

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



	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 2 - 7 and Attachment A	\$ 550
٥	Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 7 and Attachment B	\$ 550
٥	Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-186 and 480-15-187 — Complete pages 2 - 7 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 2 - 3 and include a statement justifying the reinstatement	S 250
0	Name Change – Complete pages 2 - 3 and Attachment D	\$ 35

		TYPI	E OF PAYM	ENT	**
Check	Money Order	Amex	Mastercard	Visa	4664194
		<u></u>	and the second s		-
Amount: 550	0.00	_		Expu	ation Date:
CERTIFICATION					
				and file this docum	nent on behalf of the
applicant and that	all information or	a file is curre	ent and valid.		
Name (printed): Mathan Park Company Name: Lacks Delivery UC					
Cardholder's Sign	nature: Nath	L Pah		Date:	7-17-13
		FOR O	FFICIAL USE	ONLY	
Date Filed: 7/22/	DOL/SOS;	57 D:	7403	Permit Issued:	THG- 65031
Staff Assigned:	Insurance:	Insp	ection:	Docket # TV	1-131349
Reception #: 111-0268-207-02	550- II	1-0268-207-0	l	111-0268-013-20	

045420

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BUSINESS INFORMATION				
Name of Applicant Hathan Part Parks Deliver LLC (must be individual, partners of a partnership or corporation)				
Trade Name, if applicable facts Delitary LLC				
Physical Address 1217 ashley Way Muses (gke WA 9883)				
Mailing Address Same				
Telephone Number (529) 762-1234 Fax Number () UBI#: \(\text{D3} - 197 - 986\) \(\text{Workship} \) \(\text{Email:} \(\text{M. Pack @ Racksde livery. Community don't have one, you can go online a) - V \(\text{www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3812 for assistance.) \(265 \) \(\text{Dopartment of Labor & Industries-Worker's Comp Acct? Account # \(\text{206}, 233 - 00 \) \(\text{Months.} \) \(\text{Employment Security Department registration number? ESD # \) \(\text{Is your business registered with the Department of Revenue? No \(\text{Yes} \) \(\text{Yes} \)				
TYPE OF BUSINESS STRUCTURE				
Individual Partnership Corporation Other(LP, LLP, (q.C)				
List the name, title and percentage of partner's share or stock distribution for major stockholders:				
*Name <u>Title</u> <u>Stock Distribution or Percentage of Shares</u>				
Nothing Port Member/manage 577.				
Northan Park Member/manage 577. Stocie Park Member 307				
Exercet Westerman member 19%				
*Must provide a copy of a valid Washington state driver's license for each person listed above.				

Choose one of the following for the territory in which you wish to operate: All counties in the State of Washington The following named counties only:
Describe the services you wish to provide. Explain how your services will enhance customer the choice, promote competition, or fill an unmet need for service: We povide an inexpensive alternative to the big moving company
Briefly describe your experience in the transportation/household goods moving industry: Move a few times, and have help to to of friends: Family nove
Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property? 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 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	\$ 5,000	Salaries/Wages Payable	S
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	S
Other Current Assets	s	Mortgages Payable	\$ 645
Prepaid Expenses	\$	TOTAL LIABLITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 5,000	Preferred Stock	\$
Office Furniture	\$ 500	Common Stock	S
Other Equipment	\$ 1000	Retained Earnings	S
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 11,500.0	TOTAL LIABILITIES & NET WORTH	\$ 645. 2

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
1992	ford	B28896×	Benjamin	14, 980
	The state of the s			

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: Nathan Perh	Position: Member	/ Manage/

