



**HOUSEHOLD GOODS MOVING
COMPANY PERMIT APPLICATION**



<i>FOR OFFICIAL USE ONLY</i>			
Date Filed: <u>7/29/14</u>	DOL/SOS: <u>dujov</u>	ID: <u>17894</u>	Docket #: <u>TV141200</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection: <u>[Signature]</u>	Permit Issued THG- <u>657448</u>
Reception # <u>054634</u>	111-0268-207-02	Receipt ID: <u>50539</u>	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: Wise Ways Moving LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable: Wise Ways Moving per user

Physical Address: 17803 Linden Ave N, Shoreline, WA 98133

Mailing Address: 17803 Linden Ave N, Shoreline, WA 98133

Telephone Number: (206) 631-1001 Fax Number: ()

UBI #: 603-323-358 Email: info@wisewaysmoving.com

Posted

BUSINESS INFORMATION - continued

USDOT #: 2453428 (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 Acct? Account # 269,053-00

Employment Security Department registration number? ESD # 490274-00-5

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 _____

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

Name	Title	Stock Distribution or % of Shares
<u>Dante Kun</u>	<u>Member</u>	<u>100%</u>

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

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Excellent customer service coupled with excellent job performance.

Briefly describe your experience in the transportation/household goods moving industry: 10+ years of moving musical experience
6+ years of household goods transportation
I have been a driver the entire time as well

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 _____

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? _____

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: _____

FINANCIAL STATEMENT			
You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.			
Assets		Liabilities	
Cash in Bank	\$ 2505	Salaries/Wages Payable	\$ ~57,600
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 15000	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$ 1200	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 19705	TOTAL LIABILITIES & NET WORTH	\$ 57600

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
2005	International 4300	C01091A		25999

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.**

PA

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: Dante R Kun	Position: member/employee
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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>Dante R Kun</i>	Position: <i>member/employee</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>Dante R Kun</i>	Position: <i>member/employee</i>

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.

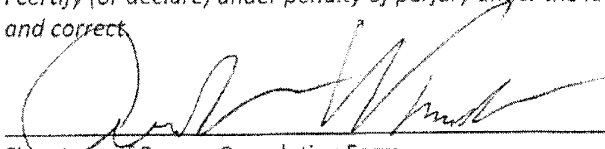
Dante R Kun *[Signature]* *5/23/14 office*
 Print name of applicant Signature of Applicant Date and Location

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: Dante Kun, Wise Ways Moving

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Cecilia White, owner, Home Stage LLC
Address (include street address, mailing address, city, state, zip, and county):	16036 68th Ave W Edmonds, WA 98026
Phone Number:	425.239.2473
Do you currently need the services of a residential household goods moving company?	
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: I am a stager in the greater Seattle area and need movers daily.	
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: Daily moving need & referrals to clients/real estate agents.	
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: A resource for professionals, and the general population who need affordable services.	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I have known Dante and worked with him previously through another company. He demonstrates excellent work ethic and integrity.	
<i>I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>	
 Signature of Person Completing Form	5/23/14, Lynnwood, WA Date and Location

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Applicant Name: Dante Fun, Wise Ways Moving

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: <u>ANGIE HEIMBERG FC COORDINATOR STAGING & DESIGN WEDU</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>13621 NE 126TH PL KIRKLAND, WA 98034</u>	
Phone Number: <u>206.372.9313</u>	
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: <u>I WORK IN AN INDUSTRY THAT IS IN CONSTANT NEED OF MOVING SERVICES ON A DAILY BASIS.</u>	
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: <u>I NEED FURNITURE PICKED UP AND DELIVERED, AND THEN RETURNED TO ME WHEN RENTAL IS OVER.</u> for RENTAL	
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: <u>THIS COMPANY TAKES UP ALL OF THE SLACK WHEN MY OWN MOVERS ARE UNAVAILABLE. THEIR SERVICE KEEPS MY CLIENTS HAPPY, AND MYSELF IN BUSINESS.</u>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>THE COMMISSION SHOULD BE AWARE OF THE GREAT WORK ETHIC & INTEGRITY IN WHICH THIS COMPANY OPERATES.</u>	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<u>Angie Heimberg</u> Signature of Person Completing Form	<u>5.28.14</u> Date and Location

