

**BUSINESS INFORMATION**

Name of Applicant Shaun Gomness A-1 Premium Moving L.L.C.  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable N/A

Physical Address 3409 NE 62nd Ave #74 Vancouver, WA 98661

Mailing Address 3409 NE 62nd Ave #74 Vancouver, WA 98661

Telephone Number (360) 433-8480 Fax Number ( )

UBI #: 602 865 979 01 Email: premiummoving@comcast.net

USDOT #: 2033832 (If you currently don't have one, you can go online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) to apply for one or call 360-596-3816 or 360-596-3803 for assistance.)

Have you established a Worker's Compensation Account with the Department of Labor & Industries?  
 No  Yes L & I Account No. 602 865 979 01 (required if you have employees.)

Have you registered with the Employment Security Department?  No  Yes  
 ESD No. 29333-009 (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
Shaun Gomness	Owner	100%

## 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:

Shawn Gornness

Position:

Owner

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:

Shawn Gornness

Position

Owner

## 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.

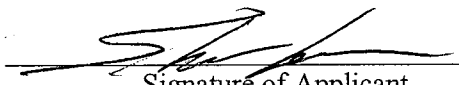
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 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.

Shawn Gornness

Print name of applicant

  
Signature of Applicant

6/2/2010

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:**  
SHAUN COMNESS

**The following must be completed by the Supporter of the applicant**

**Name:**  
BETTY SOMERS

**Address (include street address, mailing address, city, state, zip, and county):**  
2606 SE 342nd AVE  
WASHOUGAL, WA 98671

**Phone Number:**  
503-680-2394

**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:  
WILL BE MOVING LATER THIS YEAR

**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:**  
A SMALLER COMPANY MAYBE MORE FLEXIBLE TO HELP OUR SENIOR CITIZENS IN NEED OF A MOVER AT SHORT NOTICE.

**Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?**  
SHAUN IS A VERY HONEST & RELIABLE PERSON. DOES AN EXCELLENT JOB .

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

Betty Somers  
Signature of Person Completing Form

July 19, 2010  
Date and Location  
Washougal Wa

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Applicant Name:

MARCI STOLTZ

#### The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

MARCI STOLTZ, manager, Redwood Acres APTS

Address (include street address, mailing address, city, state, zip, and county):

3409 NE 62nd Ave  
Vancouver, WA 98661

Phone Number:

360-601-6500

Do you currently need the services of a residential household goods moving company?

No  Yes If yes, please describe your current moving needs:

various tenants moving in & out

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:

Tenants moving in & out

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:

same

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.

MARCI STOLTZ

Signature of Person Completing Form

7/6/10 Vancouver, WA

Date and Location

**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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Applicant Name: Shawn C. Gornness

**The following must be completed by the Shipper of the applicant**

Name, Title, and Business Name: Royann J. Cristler / Cleaning Concepts by Royann  
Address (include street address, mailing address, city, state, zip, and county):  
14011 NE 10th St.  
Vancouver Wa. 98684 Clark County  
Phone Number: 360-921-9253

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
I clean homes when people move out and a moving company is needed for most jobs.

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:  
many of my clients need to have their household goods moved.

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:  
help people move out so I can clean everything and have it ready for the next tenant

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
it is necessary to have a good moving company in order for people to move their household goods

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.  
Royann Cristler 6-30-10 Clark County  
Signature of Person Completing Form Date and Location Sealy

**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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Applicant Name:

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name:

SCOTT G. BULKE

Address (include street address, mailing address, city, state, zip, and county):

11012 NE 119TH ST

VANCOUVER, WA 98665

Phone Number:

503-816-1026

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:

THE APPLICANT WILL ADD TO THE COMMUNITY BY BEING AN HONEST, HARD WORKING ENTREPRENEUR. THE BUSINESS COMMUNITY WILL BE BETTER WITH HIM.

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.

  
Signature of Person Completing Form

7/12/10 - VANCOUVER, WA  
Date and Location

**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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Applicant Name:  
**SHAW**

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name:  
**HARVEY A. SHORE IMAGE INNOVATIONS, INC**

Address (include street address, mailing address, city, state, zip, and county):  
**14101 SW 72ND AVE, Suite B  
TIGARD, OR 97224**

Phone Number:  
**503-624-9499**

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:  
**HE HAS WORKED FOR ME + CAN PROVIDE A GOOD SERVICE.**

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.

**Harvey A. Shore**  
Signature of Person Completing Form

**7-19-10 TIGARD, OR**  
Date and Location