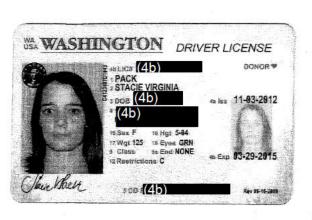
Page 6 of 12

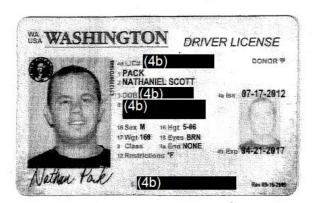
OPERATIONAL RESPO	ONSIBILITIES
Annual Reports and Regulatory Fees (WAC 480-15-480). financial operations and pay regulatory fees.	
Name: Nathan Pack Position:	Member/Manage
STATE OF WASHINGTON – general laws, rules and reg business in the State of Washington must comply with the agencies. Please state the name and position of the person responsible for ensuring compliance with the laws of the Stothe Department of Labor and Industries (industrial insur of Licensing (vehicle and drivers licenses, business licens number), fuel permits, fuel tax; Secretary of State (corporationsportation (over-size or over-weight permits); Depart (taxes); and Employment Security.	gulations: Individuals and companies doing be regulations of local, state, and federal in your organization who will be state of Washington, such as, but not limited rance, safety, prevailing wage); Departmenting, Unified Business Identifier (UBI ate registrations); Department of
Name: Wather Pack Position	Member/Manager
DECLARATION OF A	APPLICANT -
I understand that filing this application <u>does not</u> in itself constitution.	tute authority to operate as a household goods
As the applicant for a household goods permit, I understand the compliance with all local, state and federal regulations governing movers, in the state of Washington.	
I understand that if the commission grants my application as a reprovide service as a household goods carrier on a provisional becommission will evaluate whether I have met the criteria in WA also understand that I must comply with all conditions placed o will result in cancellation of my permit.	asis for at least six months. During this time, the AC 480-15-330 to obtain permanent authority. I
My employees are sufficiently trained to comply with commiss rates and charges and terms and conditions of household goods sufficiently trained to comply with commission rules regarding safety requirements. My company will provide a copy of the cu provide transportation service.	moves. In addition, my employees are vehicle operation, maintenance, and all other
I certify or declare under penalty of perjury under the laws of the contained in this application is true and correct.	ne State of Washington that the information
XIII Die Alatta	1 1 1

