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UTILITIES AND TRANSPORTATION
COMMISSION

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TV-082261-CT
Replacement

HOUSEHOLD GOODS MOVING COMPANY
PERMIT APPLICATION



Replacement

| 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 <i>u</i> |
| <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 480-15-335 – 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 480-15-450) – 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 |

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~~Oasis, INC~~

Washington Utilities, Inc

TAG-63486

Office Assembly Systems &
Installation Specialists, Inc

Posted

| TYPE OF PAYMENT | | | | | | | | | | | |
|---|--------------------------------------|-------------------------------|-------------------------------------|-------------------------------|--|--|--|--|--|--|--|
| <input checked="" type="checkbox"/> Check | <input type="checkbox"/> Money Order | <input type="checkbox"/> Amex | <input type="checkbox"/> Mastercard | <input type="checkbox"/> Visa | | | | | | | |

Amount: \$ 250 + \$ 300⁰⁰ *WA* Expiration Date _____

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): Michael L. Taylor Date: 12-05-2008

Signature: *Michael L Taylor*
 Title: CEO

FOR OFFICIAL USE ONLY

| | | | |
|---|------------|-------------------|----------------------------|
| Date Filed: <u>12/29/08</u> | DOL/SOS: | ID: <u>M32560</u> | Permit Issued: HG- |
| Staff Assigned: <u><i>[Signature]</i></u> | Insurance: | Inspection: | Docket # <u>TV 08 2261</u> |

Reception #: 111-0268-207-02 250.00 111-0268-202-01 111-0268-013-20

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BUSINESS INFORMATION

Name of Applicant OFFICE ASSEMBLY and SYSTEMS INSTALLATION SPECIALISTS, INC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable N/A

Physical Address 15000 Woodinville Redmond Road, Woodinville, WA 90872

Mailing Address PO Box 1726, Woodinville, WA 98072 1726

Telephone Number (206) 545 7167 Fax Number (425) 425 939 1520

UBI #: 601 211 873 Email: miket@oasisinc.com

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
 No Yes L & I Account No. 543,498-01 (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
ESD No. 588192.00 3 (required if you have employees)

Have you registered your business with the Department of Revenue? No Yes

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 |
|--------------------------------------|-----------|--|
| Michael L. Taylor | CEO | 24.0% |
| John P. Balch | President | 20.2% |
| ESOP (Employee Stock Ownership Plan) | | 43.9% |
| Other share holders | | 12.8% |

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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 REQUIREMENT 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.

PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.

LIABILITY INSURANCE REQUIREMENTS (WAC 480-15-530). You must file and maintain proof of public liability and proper 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:

KEVIN COLLINS

Position:

FLEET COORDINATOR

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:

MICHAEL L. TAYLOR

Position:

CEO

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:

Ali KHALFE

Position:

FINANCIAL MGR

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.

MICHAEL L. TAYLOR
Print name of applicant

Michael L Taylor
Signature of Applicant

1/8/2009
Date and Location

WOODSVILLE, WA