



HOUSEHOLD GOODS MOVING  
COMPANY PERMIT APPLICATION



TV-131618  
COPY

replacement pages

Type of Household Goods Authority Requested - Check one	Fee Required
<input type="checkbox"/> Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. - Complete pages 2 - 7 and Attachment A	\$ 550
<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 - 7 and Attachment B	\$ 550
<input checked="" type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-186 and 480-15-187 - Complete pages 2 - 7 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 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

TYPE OF PAYMENT			
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Amount: <u>250.00</u>		Expiration Date: <u>09/15</u>	
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): <u>KRIS O'BANON</u>		Company Name: <u>Northwest Movers LLC</u>	
Cardholder's Signature: _____		Date: _____	
FOR OFFICIAL USE ONLY			
Date Filed: <u>8/29/13</u>	DOL/SOS:	Ins: <u>TKS</u>	Permit Issued: THG-
Staff Assigned: _____	Insurance:	Inspection:	Docket # _____
Reception #: _____			
111-0268-207-02	<u>250.00</u>	111-0268-207-01	111-0268-013-20

**BUSINESS INFORMATION**

Name of Applicant NORTHWEST MOVERS, LLC  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable BELKINS NORTHWEST

Physical Address 16501 216<sup>th</sup> ST SW, MOUNTAIN TERRACE, WA 98043

Mailing Address: 935 POPULAR ST OLYMPIA, WA 98501

Telephone Number (360) 753-2344 Fax Number (360) 753-2559

UBI #: 603-259-389 *per attachment* Email: ~~OLYMPIA@NORTHWESTMOVERS.COM~~ JIMMY@BELKINS.NE.C

USDOT #: ~~XXXXXXXXXX~~ 75244 (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 360-596-3812 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # 869,822-04

Employment Security Department registration number? ESD # 487-785 00 *per attachment*

Is your business registered with the Department of Revenue?  No  Yes

**TYPE OF BUSINESS STRUCTURE**

Individual     Partnership     Corporation (P, LLP, LLC)     Other \_\_\_\_\_

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>
<u>KARIS O'BANON</u>	<u>PRESIDENT</u>	<u>50%</u>
<u>LAURE O'BANON</u>	<u>VICE PRESIDENT</u>	<u>50%</u>

\*Must provide a copy of a valid Washington state driver's license for each person listed above.

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:

WE HAVE PURCHASED BEKINS N.W. 3 PLAN ON SERVING THE SEPTIC AND SURROUNDING COMMUNITIES WITH MOVING AND STORAGE OF HOUSE HOLD GOOD SERVICES

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

PLS + LOUIE OSBORN have been in the moving industry for 25 or 30 years. Succeeded by owning Olympia Moving & Storage.

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?

No  Yes If yes, please indicate your permit number ~~WA 06 0011~~ 116-48903?

Have you ever applied for and been denied a permit to operate as a motor carrier of property in Washington?  No  Yes If yes, please explain

Do you currently operate interstate?  No  Yes If yes, please indicate your MC#

Do you operate interstate as an agent of another company?  No  Yes If yes, what is the name of the company? BEKINS VAN LINES

Do you have, or have you ever had a business related legal proceeding against you in Washington, or in any other state?  No  Yes If yes, please explain:

Has any person named in this application, within the past five years, been convicted of any crime involving theft, burglary, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance?  No  Yes If yes, please explain:

Has any person named in this application, been cited for violation of state laws or Commission rules?  No  Yes If yes, please explain: TV 131510 failure to apply for transfer of permit in a timely manner

**ATTACHMENT B**

**Transfer or Acquisition of Control**

Applicant is seeking one of the following -- please check one:

Transfer       Acquisition of Control

Current Name on Permit (Seller): BEKINS MOVING & STORAGE, CO

Current Trade Name on Permit (Seller) BEACON MOVING & STORAGE! BEKINS

Address (Seller) 6501 216th St SW MOUNT LAKE TERRACE, WA 98043 <sup>NORTHWEST</sup>

HG Permit Number: 000908      Phone Number (Seller) 425-374-1010

Does the transfer of this permit fall under the provisions of WAC-480-15-187?  No  Yes  
If yes, please complete Attachment C.

Have all fines or penalties owed to the commission been paid?  No  Yes

Has the closing annual report been filed with the commission?  No  Yes

A customer may file a loss or damage claim for up to nine months following a move and may file a loss or damage lawsuit for up to two years following a move. Who will be responsible for handling claims filed by customers for loss or damage that occurred on moves taking place prior to the sale and transfer/acquisition? SELLERS

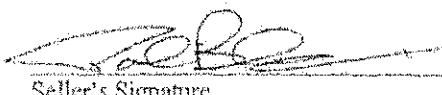
RELEASE OF AUTHORITY

I, the seller, have sold or otherwise released interest in my household goods permit number HG-000908 to the following:

Name of Buyer: NORTHWEST MOVERS, LLC

Trade Name of Buyer: BEKINS NORTHWEST

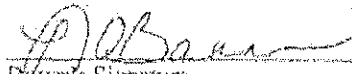
We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.



Seller's Signature

7-26-2013 Mantlake Terrace, WA

Date and Location



Buyer's Signature

7/26/13 GYMPIA, WA

Date and Location

## ATTACHMENT C

### TRANSFER OR ACQUISITION OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER EXCEPTIONS IN WAC 480-15-187

1. The commission will grant an application to transfer existing permanent authority, without requiring a provisional permit, public notice or comment, if the applicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of permanent authority for any one of the following reasons (check one, if applicable):
- A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to a spouse or to one or more remaining partners;
  - A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
  - A sole proprietor has died, the sole proprietor devised or bequeathed the company by will, and the applicant is seeking transfer of the permit in accordance with the bequest or devise set forth in the will.
  - An individual has incorporated and the same individual remains the majority shareholder;
  - An individual has added a partner but the same individual remains the majority partner;
  - A corporation has dissolved and the interest is being transferred to the majority shareholder;
  - A partnership has dissolved and the interest is being transferred to the majority partner;
  - A partnership has incorporated and the partners are the majority shareholders; or
  - Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

**Documentation supporting the checked box above must be included with your application.** You may submit a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without requiring a provisional permit after the application has been published on the application docket subject to comment for thirty days if the applicant is fit, willing, and able to provide service, the applicant has filed to transfer or acquire control of permanent authority, and all the following conditions exist:
- Ownership or control of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:
    - a. Has the permit been actively used by the current owner to provide household goods moving services during the last twelve-month period prior to the application?  No  Yes
    - b. *or* Need a certified statement from the applicant and the current owner explaining why the transfer of ownership or control is necessary to ensure the company's economic viability;
    - c. Include certified statement from the applicant and the current owner describing the steps taken by the parties to ensure that safe operations and continuity of service to customers is maintained.

## 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:

Lauri Obannon

Position:

Member

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, Internal Revenue Service (taxes); and Employment Security.

Name:

Lauri Obannon

Position:

member

## 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.

Lauri Obannon

Print name of applicant

*[Signature]*

Signature of Applicant

9/19/13 Olympia

Date and Location

Replacement  
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