

TV-071978



# HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



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 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 checked="" 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 type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input checked="" type="checkbox"/> Mastercard <input checked="" type="checkbox"/> Visa <b>009134</b>
Amount: <b>250.00</b>		Expiration Date: <b>07/10</b>	
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): <b>Abner Banner</b>		Date: <b>9-26-07</b>	
Signature: <b>[Signature]</b>		Title: <b>OWNER/RESIDENT</b>	
FOR OFFICIAL USE ONLY			
Date Filed: <b>10-3-07</b>	DOL/SDS: <b>[initials]</b>	ID: <b>4791</b>	Permit Issued: HG-
Staff Assigned:	Insurance:	Inspection:	Docket #
Reception #: <b>111-0268-207-02 250.00</b>		<b>111-0268-202-01 111-0268-013-20</b>	

**0000496**

**BUSINESS INFORMATION**

Name of Applicant SAV SUR INC  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable BANWER TRANSFER

Physical Address 1111 ANDOVER PK. W.

Mailing Address TUKWILA, WA. 98188

Telephone Number (206) 812-2218 Fax Number (206) 812-2225

UBI # 602-596-710 Email: brooke @ banwertransfer.com

**TYPE OF BUSINESS STRUCTURE**

- Individual
- Partnership
- Corporation
- Other \_\_\_\_\_  
(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>ABNER BANWER</u>	<u>PRS.</u>	<u>50%</u>
<u>BROOKE BANWER</u>	<u>V.PRS.</u>	<u>50%</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:

Inter and Intra state moving & storage, Receiving and delivery of high end new furniture Catering to Interior designers and their clients, Long & short term storage emphasis on customer service, International shipping & crating. Moved the personal effects of chairman Mark Sidran. Twice.

Briefly describe your experience in the transportation/household goods moving industry:

25 years of experience in household goods moving industry.

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: MC 442973

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# 1293841  
MC# 442973

Do you operate interstate as an agent of another company?  No  Yes If yes, what is the name of the company? NATIONAL VAN LINES US DOT # 76628

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	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$

**Sav Sur, Inc.**  
**Profit & Loss**  
January through August 2007

	<u>Jan - Aug 07</u>
Ordinary Income/Expense	
Income	
Delivery Income	
Line-Haul	
Interstate Line-Haul	27,504.98
Interstate Pick-Up & Delivery	1,076.77
Intrastate Line-Haul	4,011.71
Intrastate Pickup & Delivery	615.00
Total Line-Haul	<u>33,208.46</u>
Pick-Up & Delivery	
Contract Pick-Up & Delivery	62,332.75
Hourly Pick-Up & Delivery	89,342.93
Total Pick-Up & Delivery	<u>151,675.68</u>
Household Moves	
Interstate	47,030.62
Intrastate	28,425.24
Local	106,344.00
Packing	
Labor	2,536.78
Materials	24,816.99
Packing - Other	279.47
Total Packing	<u>27,633.24</u>
Total Household Moves	<u>209,433.10</u>
Installations	74,343.82
Ferry Fee Income	2,530.91
Fuel Surcharge	14,471.13
Administrative Services	1,124.56
Accessorial Fees	120.00
Valuation Protection	14,234.43
Total Delivery Income	<u>501,142.09</u>
Warehouse Income	
Assembly	20.70
Claims & Damages	4,631.25
Debris Removal	870.12
Packing and Crating	
Labor	21,232.00
Materials	742.10
Packing and Crating - Other	-3,017.02
Total Packing and Crating	<u>18,957.08</u>

**Sav Sur, Inc.**  
**Profit & Loss**  
January through August 2007

	Jan - Aug 07
Receiving	39,908.08
Storage	116,835.84
Third Party Freight	11,215.83
Will Call	11,106.55
<b>Total Warehouse Income</b>	<b>203,545.45</b>
Miscellaneous Income	-1,262.25
Administrative Fees	-1,262.25
Charitable Donations	-114.75
<b>Total Administrative Fees</b>	<b>-1,262.25</b>
Late Fees	-5,753.31
Customer Discounts	4,363.57
Miscellaneous Income - Other	-2,766.74
<b>Total Miscellaneous Income</b>	<b>-2,766.74</b>
<b>Total Income</b>	<b>701,920.80</b>
<b>Expense</b>	
Moving Expenses	100,302.56
Drivers Wages	4,277.71
Claims and Damages	-65.84
Uniforms	506.49
Dump Fees	304.14
Tickets	4,110.98
Travel and Lodging	821.74
Meals	12,773.04
Truck Lease	13,507.13
Truck Rental	3,466.42
Ferry/Tolls/Handling Fee	33,996.96
Vehicle Expense	31,320.30
Fuel	619.50
Insurance	10,012.08
Licenses and Permits	2,753.50
Repairs and Maintenance	78,702.34
Vehicle Expense - Other	218,706.71
<b>Total Vehicle Expense</b>	<b>218,706.71</b>
<b>Total Moving Expenses</b>	<b>20,212.19</b>
Warehouse Expenses	3,319.70
Packing Supplies	26,963.88
Third Party Claims	76,253.82
Third Party Services	10,693.03
Rent	
Utilities	

