

TV-121698

Leipski, Tina (UTC)

From: Ron Cronkhite <ron@thefamilymovers.com>
Sent: Tuesday, November 06, 2012 1:42 PM
To: Leipski, Tina (UTC)
Subject: RE: PENDING TRANSFER APPLICATION

Hi Tina,

try: 134-002-586-000

thank you,

Ron Cronkhite

Ron Cronkhite / CEO

Morrison Moving & Storage Co., Inc. (MMSG)

Corporate Office: 10303 Portland Ave. E. #1

Tacoma, WA 98445-3949

Phone: 253-548-8864

Toll Free: 1-866-548-0022

Fax: 253-548-8865

Email: ron@morrisonmoving.net

Website: www.morrisonmoving.com

**Expect the
immeasurable
and
unimaginable**

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From: Leipski, Tina (UTC) [mailto:TL@leipski@utc.wa.gov]
Sent: Tuesday, November 06, 2012 12:35 PM
To: Info-FM
Subject: PENDING TRANSFER APPLICATION

Attn: Ron or Ann,

I'm currently processing your ownership change application for Morrison Moving & Storage Co., Inc. and the UBI number listed 600-669-436 is not being found with the Business Licensing Services department.

Is there maybe another UBI number that should have been listed?

Please advise.

Thanks!

Leipski, Tina (UTC)

From: Leipski, Tina (UTC)
Sent: Tuesday, October 30, 2012 3:21 PM
To: info@morrisonmoving.net
Subject: PENDING TRANSFERS - HOUSEHOLD GOODS APPLICATIONS

This email is for Ron Cronkite or Ann,

I'm currently processing your transfer applications for Morrison Moving & Storage Co., Inc., as well as The Metropolitan Movers.

I was wondering whether either of these companies are currently registered with a Drug Consortium and who is it with? I contacted Drug Free Business which was listed in both applications and was told neither company is currently registered there.

Let me know what drug consortium both companies are registered with or if you have some type of letter from them stating you are registered with their program.

Any questions or concerns, feel free to contact me.

Sincerely,

Tina Leipski
Utilities & Transportation Commission
Licensing Services
360-664-1170
fax 360-586-1181

Leipski, Tina (UTC)

From: Ron Cronkhite <ron@thefamilymovers.com>
Sent: Tuesday, October 30, 2012 5:06 PM
To: Leipski, Tina (UTC)
Subject: RE: PENDING TRANSFERS - HOUSEHOLD GOODS APPLICATIONS
Attachments: DRUG FREE BUSINESS.pdf.pdf; Random Drug & Alcohol Testing Notice -MTR.pdf.pdf; MetropolitanMovers - Drug Free Business.pdf.pdf

Hi Tina,

Attached is a copy of an invoice, a recent test notice, and our 2012-2013 certificate from Drug Free Business. Our account is current. I am not sure why Drug Free Business was unable to pull up our account for you, but I will contact them tomorrow to inquire. We use one account for both Metropolitan and Morrison to avoid double pooling for several individuals that are employed by both companies.

Thank you!

Ron Cronkhite

Ron Cronkhite / CEO

Family Movers

Metropolitan Movers, Inc. (MTR/MPOM)
Corporate Office: 10303 Portland Ave. E.
Tacoma, WA 98445-3949
Phone: 253-537-8480
Toll Free: 1-877-492-6551
Fax: 253-537-8481
Email: ron@thefamilymovers.com
Website: www.thefamilymovers.com

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From: Leipski, Tina (UTC) [mailto:TLeipski@utc.wa.gov]
Sent: Tuesday, October 30, 2012 3:21 PM
To: Info-FM
Subject: PENDING TRANSFERS - HOUSEHOLD GOODS APPLICATIONS

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Any questions or concerns, feel free to contact me.

Sincerely,

Tina Leipski
Utilities & Transportation Commission
Licensing Services
360-664-1170
fax 360-586-1181



RECEIVED

Invoice

POSTED
MAY - 1 2012

Date	Invoice #
4/30/2012	209972

Metropolitan Movers
Ron Cronkhite
10303 Portland Ave
Tacoma, WA 98445

Drug Free Business
11511 NE 195th Street Ste 102
Bothell, WA 98011-5769
425-488-9755 Fax 425-489-0832

DESCRIPTION	QUANTITY	RATE	P.O No.	Terms
				Net 15
			AMOUNT	
Drug Tests per attached report	2	48.00		96.00
Sales Tax		9.00%		0.00
Total				\$96.00

Thank you for your support of our drug-free workplace programs.

2012 - 2013

Drug Free Business Membership

Metropolitan Movers

is recognized as a supporter of Drug Free Workplace Programs

Friday, March 02, 2012



Tom Pool

Tom Pool, Executive Director



Deborah Wright

Deborah Wright, President and Board Chairman

Notice of Required Drug or Alcohol Test

Random Pool: Non-DOT with Random
Employer: Metropolitan Movers
Last Name: Selected for a drug test
First Name:
SSN:
Employee ID:
Date of Selection: 10/1/2012

Your name has been selected using a computerized random selection program by Drug Free Business. This selection requires you to complete a urine drug test and/or breath alcohol test. Your selection does not imply that your employer has specific cause to suspect you of using illegal drugs. Your employer's anti-drug and alcohol policy requires that the random specimens be collected.

For the drug test, you will be required to provide a 45 ml (1 & 1/2 oz) split urine specimen in the privacy of a stall. If you are unable to provide a specimen of sufficient quantity, you will be given up to three hours waiting period and required to drink up to 40 oz. of fluid.

For the alcohol test, you will be required to give a breath sample which will be collected by a certified Breath Alcohol Technician. If you are unable to provide a urine specimen within three hours or a breath sample, your employer will be contacted to arrange for a medical evaluation by the Medical Review Officer (MRO). If the MRO determines there is no medical explanation for the inability to provide the specimen/sample, you will be deemed to have refused to submit to a required test.

If you refuse to provide the urine specimen and/or breath sample, tamper with or contaminate the samples, substitute the urine of another person, or fail either test, you will be removed from your safety sensitive duties and will be subject to consequences as specified in your employer's policy.

Present the following at the collection location:

1. Driver's license or other picture identification
2. Copy of this notification letter

This notice will be retained in your confidential drug and alcohol testing file together with the Medical Review Officer's final determination of the drug test and/or alcohol test results.

Please sign below to acknowledge the receipt of this notice.

Thank you for your cooperation.

Donor Signature _____

Date/Time: _____

Notice of Required Drug or Alcohol Test

Random Pool: Non-DOT with Random
Employer: Metropolitan Movers
Last Name: Selected for a drug test
First Name:
SSN:
Employee ID:
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