



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

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID: <u>M4833</u>	Docket #
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	111-0268-013-20	<u>090208</u>

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, Attachment B, and a closing annual report from current company \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete pages 3-8, Attachments B & C, and a closing annual report from current company \$ 250
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450). Complete pages 3-5 and include a statement justifying the reinstatement. \$ 250
- Name Change – Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: Spaeth Transfer Inc.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 1229 Hollis Street, Bremerton, WA 98310

Mailing Address Same

Telephone Number (360) 373-6101 Fax Number (360) 479-5584

BUSINESS INFORMATION - continued

UBI #: 181-009-021 Email: Spaeth+fr @ comcast.net

USDOT #: 076235 (If you currently don't have one, go online at mover.girl @ yahoo.com
www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # 208, 908-00

Employment Security Department registration number 207242007

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>Jenay Ingalls</u>	<u>President</u>	<u>100%</u>

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: _____

2. Briefly describe your experience in the transportation/household goods moving industry:
I started in 1985 and have held positions in accounting, local operations, sales & management. I have been with Spaeth Transfer since 1996.

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 000363

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# 15735

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

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, assault, 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	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

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
		See attached		

SAFETY AND OPERATIONS

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.**

SAFETY RESPONSIBILITIES

List the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (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

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.

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.

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.

INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.

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.

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)

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).

Name:

Troy Keatley

Position:

Operations Manager

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:
Natasha McWhorter

Position:
Office Manager

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:
Jenay Ingalls

Position:
President

If you would like to receive information about new household goods carriers, check here

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 480-15-305 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.

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 understand the commission will complete a criminal background check on each person named in the application.

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.

Jenay Ingalls
Print name of applicant

Jenay Ingalls
Signature of Applicant

12-2-16 Bremerton
Date and Location WA

WA
USA

WASHINGTON

DRIVER LICENSE



Elaine Ingalls

4d LIC# [REDACTED]

DONOR

1 NAME
1a LAST **INGALLS**
2a FIRST **JENAY ELAINE**

3 DOB [REDACTED]

4a Iss **10-06-2015**

15 Sex **F** 16 Hgt **5-05**

17 Wgt **190** 18 Eyes **GRN**


9 Class [REDACTED] 9a End **NONE**

12 Restrictions **NONE**



4b Exp **09-23-2018**

Rev. 09-15-2009

WA
USA **WASHINGTON** DRIVER LICENSE



4d LIC# [REDACTED]
1 MCWHORTER
2 NATASHA LINDA
3 DOB [REDACTED] 4a Iss 05-25-2016
5 [REDACTED]
15 Sex F 16 Hgt 5-07
17 Wgt 130 18 Eyes BRN
9 Class 9a End NONE
12 Restrictions C 4b Exp 02-11-2019



Rev 09-16-2009

WA
USA

WASHINGTON



COMMERCIAL
DRIVER LICENSE

4d LIC# [REDACTED] DONOR ♥

1 KEATLEY
2 TROY SCOTT

3 DOB [REDACTED] 4a Iss 12-09-2014

15 Sex M 16 Hgt 5-05
17 Wgt 190 18 Eyes BLU
19 Class A 9a End NONE 4b Exp 06-16-2018
12 Restrictions NONE



REV 05 2009

ATTACHMENT B

**Transfer of Household Goods Authority
Per WAC 480-15-187**

Current Name on Permit (Seller): Robert Leidhamer / Spaeth Transfer Inc

Current Trade Name on Permit (Seller): _____

Address (Seller): 1229 Hollis St, Bremerton, WA 98310

HG Permit Number: 000 363 Phone Number (Seller): 360.373.6101

Does the transfer of this permit fall under the provisions of WAC-480-15-187(2) or (3)?
 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? Yes

Note: A company transferring operations must submit an annual report for that portion of the year in which the company operated.

