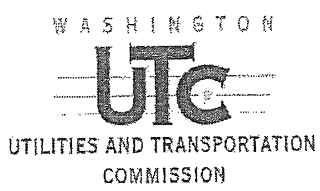


TV-161266-CT



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: 17986	Docket # 161266
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception # 60553	111-0268-207-02	111-0268-013-20	02296 B

#### 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: Three Generations Moving and Hauling, LLC  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable \_\_\_\_\_

Physical Address 2904 174th STE, Tacoma, WA 98445

Mailing Address Same

Telephone Number (253) 441-7243 Fax Number (253) 276-7098

Posted  
Case & Email  
J

**BUSINESS INFORMATION - continued**

UBI #: 604 030 757 Email: jamie.loneia@yahoo.com

USDOT #: 2928180 (If you currently don't have one, go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.dot.gov/online-registration) to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # 895-240-03

Employment Security Department registration number 000-672529-00-1

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>Jamie Loneia</u>	<u>Managing Partner</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: Moving, Delivery Service, Customer service and getting client need first.

2. Briefly describe your experience in the transportation/household goods moving industry: I worked for a Regional Moving Company. I did Sales, Kbar, Driving, loading Operation management. I also was a GM for a manufacturing Company and was in charge of logistics

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, 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	\$ 6,500	Salaries/Wages Payable	\$ <del>0</del>
Notes Receivable	\$	Accounts Payable	\$ 800.00
Investments	\$ 10,000	Notes Payable	\$ <del>0</del>
Other Current Assets	\$	Mortgages Payable	\$ <del>0</del>
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$ 800.00
Land and Buildings	\$	<b>NET WORTH</b>	150,000
Trucks and Trailers	\$ 20,000	Preferred Stock	\$
Office Furniture	\$ 3,000	Common Stock	\$
Other Equipment	\$ 8,000	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$ 47,500	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ <del>150,000</del>

142,000

### 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	GMC		16065C1 E95F908037	19,900

### 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: <u>Jamie Lonnie</u>	Position: <u>Managing Partner</u>
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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: Jamie Loneia

Position: Managing Partner

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: Jamie Loneia

Position: Managing Partner

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.

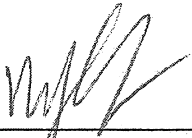
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-305 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.

Jamie Loneia



10-7-16 Tacoma, WA

Print name of applicant

Signature of Applicant

Date and Location

WASHINGTON

ENHANCED DRIVER LICENSE



010274E1339

4d LIC# [REDACTED]

1 LONEA  
2 JAMIE EARL

3 DOB [REDACTED]

4a Iss 09-29-2016

15 Sex: M 16 Hgt: 5-10

17 Wgt: 300 18 Eyes: BRN

9 Class

4b Exp 01-04-2020

9a End 3

12 Restrictions C

TEMP EXP 11-13-2016

*[Signature]*



**National Indemnity Company [70]**  
BODILY INJURY AND PROPERTY DAMAGE LIABILITY  
**IDENTIFICATION CARD**                      **STATE OF WA**

<u>POLICY NUMBER</u>	<u>EFFECTIVE DATE</u>	<u>EXPIRATION DATE</u>
<b>70TRS068973</b>	<b>10/14/2016</b>	<b>10/14/2017</b>

<u>YEAR</u>	<u>MAKE/MODEL</u>	<u>VEHICLE IDENTIFICATION NUMBER</u>
<b>2005</b>	<b>GMC</b>	<b>1GDG5C1E95F908036</b>

<u>NAME OF INSURED</u>	<u>AGENT</u>
<b>Three Generations Moving &amp; Hauling LLC Deschutes PC</b>	<b>The Insurance Connection of 593 NE Azure Dr., Ste 2 Bend, OR 97701 Ph: (541) 389-1485</b>
<b>8981 NE State Hwy 104 Kingston, WA 98346</b>	

Coverage meets minimum liability insurance coverage prescribed by law.

THIS CERTIFICATE MUST BE KEPT IN INSURED VEHICLE AND PRESENTED ON DEMAND  
In case of Accident:

Report all accidents to your Agent as soon as possible.

Obtain the following information:

1. Name, address and phone number of each driver, passenger and witness.
2. Name of Insurance Company, Agent and Policy Number for each vehicle involved.




**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:** *Three Generations Moving and Hauling*

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<i>DEAN Adney President Ringstone LLC</i>
Address (include street address, mailing address, city, state, zip, and county):	<i>2814 174th St E TACOMA, WA 98445</i>
Phone Number:	<i>253 442 4407</i>
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:	<i>Ringstone clients ASKING</i>
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:	<i>I DO ALOT OF HOUSE REPAIRS FOR Inspection Lists of BYERS AND SELLERS. Household moving company is ASK FROM me ALL THE TIME.</i>
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	<i>They ARE HARD AND HONEST WORKING men. They will make A great company.</i>
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	<i>11-20-2016</i> _____ 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:** JAMIE LONEIA Three Generations Moving and Valeting LLC

**The following must be completed by the Supporter of the applicant**

**Name, Title, and Business Name:** JEFF ZINDEL

**Address (include street address, mailing address, city, state, zip, and county):**  
8488 135TH ST. E PUDALUP WA 98223

**Phone Number:** 253-307-4904

**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:  
MY SON WILL BE MOVING FOR COLLEGE AND WE ANTICIPATE PURCHASING A NEW HOME.

**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:**  
COMPETITION IS HEALTHY AND I BELIEVE ANOTHER NON CORPORATE SIZE MOVING COMPANY WILL BENEFIT US.

**Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?**  
THE LEADERSHIP OF THIS COMPANY IS OR WILL BE STRONG. STRONG HEALTHY BUSINESSES BENEFIT EVERYONE.

**I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.**

*Jeff Zindel* \_\_\_\_\_ 11/15/16 PUDALUP, WA  
 Signature of Person Completing Form 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:** THREE GENERATIONS MOVING AND HAULING

**The following must be completed by the Supporter of the applicant**

**Name, Title, and Business Name:**  
RANDALL L. TAKEHARA, BATTALION CHIEF, JBLM FIRE DEPT.

**Address (include street address, mailing address, city, state, zip, and county):**  
4100 WEST WAY, JBLM WA, 98433, PIERCE CO.

**Phone Number:** 253-405-7818

**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:  
POTENTIAL HOUSE UPGRADE, MOVING WITHIN PIERCE COUNTY

**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:**  
I HAVE KNOWN THE APPLICANTS APPLYING FOR PERMIT FOR 18 YEARS AND HAVE ALWAYS KNOWN THEM TO BE OF THE HIGHEST INTEGRITY, PROFESSIONAL, AND WONDERFUL CUSTOMER SERVICE WITH WONDERFUL CUSTOMER SERVICE.

**Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?** THIS COMPANY WILL BENEFIT THE COMMUNITY WITH THEIR HIGH MORALS AND PERFORMANCE. PLEASE GRANT THE PERMIT. THANK YOU.

**I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.**

 11/22/2016 MCFARLAND,  
 Signature of Person Completing Form Date and Location JBLM WA