



# HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



Type of Household Goods Authority Requested – Check one	Fee Required
<input checked="" type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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	\$ 250
<input type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D	\$ 35

**TYPE OF PAYMENT**

Check      Money Order      Amex      Mastercard      Visa      #664194

Amount: 550.00      Expiration Date: \_\_\_\_\_

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information on file is current and valid.

Name (printed): Nathan Pack      Company Name: Pack's Delivery LLC

Cardholder's Signature: Nathan Pack      Date: 7-17-13

**FOR OFFICIAL USE ONLY**

Date Filed: <u>7/22/13</u>	DOL/SOS: <u>[Signature]</u>	ID: <u>7403</u>	Permit Issued: THG- <u>65031</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>OK</u>	Inspection:	Docket # <u>TV-131349</u>
Reception #: <u>\$550-</u>	111-0268-207-01	111-0268-013-20	

**045420**

Posted

**BUSINESS INFORMATION**

Name of Applicant Nathan Pack Pack's Delivery LLC  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Pack's Delivery LLC

Physical Address 1217 Ashley Way Moses Lake WA 98837

Mailing Address Same

Telephone Number (509) 762-1234 Fax Number ( ) \_\_\_\_\_

UBI #: 603-197-986 Wrong # Email: N.Pack@Packsdelivery.com

USDOT #: 2409705 960 (If you currently don't have one, you can go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.dot.gov/online-registration) to apply for one or call 360-596-3812 for assistance.) 2600

Department of Labor & Industries-Worker's Comp Acct? Account # 206,233-00 Wrong #

Employment Security Department registration number? ESD # \_\_\_\_\_

Is your business registered with the Department of Revenue? No  Yes

**TYPE OF BUSINESS STRUCTURE**

Individual Partnership Corporation (LP, LLP, LLC) Other \_\_\_\_\_

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

<u>*Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>Nathan Pack</u>	<u>Member/manager</u>	<u>51%</u>
<u>Stacie Pack</u>	<u>member</u>	<u>30%</u>
<u>Garret Westerman</u>	<u>member</u>	<u>19%</u>

**\*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: Grant

*Statewide per email 1/26/13*

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 provide an inexpensive alternative to the big moving companies.

Briefly describe your experience in the transportation/household goods moving industry:  
move a few times, and have help lots of friends & family move

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	\$ 5,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$ 645
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$ 5,000	Preferred Stock	\$
Office Furniture	\$ 500	Common Stock	\$
Other Equipment	\$ 1,000	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$ 11,500.00	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 645.00

**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	B28896X	Benjamin	14,980

**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>Nathan Peak</i>	Position: <i>Member/Manager</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: Nathan Pack Position: Member/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: Nathan Pack Position: Member/Manager

**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.

Nathan Pack  
Print name of applicant

Nathan Pack  
Signature of Applicant

7-17-13 Miss Lake  
Date and Location





STATE OF WASHINGTON  
Vehicle Certificate of Title

Title Number

1315042703

License Number	Vehicle Identification Number (VIN)	Year	Make	Model	Style	Series/Body
<b>B28896X</b>	<b>1FDXH81AXNVA21845</b>	<b>1992</b>	<b>FORD</b>	<b>CF8</b>	<b>TB</b>	<b>CF8000</b>
Date of Application	Odometer Miles	Odometer Status		Fuel Type		
<b>05/30/2013</b>	<b>0000000</b>	<b>E</b>		<b>D</b>		
Scale Weight	Gross Vehicle Weight Rating Code	Vehicle Color		Prior Title State		Prior Title Number
<b>14980</b>	<b>000007</b>	<b>WHITE</b>		<b>WA</b>		<b>1203205408</b>
Comments						
<b>500-2013</b>						
Brands						

Sale price \$ \_\_\_\_\_

Date of sale \_\_\_\_\_

Legal Owner: To release interest, sign below and give this title to the registered owner/transferee or to a vehicle licensing office with the proper fee within 10 days of satisfaction of the security interest, or you may be liable to the owner/transferee for penalties. Buyer: You must apply for title within 15 calendar days of acquiring the vehicle to avoid a penalty. Take this signed title to a vehicle/vessel licensing office with the appropriate fees.

