

TV-150693



1300 S. Evergreen Park Drive SW
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 Fax: 360-586-1181
 TTY: 360-586-8203
 or
 1-800-416-5289
 email: transportation@utc.wa.gov

**HOUSEHOLD GOODS MOVING COMPANY
 PERMIT APPLICATION**

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed: <u>11/29/15</u>	DOL/SOS <u>alja</u>	ID: <u>16998</u>	Docket # <u>TV150693</u>
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	111-0268-013-20	

Type of Household Goods Authority Requested – check one **Fee Required**

- Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A. \$ 550
- Permanent authority to transfer resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis). Complete pages 3-8 and Attachment B. \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete pages 3-8 and Attachments B & C. \$ 250
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450). Complete pages 3-4 and include a statement justifying the reinstatement. \$ 250
- Name Change – Complete pages 3-4 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: On Time Cleaning LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable: You've GOT Movers

Physical Address: 2719 E Main unit B, Puyallup, WA 98372

Mailing Address: 3707 highlands Blvd, Puyallup, WA 98372

Telephone Number: (206) 280 7212 Fax Number () _____

3
Posted
cases JS

BUSINESS INFORMATION - continued

UBI #: 603-037-620 Email: customerservice@yourregtmovers.com

USDOT #: _____ (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # 212 204 -00

Employment Security Department registration number 060-429709-00-3

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

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation WA

List the name, title and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or % of Shares
<i>see separate page</i>		

Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.

1. Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: House hold moving good. we plan on serving local community with great price and customer service.

2. Briefly describe your experience in the transportation/household goods moving industry: only experience we had was when used the moving service.

3. 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 _____

4. 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 _____

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

6. Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? _____

TV-150693

Replacement
Page

BUSINESS INFORMATION - continued

UBI #: 603-037-620 Email: Customer Service @ you'vegotmaids.com
USDOT #: 2596344 (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # 212 204-00

Employment Security Department registration number 060-429709-00-3

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

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation WA

List the name, title and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or % of Shares
<u>Rakesh Reddy</u>	<u>President</u>	<u>50</u>
<u>Ashika Reddy</u>	<u>VP</u>	<u>50</u>

Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.

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6. Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? _____

2015

Posted JS

WA USA **WASHINGTON** DRIVER LICENSE



14 LIC# (4b)
 1 REDDY
 2 ASHIKA DEVI
 3 DOB (4b)
 4b Iss 69-18-2012
 15 Sex F 16 Hgt 5-65
 17 Wgt 120 18 Eyes BRN
 9 Class 6a End NONE
 12 Restrictions C 4b Exp 69-22-2017
 (4b)
 Rev 05-16-2009

ADReddy

7. 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 list below:

Type of Legal Proceeding	Date	State

*attach additional pages if necessary

8. Has any person named in this application ever 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 list below:

Type of Conviction	Date	City/State

*attach additional pages if necessary

9. Has any person named in this application, been cited for violation of state laws or Commission rules? No Yes If yes, please list below:

Violation	Date	RCW/WAC

*attach additional pages if necessary

FINANCIAL STATEMENT			
Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.			
Assets		Liabilities	
Cash in Bank	\$ 15K	Salaries/Wages Payable	\$ -
Notes Receivable	\$	Accounts Payable	\$ -
Investments	\$ 130K	Notes Payable	\$ -
Other Current Assets	\$	Mortgages Payable	\$ -
Prepaid Expenses	\$ 3000	TOTAL LIABILITIES	\$ -
Land and Buildings	\$ -	NET WORTH	149500
Trucks and Trailers	\$ -	Preferred Stock	\$ -
Office Furniture	\$ 1500	Common Stock	\$ -
Other Equipment	\$	Retained Earnings	\$ -
Other Assets	\$	Capital	\$ -
TOTAL ASSETS	\$ 149500	TOTAL LIABILITIES & NET WORTH	\$ 149500

EQUIPMENT LIST				
Describe the equipment you will own or lease to provide moving services (attach additional sheets if necessary).				
Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2012	International		3hamma9L8CL584B6	25K1b5

SAFETY AND OPERATIONS	
<p>CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program. Please attach evidence of your enrollment in a drug and alcohol testing program.</p> <p style="text-align: center;">N/A</p>	
SAFETY RESPONSIBILITIES	
<p>List the person and position responsible for understanding and complying with the <u>Federal Motor Carrier Safety Regulations</u> (FMCSR) and Washington State Laws and commission rules (WAC) as described below. Please refer to the WAC rules, Fact Sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations</p> <p>COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENT AND PENALTIES (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.</p> <p>DRIVER QUALIFICATION REQUIREMENTS: (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.</p> <p>DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.</p> <p>INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.</p> <p>PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.</p> <p>LIABILITY INSURANCE REQUIREMENTS (WAC 480-15-530). You must file and maintain proof of public liability and proper damage insurance (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)</p> <p>CARGO INSURANCE REQUIREMENTS (WAC 480-15-550). You must maintain cargo insurance coverage (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more).</p>	
Name: Rakesh Reddy	Position: owner

