

TU-151911



RECEIVED

SEP 28 2015

WASH. UT. & TP. COMM

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: 9/28/15	DOL/SOS: <i>OK</i>	ID: 20629684162	Docket # TU-151911
Staff Assigned	Insurance: <i>binder reqd</i>	Inspection	Permit Issued THG- 6/6/30
Reception # 0056-87	111-0268-207-02 \$550	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 as well as a closing annual report \$ 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 3-5 and include a statement justifying the reinstatement. \$ 250
- Name Change – Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: SAFE-TO-GO-MOVERS James W Mwangi  
(must be individual, partner, or a partnership or corporation)

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

Physical Address 8012 153rd St. Cl. E. Puyallup Wa. 98375.

Mailing Address SAA.

Telephone Number (206) 981-9367 Fax Number ( ) \_\_\_\_\_

Posted  
3





**BUSINESS INFORMATION - continued**

UBI #: 603 464 571 Email: Safetogomovers@gmail.com

USDOT #: 2634986 (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 # 557, 514-00

Employment Security Department registration number 000-163828-00-5

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>James Mwangi</u>	<u>General Manager/Owner</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: loading, transportation, unloading, parking, re-arranging furniture on customers' homes. Seattle & its suburbs is growing fast, & so the moving need with it. I would love to be of help with families moves especially during summer season when families are in most need of help.

2. Briefly describe your experience in the transportation/household goods moving industry: In total, I have 5 1/2 yrs in the moving industry. I have extensive experience in packing, giving estimates, loading trucks, and filing paperwork. It's an industry I derive pleasure & satisfaction helping families-

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	\$ 3,850	Salaries/Wages Payable	\$ —
Notes Receivable	\$ —	Accounts Payable	\$ 1,100
Investments	\$ 1,200	Notes Payable	\$ —
Other Current Assets	\$ —	Mortgages Payable	\$ 1,800
Prepaid Expenses	\$ —	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$ —	<b>NET WORTH</b>	
Trucks and Trailers	\$ 18,000	Preferred Stock	\$ —
Office Furniture	\$ 2,000	Common Stock	\$ —
Other Equipment	\$ —	Retained Earnings	\$ —
Other Assets	\$ —	Capital	\$ 3,000
<b>TOTAL ASSETS</b>	\$ 25,050/-	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 5,900/-

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	Isuzu FTR	C683126	A6TJ6F1325F1325F700118.	26,000 lbs

SAFETY AND OPERATIONS
<p>CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (<a href="#">Title 49, Code of Federal Regulations Part 382 and Part 40</a>). 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. <b>Please attach evidence of your enrollment in a drug and alcohol testing program.</b></p>
SAFETY RESPONSIBILITIES
<p>List the person and position responsible for understanding and complying with the <a href="#">Federal Motor Carrier Safety Regulations</a> (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</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.</p> <p>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.</p> <p>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)</p> <p>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).</p>
<p>Name: <i>James Mwangi</i> Position: <i>General Manager</i></p>



**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: <u>James Mwangi</u>	Position: <u>General Manager.</u>
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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: <u>James Mwangi</u>	Position: <u>General Manager.</u>
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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.

<u>JAMES MWANGI</u>	<u></u>	<u>Sept. 16<sup>th</sup>, 2015.</u>
Print name of applicant	Signature of Applicant	Date and Location

WA USA **WASHINGTON** DRIVER LICENSE

3112165481059

4b LIC (4b)

1 MWANGI  
2 JAMES W

DOB (4b)



4a Iss 06-13-2012

16 Sex M 16 Hgt 5-10  
17 Wgt 200 18 Eyes BRN  
9 Class 9a End NONE  
12 Restrictions NONE

4b Exp 10-28-2016

5 D (4b)

Rev 09-16-2009



*James W. Mwangi*



September 17, 2015

**From:** Heather Nicole, Compliance Manager – American Motor-Carrier Consortium, Inc.

**Subject:** Safe-To-Go Movers' Drug Testing Program Participation

**Enrollment Date:** September 16, 2015

Safe-To-Go Movers, located at 8012 153<sup>rd</sup> St. Ct. E., Puyallup, WA 98375 has enrolled in American Motor-Carrier Consortium, Inc.'s NON-DOT Drug and Alcohol Testing Program.