4:45 PM  
09/06/07  
Accrual Basis

**Sav Sur, Inc.**  
**Profit & Loss**  
January through August 2007

	Jan - Aug 07
Repairs and Maintenance	4,220.21
Dump Fees	7,245.50
Repairs and Maintenance - Other	11,465.71
<b>Total Repairs and Maintenance</b>	<b>148,908.33</b>
<b>Total Warehouse Expenses</b>	
Administrative Expenses	
1099 Wages	43,473.67
Office Wages	62,943.01
Payroll Taxes	3,748.50
Employee Benefits	73.89
Office Supplies/Expense	3,986.29
Telephone	12,149.35
Postage and Delivery	2,568.05
Computer Expense	3,918.54
Business Taxes and Licenses	18,890.13
Dues and Subscriptions	6,056.70
Education and Seminars	30.00
Insurance	306.75
Professional Fees	20,406.69
Advertising and Promotion	20,046.99
Travel and Lodging	4.00
Meals and Entertainment	182.70
Credit Card Fees	3,281.02
Bank Charges	703.50
Miscellaneous Expense	29,335.27
Administrative Expenses - Other	20.00
<b>Total Administrative Expenses</b>	<b>232,125.05</b>
<b>Total Expense</b>	<b>599,740.09</b>
<b>Net Ordinary Income</b>	<b>102,180.71</b>
<b>Net Income</b>	<b>102,180.71</b>

**EQUIPMENT LIST**

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2005	GMC	A88208X	VGDJ7C1C05F517525	26,000
2004	HINO	A54824Z	J4BFE2JP641311326	26,000
2001	MITSUBISHI	B74349B	JW6AAPH51L003309	16,000
1998	FREIGHTLINER	A71723J	1FV3GFA9W49M234	26,000

**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:

*Abner Benner*  
Abner Benner

Position:

*Pres.*

**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: <i>Abner Benven</i>	Position: <i>Pres.</i>
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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: <i>Tina Hernandez</i>	Position: <i>Treasurer</i>
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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.

<i>Abner Benven</i> Print name of applicant	<i>Abner B</i> Signature of Applicant	<i>9/26/07 Seattle WA</i> Date and Location
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**ATTACHMENT B**

**Transfer or Acquisition of Control**

Applicant is seeking one of the following - please check one:

Transfer  Acquisition of Control

Banwen Transfer LLC.  
Current Name on Permit (Seller)

Banwert Transfer.  
Current Trade Name on Permit (Seller)

1111 Anover Pk. W. Tukwila, WA. 98188.  
Address (Seller)

60743 (206) 812-2218  
HG- Permit Number Phone Number (Seller)

Does the transfer of this permit fall under the provisions of WAC 480-15-260?  No  Yes If yes, please complete Attachment C.

Have all fines or penalties owed to the commission been paid?  No  Yes

Has the closing annual report been filed with the commission?  No  Yes

A customer may file a loss or damage claim for up to nine months following a move and may file a loss or damage lawsuit for up to two years following a move. Who will be responsible for handling claims filed by customers for loss or damage that occurred on moves taking place prior to the sale and transfer or acquisition?  
SAV SUN INC.

**RELEASE OF AUTHORITY**

I, the seller, have sold or otherwise released interest in my household goods permit number HG- 60743 to the following:

Abner Banwer, Brooke Banwer.

Name of Buyer SAV SUN INC DB/A BANWERTransfer,

Trade Name of Buyer

*We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.*

[Signature]  
Seller's Signature

9-26-07 - Seattle, WA.  
Date and Location

\_\_\_\_\_  
Buyer's Signature

\_\_\_\_\_  
Date and Location

**ATTACHMENT C**

**TRANSFER OR ACQUISITION OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER EXCEPTIONS IN WAC 480-15-260**

- 1. The commission will grant an application for permanent authority without public notice or comment if the applicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of permanent authority for one of the following reasons (check one, if applicable):
  - A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to one or more of the remaining partners or a spouse;
  - A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
  - A sole proprietor has died and the interest is being transferred as property of the estate;
  - An individual has incorporated, and the same individual remains the majority shareholder;
  - An individual has added a partner, but the same individual remains the majority partner;
  - A corporation has dissolved and the interest is being transferred to the majority shareholder;
  - A partnership has dissolved and the interest is being transferred to the majority partner;
  - A partnership has incorporated and the partners are the majority shareholders; or
  - Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

Documentation supporting the checked box, above, must be included with your application. You may submit a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

- 2. The Commission will grant an application for permanent authority without temporary permit operations following public notice or comment if the applicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of permanent authority for the following reason (check box, if applicable):
  - Ownership or control of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:

a. Has the permit been actively used by the current owner to provide household goods moving services during the last twelve-month period?  No  Yes

b. Explain why the transfer of ownership or control is necessary to ensure the company's economic viability: Upon advice of an accountant we are changing from an LLC to an S corp.

c. Describe the steps taken by the applicant and the current owner to ensure that safe operations and continuity of service to the customers are maintained: Our focus is complete customer satisfaction and to maintain our clean performance record. Our staff is experienced in house hold good moving at every aspect.



FACSIMILE TRANSMITTAL SHEET

TO: W.U.T.C. FROM: ABNER  
 COMPANY: Banwer Transfer DATE: 10/1/07  
 FAX NUMBER: (360) 586-1181 TOTAL NO. OF PAGES INCLUDING COVER: 11  
 PHONE NUMBER: BANWER TRANSFER PHONE NUMBER: 206-812-2218 FA  
 RE: H.G. Carrier App. BANWER TRANSFER FAX NUMBER: 206-812-2225

URGENT     FOR REVIEW     PLEASE COMMENT     PLEASE REPLY     PLEASE RECYCLE

~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~  
 Sav Sur Inc. dba  
 Banwer Transfer  
 (206) 812-2218 FAX (206) 812-2225  
 Toll Free (877) 812-2218  
 Motor Carrier Number: MC442973  
 WUTC Permit: HG-60743  
 National Van Lines: DOT76628

Please Find  
 H H G carrier Application  
 AND Credit Card info.  
 PLEASE CONTACT ABNER  
 @ ABOVE ph-no. OR  
 @ cell # (206) 571-0117  
 Thank you