Legal Owner

Registered Owner

**PACKS DELIVERY LLC DBA  
PACKS TAXI AND DELIVERY  
1217 ASHLEY WAY  
MOSES LAKE, WA 98837**

**SAME AS LEGAL OWNER**

Signature of legal owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title. Date \_\_\_\_\_

Signature of registered owner releases all interest in the vehicle described above. If signing for a business, include business name, signature and title. Date \_\_\_\_\_

Signature of second legal owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title. Date \_\_\_\_\_

Signature of registered owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title. Date \_\_\_\_\_

I certify that the records of the Department of Licensing show the persons named herein as registered owners and legal owners of the vehicle described.

*[Signature]*  
Director, Department of Licensing

Federal regulation and state law require you to state the mileage when transferring ownership if the vehicle is less than 10 years old, unless exempt. Failure to complete this statement or providing a false statement may result in fines and/or imprisonment.

I certify, to the best of my knowledge, the odometer reading is:  \_\_\_\_\_ (in tenths) Transfer date \_\_\_\_\_  
Odometer reading in miles

This reading is (check one):  the actual mileage of the vehicle  in excess of its mechanic limit  not the actual mileage.

Signature of transferee/buyer

Signature of transferor/seller

PRINTED name of transferee/buyer

PRINTED name of transferor/seller

Address of transferee/buyer

Address of transferor/seller

Assignment by registered owner

WA USA **WASHINGTON** DRIVER LICENSE

14 LIC# (4b) DONOR

15 PACK  
16 STACIE VIRGINIA

17 DOB (4b) 4a Iss 11-03-2012

18 (4b)

19 Sex F 16 Hgt 5-04  
17 Wgt 125 18 Eyes GRN  
9 Class 9a End NONE  
12 Restrictions C

4b Exp 03-29-2015

*Stacie Pack*

3 DD (4b) Rev 03-16-2009

WA USA **WASHINGTON** DRIVER LICENSE

14 LIC# (4b) DONOR

15 PACK  
16 NATHANIEL SCOTT

17 DOB (4b) 4a Iss 07-17-2012

18 (4b)

19 Sex M 16 Hgt 5-06  
17 Wgt 168 18 Eyes BRN  
9 Class 9a End NONE  
12 Restrictions F

4b Exp 04-21-2017

*Nathan Pack*

3 DD (4b) Rev 03-16-2009



# USA WASHINGTON

## DRIVER LICENSE

DONOR



4d LIC# (4b)

- 1 WESTERMAN
- 2 GARRETT HARRISON



3 DOB (4b)

4a ISS 12-22-2010



8 (4b)

15 Sex M 16 Hgt 5-09

17 Wgt 210 18 Eyes HAZ

9 Class 9a End 3

12 Restrictions NONE

4b Exp 12-13-2015



*Garrett Westerman*



(4b)

5

Rev 89-16-2003



**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:** Nathan Pack

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

Name, Title, and Business Name:

Lisa Boorman, Owner, Red Door

Address (include street address, mailing address, city, state, zip, and county):

116 W 3rd Ave MC WA 98837

Phone Number:

509-350-5525

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 & dropped 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:

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 something that 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 in 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.

Lisa P 7-19-13 Moses LAKE 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:** *Nathan Peck*

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

Name, Title, and Business Name: *Krista Hamilton, owner, Elements inside/out*

Address (include street address, mailing address, city, state, zip, and county):  
*Physical: 922 W Broadway Ave Moses Lake, WA 98837*     *Mailing: PO Box 1498 Moses Lake, WA 98837*     *Grant County*

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:  
*Delivery 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 above*

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:  
*Being a small business, I can't afford to have my own delivery staff. I rely 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.*

*[Signature]*     *7-17-13 Grant Co 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:** *Nathan Paek*

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

Name, Title, and Business Name:

*Shawn Mosker, Communications Tech, East Columbia Basin Lingistic District*

Address (include street address, mailing address, city, state, zip, and county):

*2096 Hamibon Rd,  
Moses Lake, WA 98837*

Phone Number:

*509-855-8577*

Do you currently need the services of a residential household goods moving company?

No  Yes If yes, please describe your current moving needs:

*But I recently moved + having Nathan's services would have been amazing.*

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:

*If I need to move anything that doesn't fit in my car 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:

*Locally owned, cost effective moving company would 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?

*Nathan's good customer service, good reputation, + Community ties from the delivery business will transfer to the moving service + provide 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.

*Shawn Mosker*  
Signature of Person Completing Form

*7-18-13 Moses Lake*  
Date and Location