If you should have any questions concerning the present status of Safe-To-Go Movers' participation in American Motor-Carrier Consortium, Inc.'s NON-DOT drug and alcohol testing program, please call or write:

Heather Nicole  
American Motor-Carrier Consortium, Inc. d/b/a AMC Drug Testing  
8646 Eagle Creek Circle – Suite 103  
Savage, MN 55378

Telephone: 800-339-9993  
Fax: 866-339-9993  
Email: [customerservice@amc-on-line.com](mailto:customerservice@amc-on-line.com)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/23/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  <b>Wagner Insurance NW</b> 1375 State Ave Marysville, Wa 98270	CONTACT NAME: <b>Laura Morgan</b>
	PHONE (A/C, No, Ext): <b>360-653-3737</b> FAX (A/C, No): <b>360-659-5828</b> E-MAIL ADDRESS:
INSURED  <b>JAMES W MWANGI</b> DBA: SAFE-TO-GO-MOVERS 8012 153RD ST. CT. E. PUYALLUP, WA 98375	INSURER(S) AFFORDING COVERAGE      NAIC #
	INSURER A : <b>MESA UNDERWRITERS SPECIALTY INS CO</b>
	INSURER B : <b>ALPHA PROPERTY AND CASUALTY</b>
	INSURER C : <b>NATIONAL INDEMNITY COMPANY</b>
	INSURER D :
	INSURER F :

COVERAGES      CERTIFICATE NUMBER: 00299331-90182      REVISION NUMBER: 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			MP0046003003111	02/09/2015	02/09/2016	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COM/PROP AGG \$ <b>INCLUDED</b>
B	AUTOMOBILE LIABILITY			3896400	09/18/2015	09/18/2016	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS      OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L EACH ACCIDENT \$
	If yes describe under DESCRIPTION OF OPERATIONS below						E.L DISEASE - EA EMPLOYEE \$
C	CARGO			70MTS014599	09/18/2015	09/18/2016	\$20,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

\*\*\*\*\*PROOF OF INSURANCE\*\*\*\*\*

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Laura Morgan* (LLM)

Applicant Name: JAMES MWANGI DBA SAFE-TO-GO-MOVERS

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Brian M Kelly

Address (include street address, mailing address, city, state, zip, and county):  
5515 109th St E Puyallup, WA 98373

Phone Number:  
206-696-5515

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: I intend of purchasing a home in the near future and thus will need moving services.

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 am a big proponent of local small business. Granting the permit to Safe To Go Movers will benefit our local economy through providing job opportunities and as well as services needed locally.

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.

Brian M Kelly  
Signature of Person Completing Form

9/20/2015  
Date and Location

Applicant Name: JAMES MWANTHI DBA SAFE TO GO MOVERS.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: James Turner

Address (include street address, mailing address, city, state, zip, and county):  
P.O. Box 73175  
Puyallup, WA 98373

Phone Number: (253) 202-4467

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: I don't anticipate a future need to move, but if so I would most certainly use Safe-To-Go-Movers and highly recommend their services to anyone who needs to move.

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 feel that Safe-To-Go-Movers will be a great benefit to the community because of timely efficient service and they give back to the community.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Yes, If you are looking for a company that values quality service above all and customer satisfaction look for Safe-To-Go-Movers

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

James Mwanthi  
Signature of Person Completing Form 9/24/15  
Date and Location



**Applicant Name:** JAMES MWANGI DBA SAFE TO GO MOVERS

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

**Name, Title, and Business Name:** Dishon Wanishi, RN

**Address (include street address, mailing address, city, state, zip, and county):**  
12601 63th Avenue S, 200  
Seattle, WA 98178

**Phone Number:** (251) 391 2917

**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:  
currently in Seattle as travelling RN planning to use James' company to relocate

**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:**  
James company being a reputable company locally, I would like my household goods handled with utmost care as they normally do; when time to move comes.

**Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?**  
Great etiquette!

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

 09/24/15

**Signature of Person Completing Form** **Date and Location**

Applicant Name:

James Mwangi DBA Laze To Go Movers.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Grace Abounds Adult Family Home

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

21124 44th St. Av E, Spanaway

Phone Number:

253-298-0944

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

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

Furniture and other household items from store to be delivered to the house.

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:

Residents admitted moving from prior living situations to our facility. Will require some of their items moved to ensure smooth transition

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:

The owner is very diligent, provides utmost care to customers property. I have used him a few times and I trust he's the best in business

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? No

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

9/24/15  
Date and Location