



**HOUSEHOLD GOODS CARRIER
PERMIT APPLICATION**



TV 070387

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 1 - 5 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachment A	\$ 250
<input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment A	<i>already paid \$350 #250</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 1 - 5 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 1 - 5 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 1 - 2 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change – Complete page 1 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority – Complete pages 1 - 5 and Attachment A	\$ 550

TYPE OF PAYMENT

Check
 Money Order
 Amex
 Discover
 Mastercard
 Visa

Expiration Date: 09/07 Amount: \$ 300.00

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): EDUARDO PONCE Date: 2-27-07
Signature: *Eduardo Ponce* Title: OWNER

FOR OFFICIAL USE ONLY

Date Filed: <u>2/21/07</u>	Application #: <u>070387</u>	Motcar: <u>4398</u>	Permit Issued: HG-
Staff Assigned: <u><i>[Signature]</i></u>	Insurance:	Inspection:	DOL/SQS: <u><i>OK</i></u>
Reception #: <u>0003577</u>	<u>300.00</u>	111-0268-202-01	111-0268-013-20

0003577
V-073627

BUSINESS INFORMATION

Name of Applicant EDUARDO PONCE
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable AMERICA'S MOVING MACHINES INC

Physical Address 5902 214th St SW MOUNTLAKE TERRACE, WA 98043

Mailing Address 5902 214th St SW MOUNTLAKE TERRACE, WA, 98043

Telephone Number 206 218-8641 Fax Number ()

UBI # 602-693858 Email: americasmovingmachines@gmail.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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</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: My company will provide household moving services including transportation, packing, unpacking, storage services, while maintaining excellent customer care, fair & flexible rates, and around the clock service

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

ATTN: TINA
LIEPSKI
360 586 1181

FROM: AMERICAS
MOVING MACHINES
206 706 4726

Re: Docket # TV-070387

AMERICA'S MOVING MACHINES

Corrected Permit application
Page 1 and 2.

Please contact if more needed
Talitha Ruley 206 218 8641



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

AMERICA'S MOVING MACHINES, INC.
5902 214TH ST SW
MOUNTLAKE TERRACE, WA 98093

May 4, 2007

Notice of Deficient Application

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- X FINAL NOTICE! Your application will be dismissed if the items requested in this letter are not satisfied within 30 days.
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.

Who do I contact if I have questions?

You may call 360-664-1170 or e-mail us at transportation@wutc.wa.gov. Our fax number is 360-586-1181.

Thank You.

Tina Leipski
Licensing Services

5/21 he called to w/d application



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

America's Moving Machines, Inc.
5902 214th ST SW
Mountlake Terrace, WA 98093

April 3, 2007

Notice of Deficient Application

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@wutc.wa.gov. Our fax number is 360-586-1181.

Thank You.



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

America's Moving Machines
5902 214TH ST SW
MOUNTLAKE TERRACE, WA 98093

*America's Moving
Machines, Inc*

February 27, 2007

Notice of Deficient Application

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- X Per our phone conversation today, we need an additional \$300.00 for permanent authority.
- X Your application is missing some information. The UBI number needs to be clarified and if you are a corporation, you need to list stock holders.
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@wutc.wa.gov. Our fax number is 360-586-1181.

Thank You.

*3/8 talked w/ Eduardo - he will get UBI #
& name straightened out and call me*

This one is mine too???

From: LarryFrederick [mailto:LarryFrederick@Comcast.Net]
Sent: Wednesday, May 30, 2007 6:24 PM
To: UTC DL Transportation
Subject: Washington Utilities and Transportation Commission

Please forward the attached document to the proper department. Thank you!

Ed Ponce
5902 214th ST SW
Mountlake Terrace, WA 98093
(206) 832-9973