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? _____

RELEASE OF AUTHORITY

I, the seller, have sold or otherwise released interest in my household goods permit number HG- 363 to the following:

Name of Buyer: Jenay Ingalls

Trade Name of Buyer: _____

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

Robert Leidhamer
Seller's Signature

12-2-16 Bremerton WA.
Date and Location

Jenay Ingalls
Buyer's Signature

12-2-16 Bremerton, WA
Date and Location



INSURANCE BINDER

SPRINGS

DATE (MM/DD/YYYY)
6/6/2016

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY Paul Hanson Partners 1319 First Street Napa, CA 94559		COMPANY Security National Insurance Company		BINDER # 24501	
PHONE (A/C, No, Ext): (707) 252-5900		FAX (A/C, No): (707) 252-5905		EXPIRATION DATE TIME 6/7/2016 12:01 AM	
CODE: AGENCY CUSTOMER ID: SPAETRA-01		SUB CODE:		EXPIRATION DATE TIME 7/7/2016 12:01 AM	
INSURED Spaeth Transfer, Inc. 1229 Hollis Street Bremerton, WA 98310		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: SEE REMARKS			
		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) This binder contains a summary of the coverage provided under the policies listed herein and does not include all the terms, conditions, and exclusions of the policy(ies). The policy(ies) contain the full and complete agreement with regard to the coverage provided therein. Please review the policy(ies) thoroughly with your broker upon receipt and notify us promptly in writing if you have any questions. In the event of any inconsistency between the binder and the policy, the policy language shall control. Various locations			

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC <input checked="" type="checkbox"/> Replacement Cost <input checked="" type="checkbox"/> AGREED VALUE	Loc#1, Bldg#1 Building Business Income Business Personal Property (Blanket Limit for loc#1-1 & 2-1)	1,000 1,000	 80 50 90	 \$800,000 \$432,000 \$53,471
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$1,000 Ded. <input checked="" type="checkbox"/> EBL \$1,000,000/\$1,000 Ded <input checked="" type="checkbox"/> Stop Gap \$1,000,000	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COM/POP AGG	\$ \$ \$ \$ \$ \$	1,000,000 1,000,000 10,000 1,000,000 2,000,000 2,000,000
VEHICLE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> \$1,000 APD Ded	RETRO DATE FOR CLAIMS MADE:	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST UIM	\$ \$ \$ \$ \$ \$ \$	1,000,000 5,000 60,000 60,000
VEHICLE PHYSICAL DAMAGE DED. <input checked="" type="checkbox"/> COLLISION: 1,000 <input checked="" type="checkbox"/> OTHER THAN COL: 1,000	<input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES	<input checked="" type="checkbox"/> ACTUAL CASH VALUE STATED AMOUNT	\$ \$	
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	\$ \$ \$ \$	
EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION WC STATUTORY LIMITS	\$ \$ \$ \$	3,000,000 3,000,000 10,000
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$	
SPECIAL CONDITIONS / OTHER COVERAGES	Cargo \$250,000 any one truck; \$500,000 any occurrence; \$1,000 Ded/\$2,000 Military Ded. Warehouse Legal Loc#1-1 \$350,000, Loc#2-1 \$250,000; \$1,000 Ded/\$2,000 Military Ded. Movers Equipment \$52,000; Forklifts Included; Portable Electronic Equipment \$3,000; \$1,000 Ded.	FEES TAXES ESTIMATED TOTAL PREMIUM	\$ \$ \$	

NAME & ADDRESS Allied Van Lines, Inc. SIRVA World Headquarters, One Parkview Plaza Oakbrook Terrace, IL 60181		<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE LOAN #	<input checked="" type="checkbox"/> ADDITIONAL INSURED
		MOTOR CARRIER AUTHORIZED REPRESENTATIVE <i>Lisa R. Paul</i>	

