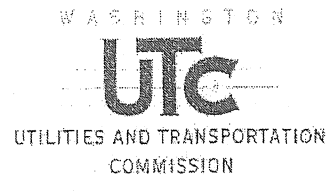


- Attachments B & C, if appropriate
- Evidence of insurance - combined single limit of public liability and property damage (Form E) and cargo insurance
- Certified statement from the applicant and the current owner explaining why the transfer of ownership or control is necessary to ensure the company's economic viability
- Certified statement from the applicant and the current owner describing the steps taken by the parties to ensure the safe operations and continuity of service to customer is maintained



1300 S. Evergreen Park D  
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**

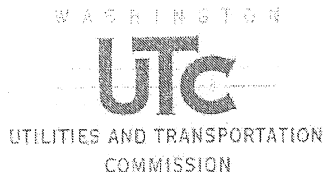
FOR OFFICIAL USE ONLY #092511			
Date Filed: 7/6/15	DOL/SOS:	ID:	Docket #:-
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception # 55736	111-0268-207-02 \$275.00	Receipt ID V092511	111-0268-013-20

Type of Household Goods Authority Requested – check one

Fee Required

Maxim LLC

- Attachments B & C, if appropriate
- Evidence of insurance - combined single limit of public liability and property damage (Form E) and cargo insurance
- Certified statement from the applicant and the current owner explaining why the transfer of ownership or control is necessary to ensure the company's economic viability
- Certified statement from the applicant and the current owner describing the steps taken by the parties to ensure the safe operations and continuity of service to customer is maintained



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**HOUSEHOLD GOODS MOVING COMPANY  
PERMIT APPLICATION**

#092511

FOR OFFICIAL USE ONLY			
Date Filed: 7/6/15	DOL/SOS: [Signature]	ID: 16924	Docket #:- 1151383
Staff Assigned: [Signature]	Insurance: [Signature]	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	Receipt ID	111-0268-013-20

Type of Household Goods Authority Requested – check one

Fee Required

Maxim LLC

Posted  
15

- Provisional and permanent authority. The fee for provisional, and when 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 and Attachment B \$ 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 3-4 and include a statement justifying the reinstatement \$ 250
- Name Change – Complete pages 3-4 and Attachment D \$ 35

*already paid \$275*

**BUSINESS INFORMATION**

Legal name Emad Awad - Maxim LLC  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Maxim LLC *NA*

Physical Address 16191 NE 83<sup>rd</sup> st Redmond WA 98052

Mailing Address Same

Telephone Number ( 425 ) 283-3993 Fax Number ( ) \_\_\_\_\_

**TYPE OF PAYMENT**

Check     Money Order    Amount \$275.00 \_\_\_\_\_

Amex     Discover     Mastercard     Visa

Credit Card number: \_\_\_\_\_    Expiration Date 09/17

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.

Company Name: Maxim LLC

Name (printed): Emad Awad

Date: 6-30-2015

Signature: Emad Awad Title: Owner

If paying by credit card, you may fax your application to 360-586-1181 or scan and email to [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov)

WASHINGTON



UTILITIES AND TRANSPORTATION  
COMMISSION

**BUSINESS INFORMATION - continued**

UBI #: 603-407-573

Email: maximcarrental@hotmail.com

USDOT #: 2511621 (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 Acct?

Account # 322-550-00

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

Is your business registered with the Department of Revenue? Yes Yes

**TYPE OF BUSINESS STRUCTURE**

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation WA

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

Name	Title	Stock Distribution or % of Shares
Emad Awad	Owner	100%

\*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:  
Moving company and general freight

Briefly describe your experience in the transportation/household goods moving industry:  
In the transportation industry since 1998

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 CC 65803

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 NO

Do you currently operate interstate? No Yes If yes, please indicate your MC# 871113

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: NO

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: NO

Has any person named in this application, been cited for violation of state laws or Commission rules? No Yes If yes, please explain: NO

### 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	\$ 2,500
Notes Receivable	\$ —	Accounts Payable	\$ 800,—
Investments	\$ —	Notes Payable	\$ —
Other Current Assets	\$ 2,000	Mortgages Payable	\$ —
Prepaid Expenses	\$ —	<b>TOTAL LIABILITIES</b>	<b>\$ 3,300</b>
Land and Buildings	\$ —	<b>NET WORTH</b>	<b>—</b>
Trucks and Trailers	\$ 60,000	Preferred Stock	\$ —
Office Furniture	\$ 2,000	Common Stock	\$ —
Other Equipment	\$ —	Retained Earnings	\$ —
Other Assets	\$ —	Capital	\$ —
<b>TOTAL ASSETS</b>	<b>\$ 69,000</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ 3,300</b>

### 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
2006	International	B53432 X	1HTMM AAM46H287272	25,999
2008	N	C74948 A	1HTJTSKL684571989	25,999
2010	N	C72980 B	1HTMNAAM5AH161169	25,500

