

RECEIVED  
 MAR 28 2016  
 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: 3/23/16	DOL/SOS: [initials]	ID: 1092 1795	Docket # [initials]
Staff Assigned [initials]	Insurance [initials]	Inspection	Permit Issued THG- 67195
Reception # 15795	111-0268-207-02	111-0268-013-20	

**Type of Household Goods Authority Requested – check one** **Fee Required**

- [initials]. 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, and a closing annual report from current company **\$ 550**
- Permanent authority to transfer under the exceptions in [initials]. Complete pages 3-8, Attachments B & C, and a closing annual report from current company **\$ 250**
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in [initials]). Complete pages 3-5 and include a statement justifying the reinstatement. **\$ 250**
- [initials] – Complete pages 3-5 and Attachment D. **\$ 35**

**BUSINESS INFORMATION**

Legal Name: Creech and Son Movers LLC [initials]

Trade Name, if applicable \_\_\_\_\_ [initials]

Physical Address \_\_\_\_\_

Mailing Address 1802 W 12th street, Port Angeles, WA, 98363

Telephone Number (360) 775-0136 Fax Number ( ) \_\_\_\_\_

Posted  
 [initials]  
 3





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

<b>FINANCIAL STATEMENT</b>			
Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.			
<b>Assets</b>		<b>Liabilities</b>	
Cash in Bank	\$ 500	Salaries/Wages Payable	\$ N/A
Notes Receivable	\$	Accounts Payable	\$ N/A
Investments	\$	Notes Payable	\$ N/A
Other Current Assets	\$	Mortgages Payable	\$ N/A
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$ N/A
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$ 5,500	Preferred Stock	\$
Office Furniture	\$ N/A	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$ 6,000	<b>TOTAL LIABILITIES &amp; NET WORTH</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
1994	FORD	COO144D	1FDKE37G1RHA56599	9,200

### SAFETY AND OPERATIONS

**CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382). 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: Tristan Marti

Position: Owner

### OPERATIONAL RESPONSIBILITIES

Annual Reports and Regulatory Fees ( ). You must annually file a report of your financial operations and pay regulatory fees.

Name: Tristan Marti

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: Tristan Marti

Position: Owner

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.

Tristan Marti

*Tristan Marti*

3-24-16

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.

**Applicant Name:** Jerrod Feras Creech and Son Movers

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

**Name, Title, and Business Name:** ~~Creech and Son Movers~~ Jerrod Feras

**Address (include street address, mailing address, city, state, zip, and county):**  
641 Lake Aldwell Rd Port Angeles WA 98363

**Phone Number:** 360-808-0540


**Do you currently need the services of a residential household goods moving company?**  
 No  Yes If yes, please describe your current moving needs:  
I currently in need of mover

**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 do plan on moving in the next year and will use a mover

**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:**  
It will provide jobs that <sup>are</sup> ~~can~~ needed in the area

**Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?**  
That the permit should be issued so that people don't

*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

3-9-16  
 Date and Location

lose there job.

**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:	Becky Malthe Stress Market Inc.
Address (include street address, mailing address, city, state, zip, and county):	316 W 15 <sup>th</sup> #2, Port Angeles, WA 98362
Phone Number:	360-457-9223
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs:	I am a small person and I need help when moving between offices. I do not have a truck.
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs:	Every time I move I need to use this type of 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:	This type of business is very needed in this community --- many of us need help move heavy furniture, office equipment, and household goods. Its very hard to find reliable, dependable, affordable service in this area
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	we really need this service in this community!!
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	16 March 2016 Port Angeles, WA 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:** *Handwritten name*

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

**Name, Title, and Business Name:**  
*Handwritten name and business name*

**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?**  
 No  Yes If yes, please describe your current moving needs:  
*Handwritten response*

