

TV-160148-CT



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



#145005

FOR OFFICIAL USE ONLY			
Date Filed: 1/21/16	DOL/SOS: [Signature]	ID: 17433	Docket #:- TV 160148
Staff Assigned	Insurance [Signature]	Inspection	Permit Issued THG- 67049
Reception #	111-0268-207-02	Receipt ID	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 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

BUSINESS INFORMATION

Legal Name: Robany Work Services LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 204 SW 108th St SW, Seattle WA 98146

Mailing Address Same

Telephone Number 206 669-5544 Fax Number () _____

UBI #: 603462973 [Signature] Email: robanyworkservices@gmail.com

Posted
Crosby

BUSINESS INFORMATION - continued

USDOT #: 2571048 (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 Acct? Account # N/A *currently working on*

Employment Security Department registration number? ESD # N/A 568575-00-3

Is your business registered with the Department of Revenue? No Yes *per email 3/1*

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
<u>Hachimi Koba Ouedraogo</u>	<u>Owner</u>	<u>100%</u>

***Must provide a copy of a valid Washington state driver's license for each person listed above.**

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Great customer service, extended availability and competitive prices will help me stand out.

Briefly describe your experience in the transportation/household goods moving industry: I have prior experience working with other moving companies and decided to start my own.

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	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 12,000	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$ 1,000	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 13,000	TOTAL LIABILITIES & NET WORTH	\$

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	Ford	C31621C	1FDWE35L26HB11140	8000

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: *Hachimi Koba Ouedraogo*

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: *Hachimi Roba Ouedraogo* 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: *Hachimi Roba Ouedraogo* 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 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.

Hachimi Roba Ouedraogo

Print name of applicant



Signature of Applicant

1/24/16

Date and Location

SECOND COMPLIANCE NOTICE



Robany Work Services LLC 12 11
FEDERAL DOT #: 2571648
204 SW 108th St
Seattle, WA 98146-4373



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Jan 30 2015

RE: MANDATORY D.O.T. DRUG & ALCOHOL PROGRAM

ATTENTION: Robany Work Services LLC

This is our second attempt to contact you regarding your D.O.T. Compliance. Public records indicate that FEDERAL DOT #2571648 is newly assigned.

In a recent survey it was discovered that many trucking companies are non-compliant due to delinquent Drug & Alcohol Consortium Program. It is mandatory that anyone who operates D.O.T. regulated company must be enrolled in a Drug & Alcohol Consortium.

Section 49CFR Part 382 & 40

Once you receive your authority to operate in interstate or intrastate commerce you must comply with all FMCSA Drug & Alcohol Testing if you or your drivers operate any of the following.

- *A vehicle in excess of 26,000 GVW-Gross Vehicle Weight*
- *A vehicle combined with another vehicle in tow to exceed 26,000 GVW*
- *A vehicle of any size vehicle requiring a placard*
- *A Vehicle designed to carry 16 or more passengers including the driver*

Do not risk FAILING A D.O.T. AUDIT because of non-compliance it could imposes fines up to \$10,000. Please make sure that all drivers are enrolled into a Drug & Alcohol Consortium.

WHAT: Drug & Alcohol Consortium Enrollment

WHERE: Online Registration

WHEN: Register Now & Receive Documents Electronically

COST: \$45.95 (Enroll as soon as possible price will increase)

Enroll at www.dotcompliance.us

A confirmation of your enrollment will be issued following your signup.

Sincerely,

Drug & Alcohol Compliance Department
P.O. Box 10755
Glendale, CA 91209
(206)319-9883

If you have a DOT authority number and fall under regulation section 49CFR Part 382 & 40 you must comply with drug and alcohol program. DOT Compliance is a compliance services provider that provides service to comply with section 49CFR Part 382 & 40 but is not the U.S Department of Transportation nor is it a government agency.

Your ID Cards

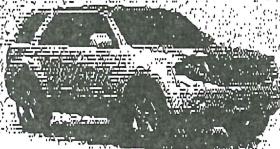
Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.



HACHIMI ROBA OUÉDRAOGO



Form A022 (03/11)

IF YOU'RE IN AN ACCIDENT

1. Remain at the scene. Don't admit fault.
2. Find a safe location, call the police, and exchange driver information.
3. Call Progressive right away.

