



HOUSEHOLD GOODS CARRIER APPLICATION

PERMIT



Type of Household Goods Authority Requested - Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 6 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) - Complete pages 2 - 6 and Attachment A	\$ 250
<input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) - Complete pages 2 - 6 and Attachment A	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) - Complete pages 2 - 6 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 - Complete pages 2 - 6 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-460) - Complete pages 2 - 3 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change - Complete pages 2 - 3 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority - Complete pages 2 - 6 and Attachment A	\$ 550

TYPE OF PAYMENT			
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Mastercard <input checked="" type="checkbox"/> Visa
Amount: <u>500</u>		Expiration Date: <u>11/10</u>	
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information on file is current and valid.			
Name (printed): <u>JAMES LUIAS</u>		Date: <u>5/22/07</u>	
Signature: <u>[Signature]</u>		Title: <u>OWNER</u>	
FOR OFFICIAL USE ONLY			
Date Filed: <u>5/24/07</u>	DOCS: <u>[initials]</u>	ID: <u>4564</u>	Permit Issued: HG-
Staff Assigned: <u>[initials]</u>	Insurance:	Inspection:	Docket #
Reception #: <u>111-0268-207-02 550.00</u>			
<u>111-0268-202-01</u>		<u>111-0268-013-20</u>	

0004365

BUSINESS INFORMATION

Name of Applicant Bruce Ellis Allstar Movers, LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Allstar Movers N/A *per Don*

Physical Address 3410-160th Ave, E, Sumner, WA 98391

Mailing Address Same

Telephone Number (253) 255-1216 Fax Number () N/A

UBI # 602-676-321 Email: allstarmovers@gmail.com

TYPE OF BUSINESS STRUCTURE

- Individual
 Partnership
 Corporation
 Other L.L.C.
(LP, LLP, LLC)

List the name, title and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or Percentage of Shares
<u>Bruce S. Ellis</u>	<u>owner</u>	<u>33%</u>
<u>Ryan W. Needham</u>	<u>owner</u>	<u>33%</u>
<u>James C. Lucas</u>	<u>owner</u>	<u>33%</u>

Choose one of the following for the territory in which you wish to operate:

- All counties in the State of Washington
 The following named counties only: _____

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: local moves, long distance, commercial, packing, competitive rates, fair estimates, personal customer service, security of valuable & personal possessions. We plan to gain a respectable reputation, and provide excellent service to each and every customer.

Briefly describe your experience in the transportation/household goods moving industry: I have worked for a Washington based moving company for the past _____ years, I have learned how to do most of everything that is involved in a moving business. I can guarantee to provide a fair and competitive operation. I also have experience with most trucks, and I have become an expertise in packing and driving. I can provide services to people in need of an experienced mover.

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?
 No Yes If yes, please indicate your permit number: _____

Have you ever applied for and been denied a permit to operate as a motor carrier of property?
 No Yes If yes, please explain: _____

Do you currently operate interstate? No Yes If yes, please indicate your: DOT# _____
 MC# _____

Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? _____

Do you have, or have you ever had a business related legal proceeding against you in Washington, or in any other state? No Yes If yes, please explain: _____

Have you ever been convicted of a Class A or B Felony? No Yes If yes, please explain: _____

Have you been cited for violation of state laws or Commission rules? No Yes If yes, please explain: _____

FINANCIAL STATEMENT

You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan

ASSETS		LIABILITIES	
Cash in Bank	\$ 5,000-	Salaries/Wages Payable	\$ 3,000-
Notes Receivable	\$ 0	Accounts Payable (monthly)	\$ 480-
Accounts Receivable (monthly)	\$ 7,200-	Notes Payable	\$ 0
Investments	\$ 0	Mortgages Payable	\$ 0
Other Current Assets	\$ 0	Other	\$ 0
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 3,480
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 21,000	Preferred Stock	\$ 0
Office Furniture	\$ 0	Common Stock	\$ 0
Other Equipment	\$ 300-	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
TOTAL ASSETS	\$ 12,500-	TOTAL LIABILITIES & NET WORTH	\$ 3,480

\$33,500

EQUIPMENT LIST

Describe the equipment you will use (attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2000	INTL/BOX	B0533C	1HTSCABM0YH- 228568	000000

SAFETY AND OPERATIONS

List the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and commission rules (WAC) as described below. Please refer to the WAC rules, Fact Sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations.