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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: Danilo Kun, Wise Ways Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
HUNTER HOME STAGING & DESIGN LLC

Address (include street address, mailing address, city, state, zip, and county):
P.O. BOX 33142, SEATTLE, WA 98133

Phone Number:
206.851.0226

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
 AS A HOME STAGING COMPANY WE (NEED) AND HIRE MOVERS TO LOAD IN AND LOAD OUT FURNITURE AND ACCESSORIES

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:
 YES WE ARE ALWAYS IN NEED OF "GOOD" MOVERS WHO ARE PROMPT AND PROFESSIONAL AS IS WISEWAY

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:
 AS A PROFESSIONAL STAGING COMPANY, WE ARE IN GREAT NEED OF RELIABLE, PROFESSIONAL MOVERS, WISEWAY MWU THAT WE CAN

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
 WE ARE VERY PLEASED WITH THE SERVICE THAT WISEWAY PROVIDES, AND DEPEND ON THEM FOR FUTURE JOBS. DEPENDO

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: Sandra Hunter Date and Location: May 28, 2014

12-13-1201289

4d LIC# (4b)

1 KUN

2 DANTE RASELLA

3 DOB (4b)

4a Iss 07-31-2013

15 Sex M 16 Hgt 5-09

17 Wgt 148 18 Eyes HAZ


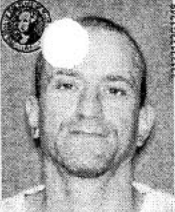
9 Class 9a End NONE

4b Exp 08-03-2018

12 Restrictions NONE

(4b)

Rev 09-16-2009



FORM F

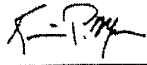
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE ENDORSEMENT

It is agreed that:

1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulations promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the State Commissions indicated below.
3. This endorsement may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days notice in writing to the State Commission with which such certificate has been filed, such thirty (30) days notice to commence to run from the date the notice is actually received in the office of such Commission.

Attached to and forming part of policy No. CA 01379940-0 issued by United Financial Casualty Company, herein called Company, of PO BOX 94739, CLEVELAND, OH 44101 to WISE WAYS MOVING LLC of 15114 MANOR WAY, LYNNWOOD, WA 98087

Dated at MAYFIELD VILLAGE, OH 44143 this 14th day of May, 2014

Countersigned by  _____
Authorized Representative

X - - INDICATES STATE COMMISSIONS WITH WHOM UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE HAS BEEN FILED							
ALABAMA		ILLINOIS		MONTANA		RHODE ISLAND	
ALASKA		INDIANA		NEBRASKA		SOUTH CAROLINA	
ARIZONA		IOWA		NEVADA		SOUTH DAKOTA	
ARKANSAS		KANSAS		NEW HAMPSHIRE		TENNESSEE	
CALIFORNIA		KENTUCKY		NEW JERSEY		TEXAS	
COLORADO		LOUISIANA		NEW MEXICO		UTAH	
CONNECTICUT		MAINE		NEW YORK		VERMONT	
DELAWARE		MARYLAND		NORTH CAROLINA		VIRGINIA	
DISTRICT OF COLUMBIA		MASSACHUSETTS		NORTH DAKOTA		WASHINGTON	X
FLORIDA		MICHIGAN		OHIO		WEST VIRGINIA	
GEORGIA		MINNESOTA		OKLAHOMA		WISCONSIN	
HAWAII		MISSISSIPPI		OREGON		WYOMING	
IDAHO		MISSOURI		PENNSYLVANIA			