JUN 17 2010



WASH, UT, & TP. COMM

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

	Type of Household Goods Authority Requested - Check one	Fee Required
	Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 6 and Attachment E	\$ 50
o.	Temporary authority (to meet a short-term need) - Complete pages 2 - 6 and Attachment A	\$ 250
	Permanent authority (at least six months must be served on a temporary provisional basis) - Complete pages 2 - 6 and Attachment A	\$ 550
0	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
Ģ	Pormanent authority to transfer or acquire control under the exceptions in WAC 480-15-335 - Complete pages 2 - 6 and Attachments B & C	\$ 250
0	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
0	Name Change - Complete pages 2 - 3 and Attachment D	\$ 35
	Extension of authority - Complete pages 2 - 6 and Attachment A	\$ 550

				TYPE	OF PA	YM	ENT	•						
LY Check	☐ Mone	y Order	□ Amo)x [Master	card		LI Vi	sa	•		4		
Amount:	000		 -							Expira	tion D	ate:		
CERTIFICATION that I am authorize	o to execute	e and the in	ns docume	ent on beh	alf of the	e appl	icant	and th	<u>at a</u> ll	inform	ation	nation is	s true ar is currer	nd correct, nt and valid.
Name (printed):					Con	npany	Nam	e:	75	ME	V	_//	WV.	ing
Cardholder's Signa	ture:					\		_ Date	e:			······································		
	: [FO	R OFFI	CIAL	USE	ON	LY		***				
Date Filed Staff Assigned	10 DQ	it/SiOS:	XX	ID:	04	1	P	ermit	Issu	ed: T	HG-	030	77	2
				nspecte		•	D	ocke	t #T	V	0	IC	9	8
Reception #: 111-0268-207-02	~~24	441	11-0268-2	02-01			1	11-02	58-01.	3-20_				
	₩<	(D) (D)	1	****									·	

Revised 07-09

Ck#1670

Page 2 of 12

Page 2 1

Posted

eplacement

MA 8d:UI UIUS.8S.AUT

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 choice, promote competition, or fill an unmet need for service:	
MOVING HOUSEHOLD GOODS FOR INDIVISUALS WHO I HAM A CICENSED MOVED IN ORLEON. THERE SE	MELLI HIBVING SELVICES. GMS TO RE A NACO
for A QUALITY MOVING CO IN SW WASHINGTON I COM	E TO THIS CONCLUSION
BY THE NUMBER OF CALLS I RECEIVE FROM PROPLE	& IN WASSINGTON
Briefly describe your experience in the transportation/household goods many the Below in the Moving Industry	W 1997 REGICE
BUSINESS WAS A PACK CLOAD MOVING CO.	SWITH OODT MU
BUSINGSS WAS A PACK CLOAD MOVING CO.	/ /
	VA
Do you currently hold, or have you ever held, a permit to operate as a mo No NYes If yes, please indicate your permit number <u>26264</u>	tor carrier of property?
Have you ever applied for and been denied a permit to operate as a motor Washington? ☑ No ☐ Yes If yes, please explain	carrier of property in
Do you currently operate interstate? No □ Yes If yes, please indicate MC# and USDOT#	your
Do you operate interstate as an agent of another company? No 🗆 Yes name of the company?	If yes, what is the
Do you have, or have you ever had a business related legal proceeding ag Washington, or in any other state? WNo TYes If yes, please explain:	
Have you ever been convicted of a crime? No ☐ Yes If yes, please	explain:
Have you been cited for vio on of state laws or Commission rules? please explain: ROVIDING A TRUCK FOR A MOVE WITH	NO DIYES If yes, NOUT AUTHORITY Page 4 of 12
Revised 07-09	
Rep	lacement

MA 82:01 010S.6S.nut

BUSINESS INFORMATION	
Name of Applicant FISHER Maune of Applicant FISHER Maune of a partnership or corporation)	Robert Fisher
Trade Name, if applicable	
Physical Address 21 NE 62 PAVE POETHIND, OR	97213
Mailing Address SAME	
Telephone Number (33) 819-3247 Fax Number (503) UBI#: 63000000000000000000000000000000000000	online at or assistance.) Labor & Industries? you have employees.)
TYPE OF BUSINESS STRUCTURE	
Undividual [] Partnership [] Corporation [] Other	or stockholders:
Name Title Stock Distribution or F	Percentage of Shares
Particed 07 00	Page 3 of 12

MA 88:01 0102.62.mut

Revised 07-09

FINANCIAL STATEMENT

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

Asso	ets	Liabilities	
Cash in Bank	\$ 5000,00	Salaries/Wages Payable	\$ 20:000
Notes Receivable	\$ 2300.00	Accounts Payable	\$20,000
Investments	\$	Notes Payable	\$ 15,000.00
Other Current Assets	\$	Mortgages Payable	\$ 500,000.00
Prepaid Expenses	\$	TOTAL LIABLITIES	\$ 555,000
Land and Buildings	\$ 900,000.00	NET WORTH	374,800.00
Trucks and Trailers	\$ 19,000	Preferred Stock	\$
Office Furniture	\$ 500,00	Common Stock	\$
Other Equipment	\$ 3000.00	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$29,800.00	TOTAL LIABILITIES & NET WORTH	\$ 555,000,00 371,8

EQUIPMENT LIST

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

Year 49	Make House	License Number	Vehicle ID Number	Gross Vehicle Weight
99	REITHRINGR	7550832	THESAL	25,900
			1FV6GFACSXHA1S	775
- *****				

Page 5 of 12

Revised 07-09

neplacement