SAFETY RESPONSIBILITIES

- **COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES** (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.
- **DRIVER QUALIFICATION REQUIREMENTS** (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.
- **DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.
- **CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program.
- **INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles.
- **SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.
- **DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.
- **PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.
- **LIABILITY INSURANCE REQUIREMENTS** (WAC 480-15-530). You must file and maintain proof of public liability and property damage insurance (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more).
- **CARGO INSURANCE REQUIREMENTS** (WAC 480-15-550). You must maintain cargo insurance coverage (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more).

Name:

Bruce S. Ellis

Position:

OWNER

OPERATIONAL RESPONSIBILITIES

ANNUAL REPORTS and REGULATORY FEES (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

Name:	Position:
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STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the state of Washington, such as, but not limited to the Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax; Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name: <u>David J. [Signature]</u>	Position: <u>OWNER 5/21/07</u>
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DECLARATION OF APPLICANT

I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.

As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.

My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

<u>Bruce S. Ellis</u> Print name of applicant	<u>[Signature]</u> Signature of Applicant	<u>5/21/07</u> Date and Location
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ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name: Karen Anderson Allstar Movers LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Karen Anderson

Address (include street address, mailing address, city, state, zip, and county):
4602 110th Ave E
Edgewood, WA 98372

Phone Number: (253) 840-3007

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:

Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes If yes, please describe your future moving needs:

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:
packing, local moving, moving large and/or heavy items

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Karen C. Anderson — 05/21/07 EDGEWOOD, WA
 Signature of Person Completing Form Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name: Stephanie Vance Allstar Movers LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Stephanie Vance

Address (include street address, mailing address, city, state, zip, and county):
3309 N 22nd St. Tacoma WA 98406
Pierce county

Phone Number: (253)-973-7607

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:

Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes If yes, please describe your future moving needs:

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: local experienced movers
large and small items moved at competitive prices.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
Stephanie Vance 5/21/07 Tacoma
Signature of Person Completing Form Date and Location

ATTACHMENT A

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Applicant Name: Karmen Helle Allstar Movers LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Karmen Helle

Address (include street address, mailing address, city, state, zip, and county):
921 13th St SW
Puyallup WA 98372

Phone Number: 253.445.5174

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:

Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes If yes, please describe your future moving needs: packing, local
move, low cost.

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: Helpful advise on
packing belongings, moving items that are to heavy.
stress free moving

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
Karmen Helle 4/11/07 - Puyallup, WA
Signature of Person Completing Form Date and Location

Client#: 119625

ALLSMOVE

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 02/15/07
PRODUCER Bratrud Middleton Insurance Brokers, Inc. - Tacoma Select 1201 Pacific Ave, Suite 1000 Tacoma, WA 98402	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Allstar Movers 3410 160th Ave. E Sumner, WA 98391	INSURERS AFFORDING COVERAGE INSURER A: Fireman's Fund Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Motor Truck Cargo	86070007102	02/16/07	02/16/08	\$100,000 Limit \$2,500 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER For Information Only	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>45</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>B. Hand</i>
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Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with Washington Utilities and Transportation Commission (hereinafter called Commission)

This is to certify, that the Name of Company (hereinafter called Company) of Home Office Address of Company has issued to Name of Motor Carrier of Address of Motor Carrier

a policy or policies of insurance effective from Effective Date 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at Street Address, City, State Zip Code
this Day day of Month, 20Year

Insurance Company File No. Policy Number
(Policy Number)

Authorized Company Representative