**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:  
*Handwritten response*

**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 response*

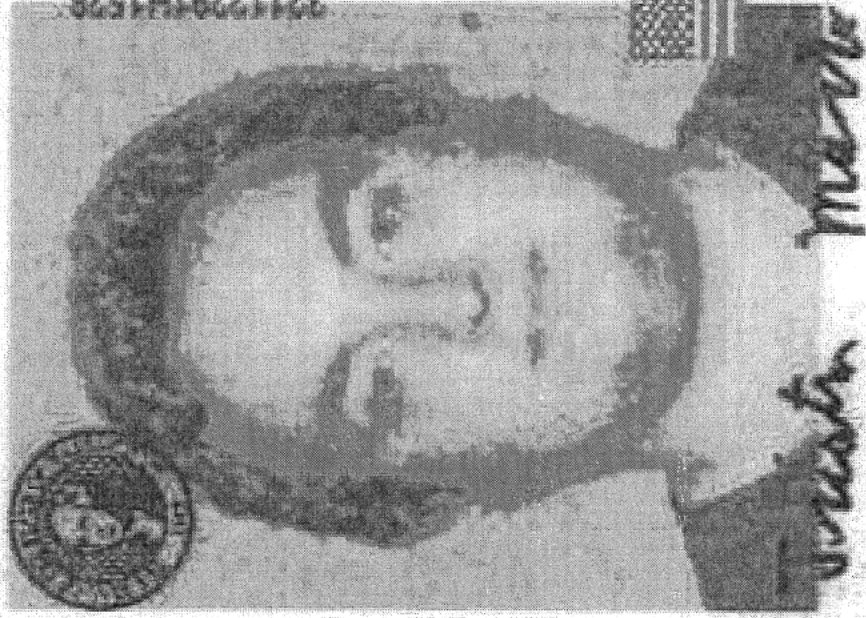
**Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?**  
*Handwritten response*

*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*

# WASHINGTON

# ENHANCED DRIVER LICENSE

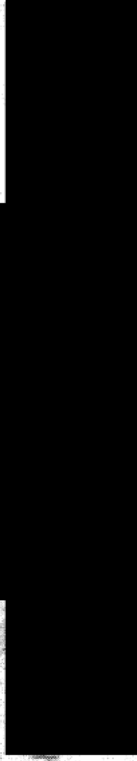


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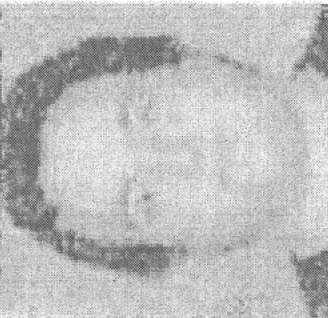
9a End NONE

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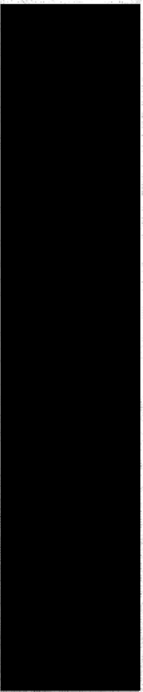
5 DD

DONOR 

4a Iss 08-17-2011



4b Exp 07-31-2016





STATE OF WASHINGTON  
DEPARTMENT OF REVENUE

April 8, 2016

131

CREECH AND SON LLC  
1802 W 12TH ST  
PORT ANGELES WA 98363-5328

**UBI Number: 603 502 473**  
PAC Code: C210347R

**IMPORTANT! Tax Registration Information**

Congratulations! You are now registered to operate a business in Washington. Your Unified Business Identifier (UBI) number shown above is also your Department of Revenue (DOR) tax registration number. Please refer to this number any time you contact us for assistance.

**Filing Due Dates**

Your taxes must be filed **annually**. Your tax return is due January 31 following the taxable period (e.g. January 1 through December 31 of the previous year). If you do not have business activity to report you must still file a tax return.

Based on your business open date, you must file the following returns (\* denotes an extended due date):

<u>Return Period</u>	<u>Due Date</u>
Annual 2015	<b>May 3, 2016*</b>

**How to file your return**

- E-file on our website. Filing your state excise tax return electronically saves time and helps your business avoid penalties by calculating taxes due and flagging potential errors. To get started on E-file, go to [dor.wa.gov](http://dor.wa.gov). You will also need your Pre-assigned Access Code (PAC). This is printed below your UBI Number on the front page of this letter.
- Request a printed form. Call our Telephone Information Center at 1-800-647-7706 to request tax return forms using the automated system or speak to a tax representative.
- Download forms. Go to our website at [dor.wa.gov](http://dor.wa.gov).

(over)

### **Stay informed**

As a business owner, it is important that you stay up to date on your reporting obligations. To receive information on law or rate changes and new programs that may affect your business, sign up for our General Information listserv at [dor.wa.gov/listserv](http://dor.wa.gov/listserv).

### **How to apply for a free reseller permit**

Reseller permits allow businesses to make qualifying purchases for resale without paying sales tax. If you think you need a reseller permit, you may apply through My Account. Go to our website and click the "Register" link in the upper right corner. It may take up to 60 calendar days to process your application. The Department has set a goal to process applications within 10 business days.

