each vehicle, recording all repair, maintenance and inspection operations performed.
2. Do not allow drivers to drive interstate unless they have been physically re-examined each 24 months.

Received by

Title

Date



DOUGS FURNITURE DELIVERY & MOVING SERVICE (DOUG JE dba)

U.S. DOT #: 0000000

State #: A-105066

Review Date:
07/18/2005

Part C

Reason for Review: Other
Planned Action: Compliance Monitoring
Safestat Category:

Parts Reviewed Certification:

325	382	383	387	390	391	392	393	395	396	397	398	399	171	172	173	177	178	180
			✓	✓	✓	✓	✓	✓	✓									

Prior Reviews Prior Prosecutions

Special Study Information:

Unsat/Unfit Information

Does passenger vehicle transport more than 15 passengers, including driver?

Does carrier transport placardable quantities of hazardous materials?

Unsat/Unfit rule: Not Applicable

Corporate Contact: Doug Jensen

Corporate Contact Title: Owner

Remarks:

Carrier was found in compliance with the safety regulations with the exception of the requirement to have medical examinations and certificate for his drivers per 391.45. Mr. Jensen stated he would have his drivers medically examined and certified with 60 days and send proof of this physical exam to Olympia HQ for full compliance with the safety regulations.

I would recommend this company to be considered for issuance of the permanent HG authority.

Principal Reviewer Signature <i>Alan Dickson</i> WA0553	Upload Authorized:	Yes	No
	Authorized by:		Date:
Assistant Reviewers Signature(s)	Uploaded:	Yes	No
	Verified by:		Failure Code: <u> </u> Date:

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1175623

PERSONNEL NO. **J553** DIST / DET _____ LEVEL: 1 _____ 2 _____ 3 _____ 4 _____ 5

GENERAL				HAZARDOUS MATERIALS			
DATE	TIME (MILITARY)	TIME (MILITARY)	HAZARD CLASS / DIVISION NO.				
2 10 05	BEGUN 11:05	FINISHED 11:20					
LOCATION: SR/MP	SCALEHOUSE NO.	CNTY CODE	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N			
TERMINAL		31					
				PLACARD REQUIRED? Y N	CARGO TANKS? Y N		

CARRIER

CARRIER NAME (include DBA when applicable)
Doug Jansen: Dougs Furniture Dol. & Moving Serv.

ADDRESS
19030 Lenton Pl. SE

CITY **Monroe** STATE **WA** ZIP CODE **98272** INTERSTATE YES NO DOT NO. **HG-61643** ICC NO. _____

DRIVER

DRIVER NAME _____ LICENSE NO. _____ STATE _____ EXP. YEAR _____

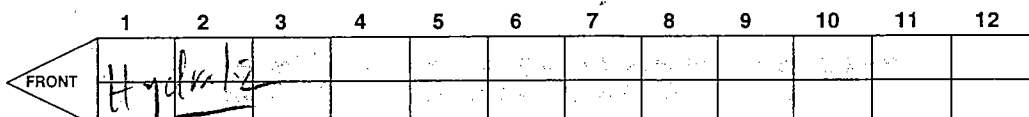
DATE OF BIRTH _____ MED. CERT. Y N _____ SHIPPER NAME _____ SHIPPING NO. _____

WAIVER Y N _____

VEHICLE

REGISTERED OWNER NAME/ADDRESS **Carrier** G.V.W. **17500** PBT RATE _____

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	TR	03 MITZ	1	A09310S	WA
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
393.9	FRT ID Light Inoper.		<input checked="" type="checkbox"/>					
393.95(F)	No Emergency Warning Devices - FLAGS/REFLECTORS/FUSES		<input checked="" type="checkbox"/>					J553

CVSA DECALS UNIT 1 **06735926** UNIT 2 _____ UNIT 3 _____ UNIT 4 _____ NOIC NO. _____

DRIVER SIGNATURE _____ OFFICER SIGNATURE **A. Dickson**

____ Vehicle may not be operated until O / S defects noted above are repaired.
 ____ Driver may not drive until in compliance.

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1175624

PERSONNEL NO. J553 DIST / DET LEVEL: 1 2 3 4 5 X

GENERAL HAZARDOUS MATERIALS DATE 2.10.05 TIME (MILITARY) BEGUN 11:25 FINISHED 11:45 HAZARD CLASS / DIVISION NO. LOCATION: SR/MP TERMINAL SCALEHOUSE NO. CNTY CODE 31 REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER CARRIER NAME (Include DBA when applicable) Doug Jensen: Doug's Furniture Del. & Moving Serv. ADDRESS 19030 Lewton Pl. SE HG-6164 CITY Monroe, WA ZIP CODE 98272 INTERSTATE YES NO DOT NO. ICC NO.

