

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:	Docket #
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, 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: VALUE MOVERS LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 3126 183RD PL. NE ARLINGTON, WA 98223

Mailing Address 8425 61st Pl. NE. Marysville, WA. 98270

Telephone Number (425) 551-8912 Fax Number () _____

Posted
 3
Chen & Evans

BUSINESS INFORMATION - continued

UBI #: 603-474-972 Email: VALUEMOVERS11@GMAIL.COM

USDOT #: 2581056 (If you currently don't have one, go online at www.fmcsa.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # N/A - No account set-up (see attached)

Employment Security Department registration number N/A - No account set-up (see attached)

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>Matthew Russell</u>	<u>OWNER / MANAGER</u>	<u>50%</u>
<u>Andrew Koutlas</u>	<u>OWNER / MANAGER</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.

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: We wish to provide the Best customer service in the Moving industry. While focusing on our county as our core, we will strive to treat everyone like our neighbors. Our experience in scheduling will be what sets us apart.

2. Briefly describe your experience in the transportation/household goods moving industry: one owner has over a year of experience with household moving on a very tightly packed schedule. That experience MADE us see the demand & what different good customer service can make.

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? _____

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	\$ 3000 ⁰⁰	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ /	Accounts Payable	\$ 0
Investments	\$ /	Notes Payable	\$ 0
Other Current Assets	\$ /	Mortgages Payable	\$ 0
Prepaid Expenses	\$ /	TOTAL LIABILITIES	\$ -
Land and Buildings	\$ /	NET WORTH	
Trucks and Trailers	\$ 5000 ⁰⁰	Preferred Stock	\$
Office Furniture	\$ /	Common Stock	\$
Other Equipment	\$ /	Retained Earnings	\$
Other Assets	\$ /	Capital	\$
TOTAL ASSETS	\$ 8000⁰⁰	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
2000	FORD	C59967E	1FDWE3554HA83703	8,120 LBS

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: <i>Matthew Russell</i>	Position: <i>MANAGER / owner</i>
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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>W Russell</i> <i>Matthew Russell</i>	Position: <i>OWNER / MANAGER</i>
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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>W Russell</i> <i>Matthew Russell</i>	Position: <i>OWNER / MANAGER</i>
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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.

<i>Matthew Russell</i>	<i>W Russell</i>	<i>2-14-2016</i> <i>WA</i>
Print name of applicant	Signature of Applicant	Date and Location

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called
Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH
44151 has issued to VALUE MOVERS LLC of 3126 183RD PLACE NE, ARLINGTON, WA 98223 a policy or policies of insurance
effective from 02/02/2016 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until
cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance
Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the
obligations imposed upon such motor carrier by the provisions of the motor carrier law of the state in which the Commission has
jurisdiction or regulators promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all
endorsements thereon.

This certificate and the endorsement described herein 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, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 4th day of February, 2016

Insurance Company File No. CA 02838667

(Policy Number)

(Authorized Company Representative)

MC1633a(08/99)

IR835398



DTCGroup

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

Invoice

Date	DOT #	Agent
February 17, 2015	2,581,056	Stacey Razor

Billing Address:
VALUE MOVERS LLC
8425 61ST PL NE
MARYSVILLE, WA 98270

Mail To:
VALUE MOVERS LLC
3126 183RD PL NE
ARLINGTON, WA 98223

Qty	Description	Unit Price	Total
2	Driver Qualification file DOT Regulation 391 - \$330.00 (Qty 2) - This Driver Qualification file keeps you in compliance with DOT Regulation 391. Be sure to keep this on file at your office!	\$165.00	\$330.00
Total Purchases			\$330.00

Payments Made

2/17/2015	Credit Card - Approved MasterCard xxxxxxxxxxxx4456		\$330.00
Total Payments & Adjustments			\$330.00

Amount Due

2/17/2015	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!