### **Resources on our website**

- [My Account](#): Update business information, close your account, pay overdue taxes, and send/receive confidential information by email using secure messaging.
- [New Business Tax Basics](#): Get an overview of Washington business taxes and reporting requirements.
- [Tax rate lookup tool](#): Look up tax rates for any location within the state of Washington. You'll find tax rates for Sales & Use, Motor Vehicle Sales/Leases/Rentals, and Lodging.
- Also, find online and local workshops, publications, law changes, and current rulings.

### **Personal Property Tax**

Businesses also owe tax on the personal property (computers, servers, printers, etc.) they use to conduct business. You must file a Personal Property Tax Listing Form with your county assessor's office by April 30 each year. To learn more, type Personal Property into the search box at [dor.wa.gov](http://dor.wa.gov).

### **Questions**

For more information, visit our website at [dor.wa.gov](http://dor.wa.gov) or call our help center at 1-800-647-7706. Teletype (TTY) users call 711. Please contact us immediately if your account information changes or your business closes. Good luck with your new business!



STATE OF WASHINGTON  
**DEPARTMENT OF LABOR AND INDUSTRIES**

April 08, 2016

CREECH AND SON LLC  
1802 W 12TH ST  
PORT ANGELES WA 98363-5328

Unified Business Identifier (UBI): 603 502 473

Dear Business Owner:

We did not set up a workers' compensation policy (or account) for your Limited Liability Company(LLC) because your application for a business license indicated you were not hiring workers. LLCs have specific workers' compensation coverage requirements in Washington. It is your responsibility to determine if coverage is required.

What do you need to do?

- A. Go online to [www.WorkersCompAccount.Lni.wa.gov](http://www.WorkersCompAccount.Lni.wa.gov) to learn about coverage requirements for LLCs. Contact us if coverage is required.
- B. If you hire Independent Contractors paid with an IRS-1099 form, verify if coverage is required at [www.independentcontractor.lni.wa.gov](http://www.independentcontractor.lni.wa.gov)
- C. If you hire workers: Update or file your application to hire workers at [www.bls.dor.wa.gov/hire.aspx](http://www.bls.dor.wa.gov/hire.aspx)
- D. If you wish to purchase workers' compensation insurance for exempt individuals, contact us at the number below.

If you have workers that you have not reported, contact our Outreach team for assistance. We can help you reduce penalties and interest that may be assessed and bring your account into good standing.

Sincerely,

Employer Services Outreach  
WA Dept. of Labor & Industries  
PO Box 44140  
Olympia, WA 98504-4140

Phone: 360-902-4599  
FAX: 360-902-4988

EAUL

\*\*\*\* ORIGINAL \*\*\*\*



STATE OF WASHINGTON

# BUSINESS LICENSE

Domestic Limited Liability Company

Unified Business ID #: 603 502 473  
Business ID #: 1  
Location: 1

CREECH AND SON LLC  
1802 W 12TH ST  
PORT ANGELES WA 98363 5328

TAX REGISTRATION

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

*Wikki Smith*  
Director, Department of Revenue

STATE OF WASHINGTON  
UBI NO. 603 502 473 1 1  
EXPIRATION DATE

CREECH AND SON LLC  
1802 W 12TH ST  
PORT ANGELES WA 98363 5328  
TAX REGISTRATION

*Wikki Smith*  
Director, Department of Revenue

DETACH THIS SECTION FOR YOUR WALLET

# CERTIFICATE OF COVERAGE



**EMPLOYER:** This official certificate of industrial insurance coverage is in lieu of a policy. It remains in effect until your account is officially closed. There is no limitation of benefits. You are required by law to post both this certificate and copies of the posters listed below. You will soon be receiving 1 copy of each. If you require additional copies, call Labor and Industries at 360-902-4817.

Insurance Services Division  
Employer Services

- Job Safety and Health Protection (available in Spanish)
- Your Rights as a Worker/Family Care
- Notice to Employees

Department of Labor & Industries  
PO Box 44144

Olympia WA 98504-4144  
[www.LNI.wa.gov](http://www.LNI.wa.gov)

**WORKER:** The employer named below is an insured policyholder with the Washington State Industrial Insurance Trust Fund.

UBI#: 603 502 4733 Policy Effective Date 04/13/16

Location

CREECH AND SON LLC  
1802 W 12TH ST  
PORT ANGELES WA 98363-5318

Employer

CREECH AND SON LLC  
1802 W 12TH ST  
PORT ANGELES WA 98363-5320

\*Your Unified Business Identifier is the only number you need to discuss your business account with the Washington state departments of Revenue, Licensing, Employment Security, Labor and Industries and the Office of the Secretary of State. Other state licenses or registrations may be required for proper licensing of your business.