DRIVER DRIVER NAME LICENSE NO. STATE EXP. YEAR DATE OF BIRTH MED. CERT. Y N SHIPPER NAME SHIPPING NO. WAIVER Y N

VEHICLE REGISTERED OWNER NAME/ADDRESS Carrier G.V.W. 17,500 PBT RATE UNIT TYPE YEAR/MAKE CO. UNIT NO. LICENSE NO. / VIN NO. STATE 1 TR 03 MITZ 2 A 01165 U WA

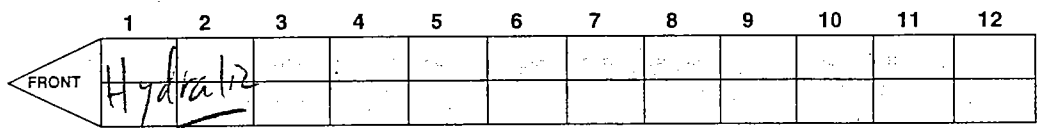


Table with columns: CFR, VIOLATIONS, D, 1, 2, 3, 4, Unit # O/S, Compliance. Entry: 393.95(F) No Emergency Warning, Devices - FLAGS/FUSES/REFLECTORS. Compliance: J553

CVSA DECALS UNIT 1 00735927 UNIT 2 UNIT 3 UNIT 4 NOIC NO. DRIVER SIGNATURE OFFICER SIGNATURE A. JENSEN

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

Rev. 4/01

Carrier: <u>Doug Jensen</u> d/b/a: <u>Doug's Furniture Delivery & Moving Serv.</u>	HG- <u>61643</u>
Location: <u>12425 175th Ave SE</u> <u>Spaniamish WA</u>	Assignment #: <u>105066</u>
Investigator: <u>A. DICKSON</u>	UBI #: <u>601 168048-2</u>
Period of Records Checked: From: <u>JAN 15 '05</u> To: <u>7-15-05</u> Total Number of Bills: <u>65</u>	

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?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
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>Progressive Ins.</u> Policy: <u>02379924-3</u> Liability Limits: <u>750,000</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
550	Cargo Insurance - Does the carrier have adequate cargo insurance? Cargo Insurance information: Company <u>American States/Safeco</u> Policy: <u>01-CG690205-1</u> Limits: <u>\$ 25,000</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 12-15-04 12-15-05		

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
740	Does each Bill of Lading contain all required information?	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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		
	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Does the carrier use the Rand McNally mileage guide to determine mileage for tariff purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Is mileage computed correctly?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier use correct tariff mileage/weight charges?	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input 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		
	Does the carrier use correct rates for movements into and/or out of storage-in-transit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Have shipments properly classified as storage-in-transit been charged long term storage rates?	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are extra stop(s) charges calculated within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are piano/organ charges calculated within the rate band?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	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 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		
	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are all complaints and claims consecutively numbered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Have all claims for loss and damage filed within 9 months of delivery date been recorded and processed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are all claim record documents retained for 6 years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Are complaint records maintained in office for 3 years after resolution or shipment date?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the carrier notify the customer in writing, within 10 days, that claim or complaint was received?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	If claim is not settled within 120 days, does carrier the continue to inform claimant every 60 days?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If yes: Did the carrier operate during the suspension or cancellation period?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

900	Interstate Authority - Has the carrier operated in interstate commerce?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
930	If yes: 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
600	Leased vehicles: are copies of leases in each vehicle?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		

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
Doug Jensen	Owner	360 281-0800

Other information:

Carrier is in compliance with the household goods regulations.

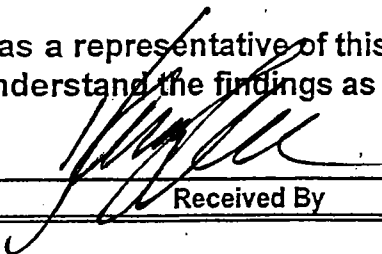
If you have any questions, or would like further technical assistance, please contact:

Alan Dickson
Investigator

360 647-7348
Telephone

360 647-7310
FAX

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


Received By

UWV ec
Title

7/18/05
Date

2005 MCSAP DATA SHEET

Assignment #:	105066
Date of CR/Inspection:	7-18-2005
Carrier Name:	Doug Jensen
DBA:	Doug's Furniture Delivery & Moving Service
Permit #:	HG-61643
DOT #:	
MC #:	
MotCar #:	

COMPLIANCE REVIEW DATA:

Safety Rating:	Satisfactory
Number of Vehicles Operated:	2
Number of Drivers Operated:	3
Total Miles for Prior Year:	60,000
Recordable Accidents for Prior Year:	0
Accident Ratio:	0%

PART B VIOLATIONS:

Part 382/Part 40	
Part 383	
Part 387	
Part 390	
Part 391	1
Part 392	
Part 395	
Part 396	2
Part 397	

2005 MCSAP DATA SHEET (cont):

VEHICLE INSPECTION DATA:

Vehicle Type:	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
# of Vehicle Inspections:									2		
# of Defective Vehicles:									2		
Defective Vehicle Ratio:	LEAVE BLANK - RATIO COMPUTER GENERATED										
# of OOS Vehicles:									0		
OOS Vehicle Ratio:	LEAVE BLANK - RATIO COMPUTER GENERATED										
Location of Inspection:	Snohomish, WA										
Level of Inspection:									5		

VEHICLE INSPECTION VIOLATIONS

Vehicle Type:	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Brakes											
Steering											
Lights									<u>1</u>		
Tires/Wheels /Rims											
Horn											
Windshield/ Wipers											
Mirrors											
Emergency Equipment/ Exits									<u>2</u>		
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											

Alan Dickson

Inspector(s): _____