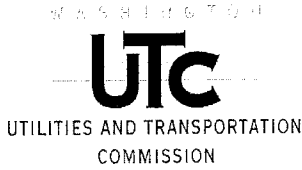


TV-160108-CT



RECEIVED

JAN 20 2016

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

WASH. UT. & TP. COMM
HOUSEHOLD GOODS MOVING COMPANY
PERMIT APPLICATION

Table with 4 columns: Date Filed, DOL/SOS, ID, Docket #. Includes handwritten entries like '57555', '2236', and '160108'.

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... \$ 550
Permanent authority to transfer under the exceptions in WAC 480-15-187... \$ 250
Reinstatement of permit (must be filed within 30 days of cancellation... \$ 250
Name Change - Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: Three Star Moving
Trade Name, if applicable: Three Star Moving
Physical Address: 9901 SE Pine St Portland OR 97216
Mailing Address: 5704 SE 122nd Ave Portland OR 97236
Telephone Number (503) 935-2283 Fax Number () N/A

Posted

BUSINESS INFORMATION - continued

UBI #: 603259630 *JD* Email: Three star moving@Gmm.com

USDOT #: 2273603 *JD* (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # N/A

Employment Security Department registration number N/A

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

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
Juan Pablo Portugal Contreras	Owner	50% <i>JD</i>
Carlos Portugal Contreras	Owner	50%

Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.

- Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Wish to provide household moving goods service in the upmost professional manner. We are dedicated to customer satisfaction and would give the moving industry a great reputation.
- Briefly describe your experience in the transportation/household goods moving industry: Have ^{been} working in Oregon as a house hold goods mover since 2011. Have worked alongside Apartment management, Local businesses, and residential customers in providing exceptional moving services.
- 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 147766
- 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? _____

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	\$ 35,000.00	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ N/A
Land and Buildings	\$ 68,000.00	NET WORTH	
Trucks and Trailers	\$ 150,000.00	Preferred Stock	\$
Office Furniture	\$ 5,000.00	Common Stock	\$
Other Equipment	\$ 10,000.00	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 268,000.00	TOTAL LIABILITIES & NET WORTH	\$ N/A

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
2012	Mitsubishi	T584177	JL6AMG1A7CK001260	12500
2012	Mitsubishi	T590413	JL6AME1AXCK000312	12500

SAFETY AND OPERATIONS	
<p>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.</p>	
SAFETY RESPONSIBILITIES	
<p>List the person and position responsible for understanding and complying with the <u>Federal Motor Carrier Safety Regulations (FMCSR)</u> 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>	
Name:	Position:
Juan Pablo Portugal Contreras	Owner

OPERATIONAL RESPONSIBILITIES	
Annual Reports and Regulatory Fees (<u>WAC 480-15-480</u>). You must annually file a report of your financial operations and pay regulatory fees.	
Name: <i>Juan Pablo Portugal Contreras</i>	Position: <i>Owner</i>
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>Juan Pablo Portugal Contreras</i>	Position: <i>Owner</i>
<p>If you would like to receive information about new household goods carriers, check here <input type="checkbox"/></p> <p style="text-align: center;">DECLARATION OF APPLICANT</p> <p>I understand that filing this application does not in itself constitute authority to operate as a household goods mover.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>I understand the commission will complete a criminal background check on each person named in the application.</p> <p>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.</p>	
<i>Juan P. Portugal Contreras</i>	
Print name of applicant	Signature of Applicant
<i>11/16/15 Washington</i>	
Date and Location	

WA USA **WASHINGTON DRIVER LICENSE**



315214E1686

4d LIC# PORTUJP204KA
 1 PORTUGAL CONTRERAS
 2 JUAN P
 3 DOB [REDACTED] 4a Iss 11-17-2015
 8 [REDACTED]
 15 Sex M 16 Hgt 5-08
 17 Wgt 165 18 Eyes BRN
 9 Class 9a End NONE
 12 Restrictions C 4b Exp 05-01-2019



EXP 01-01-2016

Rev 09-16-2009

OREGON CLASS C
DRIVER LICENSE
 Expires 04-22-2016
 PORTUGAL CONTRERAS, CARLOS
 DC [REDACTED] Issue Date 05-04-2015
 Endorsements Sex First Licensed
 M 08-23-2002
 Restrictions Height Weight
 B 5'05" 180

PORTUGAL CONTRERAS, CARLOS
 [REDACTED]
 LIMITED TERM



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:

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):

Phone Number:

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:

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:

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 of Person Completing Form _____ Date and Location _____



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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: Kriste Gaanon

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Kriste Gaanon, Community Manager

Address (include street address, mailing address, city, state, zip, and county): 9701 SE Johnson Creek Blvd, Happy Valley OR 97086

Phone Number: 503-771-3300

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:

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:
 We need this service and they are professional

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
 We see their integrity and will use them in the future

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

Kriste Gaanon
 Signature of Person Completing Form

11/20/15 Altamont Summit
 Date and Location Apartments



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HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: [Handwritten Name]

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: [Handwritten Name and Title]

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

Phone Number: [Handwritten Phone Number]

Do you currently need the services of a residential household goods moving company? [Checked] Yes If yes, please describe your current moving needs: [Handwritten Description]

Do you anticipate a future need for the services of a residential household goods moving company? [Checked] Yes If yes, please describe your future moving needs: [Handwritten Description]

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: [Handwritten Description]

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? [Handwritten Answer]

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 [Handwritten Signature] Date and Location [Handwritten Date and Location]