Endt #	Change Eff.	Insured ID #	Pol #	Year	Description	Type	Serial No.	Gauging	Class Code	Cost New	Liab.	Med Pay	UIM	Comp	SP	Coll
		40155	1	1968	Zieman	Trailer	Z158015	Bremerton	67499	2,000	X				X	
		40156	2	1968	Zieman	Trailer	72706	Bremerton	67499	2,000	X				X	
		21667	3	1988	International Pack Van	Med Trk	1HTLCCFM5H558559	Bremerton	23499	26,052	X		X		X	
		22046	5	1991	International	Hvy Trk	1HTSCNPPIMH393713	Bremerton	33499	29,303	X		X		X	
		36449	6	1993	Feighliner	Ex-Hvy Trk	1FUYL8B6PL495300	Bremerton	50499	53,201	X		X		X	
		23197	7	1993	Chev Trk Cab	Med Trk	18BC4B1KOP7001993	Bremerton	23499	20,876	X		X		X	
		22429	8	1992	Feighliner	Hvy Trk	1FV6HFAA4NL485623	Bremerton	33499	40,627	X		X		X	
		21592	9	1994	Chev Trkmaster	Med Trk	18B84B1A3R7002210	Bremerton	23499	20,876	X		X		X	
		72724	10	1995	Kentucky	Trailer	1KKUE4825S1102423	Bremerton	67499	13,000	X		X		X	
		21276	11	1996	International	Hvy Trk	1HTSCAAM6TH360681	Bremerton	33499	40,294	X		X		X	
		73583	12	1996	Kentucky	Trailer	1KKVE4826TL106014	Bremerton	67499	15,000	X		X		X	
		34767	14	1985	International	Ex-Hvy Trk	1HSTET6R9PH823404	Bremerton	50499	7,000	X		X		X	
		24	15	2001	Chev	Lt Trk	1GCGE25M811178201	Bremerton	3499	22,914	X		X		X	
		20899	16	2004	International	Hvy Trk	1HTMMAAM04H61762	Bremerton	33499	51,000	X		X		X	
		32784	17	2003	International	Ex-Hvy Trk	1HSHXAH31071687	Bremerton	50499	95,659	X		X		X	
		21355	18	2006	International	Hvy Trk	1HTMMAAM16H2200628	Bremerton	33499	65,000	X		X		X	
		27	19	2006	Chev 5500	Hvy Trk	1GBEFC1G36F4293356	Bremerton	33499	48,000	X		X		X	
		50054	20	2004	Kentucky	Trailer	1KKVC301641214587	Bremerton	67499	32,072	X				X	
		50048-Keith	21	2008	Kentucky	Trailer	2KKVE291581226845	Bremerton	67499	41,220	X				X	
		50080-Keith	22	2008	Kentucky	Trailer	KKVE2912871226846	Bremerton	67499	41,220	X				X	
		34779	23	1978	Kentucky Curtain Side	Trailer	55114	Bremerton	67499	13,000	X				X	
		80322	24	2008	Silver Eagle Dolly	Trailer	1U3JK74138BT18116	Bremerton	67499	15,000	X				X	
			26	2013	Kentucky Chevrolet Crew Cab	Trailer	1KKVE5320E1234605	Bremerton	67499	37,500	X				X	
			27	2005	GMC Savana	Truck	1GNSKCKC2FR281967	Bremerton	1499	62,221	X		X		X	
			28	2014	GMC Savana	Van	1G1TW7FCA7E1912882	Bremerton	1499	29,000	X		X		X	

Spaeth Local Trailer
Connects two Kentucky Trailers (Keith)

Ally Financial



1696 Capitol St NE * Salem, OR 97301 * (503) 391-9363 * Fax: (503) 316-9110

6/29/2016

TROY KEATLEY
**SPAETH TRANSFER INC
1229 HOLLIS ST
BREMERTON, WA 98310

RE: Eligible Employee List Update

Enclosed is a list of employees eligible for the DOT drug/alcohol testing program. Please make any necessary changes to the enclosed employee list. Please mail, fax, or send e-mail to: mikebliven@aworksafeservice.com with the revised employee list within (14) days. If there are no changes, it is not necessary to return the list.

Please note that this is not a notice to report for testing!!!

The following paragraph is a reminder on how a company should handle their random selection notice.

A company must notify the employee for testing as soon as practical after receiving notification of the employee's required testing. If the employer is unable to notify the employee for testing because the employee is not and will not become available for testing prior to the end of the selection period, let me know as soon as possible.

If you have any questions, please feel free to call. **Thanks for your cooperation!**

Mike Bliven
Program Coordinator

Participants by Alpha Sort Field

From:

To:

**SPAETH TRANSFER INC (2348)

Participant ID	Name	SSN	Home	DOT	Occu	Pool	Rnd	Term.	Term. Date
3	KC Jones	XXX-XX-		Y	CDL		Y	N	
4	Troy Keatley	XXX-XX-		Y	CDL		Y	N	

Records in this company: **SPAETH TRANSFER INC (2348): 2

Total Records Printed: 2