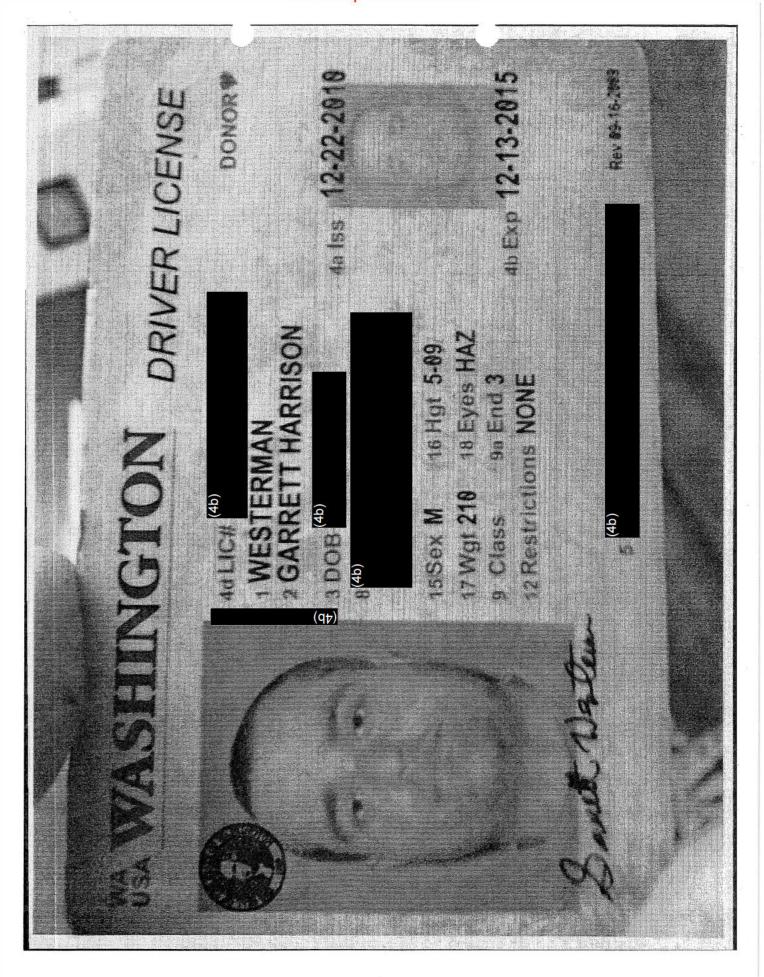


STATE OF WASHINGTON Vehicle Certificate of Title

		1315	042703		
	and the grades of				
License Number	Vehicle Identification Numb	er (MM) Year	Maka	Nodel Style	Series Body
B28896X Date of Application	1FDXH81AXNVA21845 Odometer Miles	1992 Oden:	eter Status	CF8 TB Fuel Type	CF8000
05/30/2013 Scale Weight	0000000 Gross Vehicle Weight R	E aling Code \	lehiale Color	Prior Title State	Prior Title Numbe
14980 Comments	000007		VHITE		1203205408
		et a d			
500-2013					4. 는 번 역
Brands					
A **	***				
	n e e e e e e e e e e e e e e e e e e e				
			Sale pric	e \$	
			Date of s	na ja sa	
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4 Referen				er i State de G	1. 18. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Legal Owner: To re	lease interest, sign below an	d give this this t	o the registered of	mentransferea crito a v	ehicle licensing offici
with the proper fee t	vithin 10 days of satisfaction	of the security is	nterest, or you ma	y be liable to the cwner/i	ransferee for penalti
	oly for tille within 15 caland		iring the vehicle to	o avoid a penalty. Taka ti	ils signed title to a
vehicle/vessel licen	sing office with the appropri	ate fees.	and the second		4,2
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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: Northern Parch
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name:
Address (include street address, mailing address, city, state, zip, and county):
Address (include street address, mailing address, city, state, zip, and county):
116 W 3rd Au. Mr (ND 98837
HILE W 3rd Ave ML WA 98837 Phone Number:
509-350-552 \$
Do you currently need the services of a residential household goods moving company?
No (Yes) If yes, please describe your current moving needs:
We have people (customers) need Furniture picked up tedropped off. 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:
110 (105) Hyds, preuse deserbe your milite moving needs.
Customers needing Furniture picked up & dropped off.
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 is so mething that the community really needs we have Elderly that have
The community really needs we have Elderly that have
no other option.
Is there anything else the Commission should consider when making a determination about this company's
application for a household goods permit? Nathan Pack has a great reputation
application for a household goods permit? Nathan Pack has a great reputation to the community. He is trustworthy and reliable.
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true
and correct.
$^{\prime}$
J- 2 2-19-13 None 1911 1.00
Signature of Person Completing Form \[\frac{\gamma-19-13}{\text{Date and Location}} \] Moses LAK: UA Date and Location
C 1 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2

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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: Nathan Pack
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: Krista HAMILLON, OWNER, Glements inside gout
Address (include street address, mailing address, city, state, zip, and county): Physiol: 922 W Broadway Ave mailing: PO BX 1458 Grant County
Moses Lake, WA 98837 moses Lake, WA 98837
Phone Number: 509-765-0738
Do you currently need the services of a residential household goods moving company? No Yes If yes, please describe your current moving needs:
Deliver of Furniture & home decor goods sold in my store
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: Same as about
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: Bein a small business, I cantalbord to have my own deliver Staff. I sely on deliver companies to get my customers purchases to them,
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. 7-17-13 Signature of Person Completing Form Date and Location
Signature of Person Completing Form 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: Northan Pack
The following must be completed by the Supporter of the applicant
Name Title and Business Name: Shown Messely, Communications Tech, East Colombia Desir big for District
Address (include street address, mailing address, city, state, zip, and county): 2096 Wam i then Rd, Meses Lake, WA 93337
Phone Number: 504-855-8577
Do you currently need the services of a residential household goods moving company?
No Yes If yes, please describe your current moving needs:
But recently morred + having Wether's Services Would have been among ing. Do you anticipate a future need for the services of a residential household goods moving company?
No (tes) If yes, please describe your future moving needs; If I need to more anything that doesn't lit in my lar his services would be very useful.
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: People Morel Every day, having a Locally owned, cost effective Moving Company weedle benefit the entire Community
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Not kan't good customer Service great regulation of Community Tres from the delivery business will transfer to the moving service of previous him with plenty of business.
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

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