TO REPORT A CLAIM

Call 1-800-274-4499 or go to claims.progressive.com.



KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.

INSURANCE IDENTIFICATION CARD - Washington

Policy Number: 02847090-0 Expiration Date: 01/22/2017
 Effective Date: 01/22/2016 Policy Type: Commercial
 Insurer: United Financial Casualty Company 1-800-444-4487
 P.O. BOX 94739 Cleveland, OH 44101

Named Insured(s):
 HACHIMI ROBA OUÉDRAOGO
 DBA: ROBANY WORK SERVICES-LLC
Your Agent:
 DON SWANSON INS, INC 206-997-9050
 4711 44TH AVE SW
 SEATTLE, WA 98146

Year Make	Model	VIN
2006 Ford	E350 SUPER DUTY	1FDWE35L26HB11140

Manage your policy anytime
 with just a few clicks at
progressiveagent.com

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: Robany Work Services LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Jeremie Gonzales

Address (include street address, mailing address, city, state, zip, and county):
1146 N 91st St. Seattle WA 98103

Phone Number: 206-459-6078

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
2 persons for 2 hrs to move a 1 Bedroom

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:
YOU NEVER KNOW

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 need last minute help and Isaac came within a few hours what a great company

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

Jeremie Gonzales
Signature of Person Completing Form

1-23-16
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: Robany Work Services LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Dr Judith Malmgren, President, Health Staff Consulting, Inc.

Address (include street address, mailing address, city, state, zip, and county):
12025 9th Ave NW
Seattle WA 98177 King County

Phone Number:
206-306-2613

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
I need furniture moved from my house to the consignment 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:
I need furniture moved w/in my house seasonally, and
I need furniture sold taken to buyers homes.
I need furniture I buy delivered to my home

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:
Robany Work Services benefit me, my business and my family by providing consistent reliable moving services for my office and my home moving needs.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Robany Work Services have assisted me w/ moving and moved my furniture for 10 years. He is care ful, honest and trust worthy. He and his employees are model citizens.

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

Judith G. Malmgren 1/23/2016
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: *Cobany Work Services LLC*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: *Linda Ford MD*

Address (include street address, mailing address, city, state, zip, and county):
*12220 Greenwood Ave N
Seattle, WA 98133*

Phone Number: *206-550-3000*

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 and my extended family keep only small cars. When we need to transfer household goods, we need such a company.*

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 a moving company willing to fit in small loads reliably at a reasonable price. Hard to find.*

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? *In other interaction with Isaac have found him and his compatriots to be reliable and trustworthy.*

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: *[Signature]*
Date and Location: *1/23/2016 Seattle 98133*

ROBANY WORK SERVICES LLC

Page 1 of 1

Home About Us Contact Us

Work Site [Redacted]

Asbestos Lead Paint Lead-based paint

Safety Claims & Insurance Workplace Rights Trades & Licensing



ROBANY WORK SERVICES LLC

Being audited by
ROBANY WORK SERVICES LLC

204 6th Avenue S
SEATTLE, WA 98104-4272

WIA LIR-15
WIA LIR-15A

Workers comp

No active workers comp policies during the previous 5 year period

Workplace safety and health

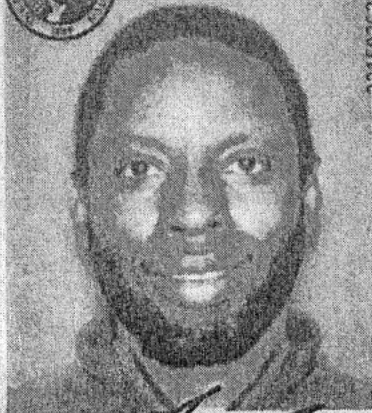
No active safety programs during the previous 5 year period

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WA
USA

WASHINGTON

DRIVER LICENSE



[Handwritten Signature]

32150262B1254

4d LIC# [REDACTED]

1 OUEDRAOGO
2 HACHIMI ROBA

3 DOB [REDACTED]

4a Iss 01-26-2015



15 Sex M 16 Hgt 6-02
17 Wgt 175 18 Eyes BRN
9 Class 9a End NONE
12 Restrictions NONE

4b Exp 01-01-2021

[REDACTED]

ev 09-16-2009