### 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: *Emad Awad*

Position: *Owner*

### 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: *Emad Awad*

Position: *Owner*

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: *Emad Awad*

Position *Owner*

**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 48015-330 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.

*Emad Awad*

*Emad Awad*

*6-30-2015*

Print name of applicant

Signature of Applicant

Date and Location



**ATTACHMENT A**

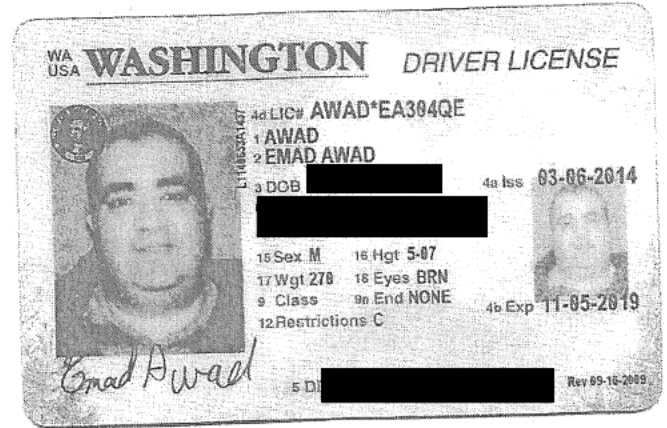
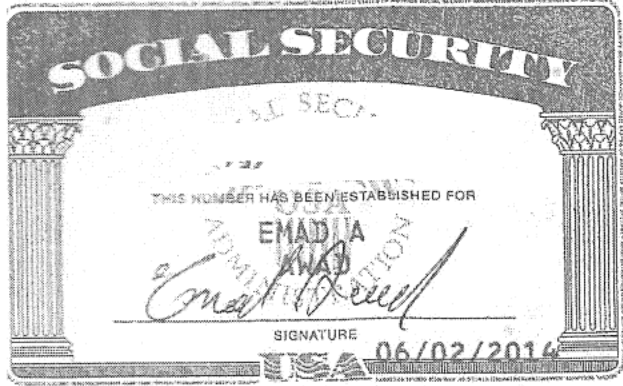
**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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.



# YOUR SOCIAL SECURITY CARD

**ADULTS:** Sign this card in ink immediately.  
**CHILDREN:** Do not sign until age 18 or your first job, whichever is earlier.  
 Keep your card in a safe place to prevent loss or theft.  
**DO NOT CARRY THIS CARD WITH YOU.**  
 Do not laminate.



MEDICAL EXAMINER'S CERTIFICATE			
I certify that I have examined <u>Emad Awaad</u> in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, and, if applicable, only when:			
<input checked="" type="checkbox"/> wearing corrective lenses	<input type="checkbox"/> driving within an exempt intrastate zone (49 CFR 391.42)		
<input type="checkbox"/> wearing hearing aid	<input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE)		
<input type="checkbox"/> accompanied by a _____ waiver/exemption	<input type="checkbox"/> qualified by operation of 49 CFR 391.54		
The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and, if ready, will be on file in my office.			
SIGNATURE OF MEDICAL EXAMINER <u>Edmond Kay</u>		PHONE <u>425-468-6500</u>	DATE <u>6/4/14</u>
MEDICAL EXAMINER'S NAME (PRINT) <u>Edmond Kay, MD</u>		<input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Chiropractor <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Other Practitioner
MEDIATION NUMBER <u>WA00001930</u>		[REDACTED]	
CERTIFICATE NO./ISSUING STATE		[REDACTED]	
SIGNATURE OF DRIVER <u>Emad Awaad</u>	INTRASTATE ONLY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CDL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	STATE <u>WA</u>
ADDRESS OF DRIVER <u>16191 - 83rd St NE Redmond WA 98052 4PC127</u>			
MEDICAL CERTIFICATION EXPIRATION DATE <u>6/4/2016</u>			

**HEALTHFORCE** | 13033 Bel-Red Rd, Suite 110 | Bellevue, WA 98005  
 WORKPLACE HEALTH SOLUTIONS | 425.468.6500 Tel

## Contractors License Bond Verification Card

Questions?  
 Please contact your agent.  
 Mosaic Insurance Alliance, LLC  
 866-552-0777



**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:** Maxim LLC.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Mrs. Elham Naguib

Address (include street address, mailing address, city, state, zip, and county):  
11702 98th Ave NE, Kirkland, WA, 98034

Phone Number: 206-715-7091

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
Moving to new 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:  
Moving to new house

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:

WA continues to show strong population growth, 2/3 of the state population growth is from persons moving to WA. The economy is still strong and definitely this service is needed

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: Elham Naguib  
Date and Location: 7/1/15 Kirkland, WA



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:

John Balai MD Executive Director Oaklake Terrace Retirement

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

2956 152<sup>nd</sup> Ave. N.E. Redmond, WA 98053

Phone Number:

425-883-0495

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 170 apartments for Seniors needing move in, move out or in house move.

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:

We are growing and adding more services needing senior residents to move from one level of service to another changing their apartment

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:

Many seniors don't have family to help with the move and find a Co. ready to help from door to door supplies them with containers & handy man help

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

This is a priceless service to seniors

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

6/30/15 Redmond, WA

**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:** Maxim LLC

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

**Name, Title, and Business Name:** Mary Edward

**Address (include street address, mailing address, city, state, zip, and county):**  
 8102-161<sup>st</sup> Ave NE, Redmond, WA, 98052

**Phone Number:** 425-610-5651

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs: Moving From Redmond to Bellevue, next week.

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: we move twice a year.

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 will be moving with this company and refer to my friends & family

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
 I live in a big complex and people are moving in & out everyday 5 or 6 times/day.

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

7-3-2015 Redmond, WA  
 Date and Location