Drug & Alcohol TESTING

WA USA WASHINGTON DRIVER LICENSE



4a LIC# [REDACTED] DONOR [REDACTED]
1 KOUTLAS [REDACTED]
2 ANDREW THOMAS
3 DOB [REDACTED] 4a ISS [REDACTED]
15 Sex M 16 Hgt 5-10
17 Wgt 165 18 Eyes BRN
9 Class 9a End J 4b Exp [REDACTED]
12 Restrictions NONE

Rev 08-16-2009

WA
USA

WASHINGTON

DRIVER LICENSE



DATE OF BIRTH

4a LIC# **RUSSEMT186KB**

DONOR

1 Name **RUSSELL**

2 Name **MATTHEW THOMAS**

3 DOB [REDACTED]

4a ISS [REDACTED]

15 Sex **M**

16 Hgt **6-02**

17 Wgt **190**

18 Eyes **BLU**

9 Class

5a Exp **NONE**

12 Restrictions **NONE**

4b Exp [REDACTED]

Matthew Russell

[REDACTED]

Rev 03-18-2005

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: Value Movers LLC

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Tina M Graff, Production Control, Lamar Aerosystems
Address (include street address, mailing address, city, state, zip, and county):	5832 Robt Menzel Rd Grand Falls, WA - 98252 Snohomish County
Phone Number:	425.232.3899
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: Moving Furniture & boxes from Grand Falls to Lake Stevens	
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: This company would be very convenient as well as a trustworthy source.	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I will be recommending this moving company to my family and friends.	
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	Date and Location
Tina M. Graff	4/3/15 - Monroe, WA

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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: VALUE MOVERS LLC

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: <u>Mindy Marsh, Contracts Administrator, Damav Perdsystems</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>510 Pilchuck Path Everett, WA 98201 Snohomish County</u>	
Phone Number: <u>425-263-6744</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>Mother in Law is moving.</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>Furniture and/or moving household</u>	
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>The company would be serving me an immediate need as well as future moves.</u>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>Yes with being a new company the guys already have moving experience and are honest, service driven individuals.</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>Mindy Marsh</u> Signature of Person Completing Form	<u>6/2/15 Monroe, WA</u> Date and Location

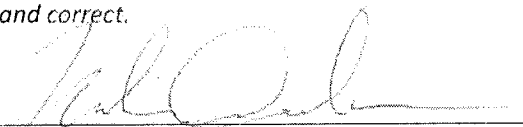
ATTACHMENT A

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.

VALUE MOVERS - LLC

Applicant Name: MIKE DAVIDSON - Request to move on 6/7 - Sunday.

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	M.I.V.E DAVIDSON, BOYER, DAMAR ARVOSYSTEMS
Address (include street address, mailing address, city, state, zip, and county):	13604 317th AVE NE Duvall, WA 98019 (USA)
Phone Number:	425 788 0807
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: NEED APPROX 1200 lbs of furniture moved to Pullman, WA from Above address.
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: MAY move to California in 2016 or 2017.
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:	It will help my daughter get thru college!
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	* NO - I'm confident they are honest and will help US.
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	Date and Location
	6/2/15

Deliver to Sarah DAVIDSON
 address → 545 NE KAMIAKEN Apt # 113
 Pullman, WA 99163

This is a "printer friendly" page. Please use the "print" option in your browser to print this screen.



Washington, State of - Utilities & Transportation Commission

Utilities & Transportation Commission POS

Confirmation Number: H57711
 Payment Date: Wednesday, February 10, 2016
 Payment Time: 08:26AM PT

Payer Information

First Name: Matthew Russell
 Street Address: 3126 183rd Pl. NE
 Town/City: Arlington, WA 98223
 Country: United States
 Daytime Phone Number: (425) 551 - 8912
 E-mail Address: valuemoversllc@gmail.com
 Company Name-If not a Company, provide name of Payee: Value Movers LLC
 Payment Menu : Application Fees
 Payment Menu - Additional Payment:
 Application Types (If Applicable): Household Goods

Card Information

Card Type: MasterCard
 Card Number: [REDACTED]
 Expiration Date: [REDACTED]
 Card Verification Number: ****

Payment Information

Payment Type: Utilities & Transportation Commission POS
 Payment Amount: \$550.00
 Convenience Fee: \$13.75
 Total Payment: \$563.75

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