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: <i>Bakesh Reddy</i>	Position: <i>owner</i>
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: <i>Bakesh Reddy</i>	Position: <i>owner</i>
<p>If you would like to receive information about new household goods carriers, check here <input checked="" type="checkbox"/></p> <p style="text-align: center;">DECLARATION OF APPLICANT</p> <p>I understand that filing this application does not in itself constitute authority to operate as a household goods mover.</p> <p>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.</p> <p>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 480-15-305 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.</p> <p>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.</p> <p>I understand the commission will complete a criminal background check on each person named in the application.</p> <p>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.</p>	
<i>Bakesh Reddy</i> Print name of applicant	<i>Bakesh Reddy</i> Signature of Applicant
<i>4/28/15</i> Date and Location <i>Philly, PA</i>	



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:
You've GOT MOVERS

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: Ashika	
Address (include street address, mailing address, city, state, zip, and county): Puyallup WA 98372	
Phone Number: 206 856 2922	
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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: Create competition.	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? No	
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 Sheddy	Date and Location 4/29/15 Puyallup

owner's



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: You've Got Movers

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Tim Harrison

Address (include street address, mailing address, city, state, zip, and county): 7614 154th St E, Puyallup WA 98375

Phone Number: (206) 253 5393

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:
 Move our family.

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:
 good rates, prices and local company

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
 NO, outstanding company and great asset to community

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: [Signature] Date and Location: 4/29/15 Puyallup



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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:
You've Got Movers

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: Karuna Kumar	
Address (include street address, mailing address, city, state, zip, and county): Puyallup WA 98372	
Phone Number: 2068562922	
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: Supporting the community	
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: More income for state	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? No.	
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 Kumaras	Date and Location 4/29/15 Puyallup

WA USA **WASHINGTON** DRIVER LICENSE

4d LIC# (4b) DONOR

1 REDDY
2 RAKESH MURTI

3 DOB (4b) 4a Iss 10-28-2014

16 Sex M 16 Hgt 6-00
17 Wgt 210 18 Eye BRN
9 Class 9a End NONE 4b Exp 10-20-2020
12 Restrictions NONE

Rakesh Reddy (4b) Rev 09-18-2009



Customer Service <customerservice@youvegottmovers.com>

Purchase Receipt from DTC Group

1 message

DTC Group <admin@dtcgroup.org>
To: customerservice@youvegottmovers.com

Mon, Apr 6, 2015 at 1:05 PM



DTCGroup

DTC Group
6154 N. Meeker Place
Suite 200
Boise, Idaho 83713
United States
(866) 663-7766

Invoice

Date	DOT #	Agent
April 6, 2015	2,596,344	Stacey Razor

Billing Address:
YOU'VE GOT MOVERS
2719 E MAIN UNIT B
PUYALLUP, WA 98372

Mail To:
YOU'VE GOT MOVERS
2719 E MAIN UNIT B
PUYALLUP, WA 98372

Qty	Description	Unit Price	Total
1	Driver Qualification file DOT Regulation 391 - \$145.00 - This Driver Qualification file keeps you in compliance with DOT Regulation 391. Be sure to keep this on file at your office!	\$145.00	\$145.00
Total Purchases			\$145.00

Payments Made

4/6/2015	Credit		\$145.00
	Card - Approved Visa xxxxxxxxxxxx(4b)		
Total Payments & Adjustments			\$145.00

Amount Due

4/6/2015	Current		\$0.00
Outstanding Balance			\$0.00
Balance Due Now			\$0.00

Thank you for your business. We look forward to serving you and making DOT compliance easy!



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/06/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Jeffery Villarreal(7902578) 13819 Meridian E Ste B Puyallup WA 98373-9171		CONTACT NAME: JEFF PHONE (A/C, No, Ext): 253-770-1877 E-MAIL ADDRESS: jvillarreal@farmersagent.com FAX (A/C, No): 253-770-5474	
INSURED ON TIME CLEANING LLC 17404 MERIDIAN E PUYALLUP WA 98375		INSURER(S) AFFORDING COVERAGE INSURER A: Truck Insurance Exchange 21709 INSURER B: Farmers Insurance Exchange 21652 INSURER C: Mid Century Insurance Company 21687 INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC		605019101	12/10/2014	12/10/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		605019101	12/10/2014	12/10/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 17404 MERIDIAN E, PUYALLUP, WA 98375

CERTIFICATE HOLDER 	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Jeffery Villarreal