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Olympia, WA 98504-7250
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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: <u>6/18/14</u>	DOL/SOS: <u>0402</u>	ID: <u>7914</u>	Docket #: <u>1141305</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection	Permit Issued THG- <u>65480</u>
Reception #: <u>5703</u>	111-0268-207-02	Receipt ID: <u>025478</u>	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: CCM LLC
(must be Individual, partners of a partnership or corporation)

Trade Name, if applicable: Clear Choice Movers

Physical Address: 1012 U St., Vancouver, WA 98661

Mailing Address: 1012 U St., Vancouver, WA 98661

Telephone Number (360) 836-5256 Fax Number () _____

Posted
[Handwritten initials]

BUSINESS INFORMATION - continued

UBI #: 603237996 *603137996* Email: jennifer@clearchoicemovers.com

USDOT #: 2190569 (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 # 29048800

Employment Security Department registration number? ESD # 438994-00-2

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>Charles R Whitfield II</u>	<u>Owner/Operator</u>	<u>100%</u> <i>50%</i>
<i>Jennifer Whitfield</i>		<i>50%</i>

***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: HHG and commercial moving. Offering green moving options ie: bio fuels, recycled materials and biodegradable materials, reducing the carbon footprint.

Briefly describe your experience in the transportation/household goods moving industry: Worked 8 years for 2 different moving companies. Take pride in work, familiar with ODOT & WDOT rules and regulations of moving household goods.

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 779658 *not active as of 6/18/14*

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# 779658

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	\$ 0
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 3,500.00	Preferred Stock	\$
Office Furniture	\$ 600.00	Common Stock	\$
Other Equipment	\$ 2,000.00	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 6,100.00	TOTAL LIABILITIES & NET WORTH	\$ 0

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
1988	NAV	B77698Z	1HTJUZR3JH621192	26,000

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: Charles R Whitfield II

Position: Owner/Operator

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: Jennifer Whitfield Position: General Manager

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: Jennifer Whitfield Position: General Manager

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.

Charles R. Whitfield Charles R. Whitfield 6/16/14 Vancouver, WA
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: Clear Choice movers

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Amanda Stacey

Address (include street address, mailing address, city, state, zip, and county):
8904 SE Alder St. Portland, OR 97216

Phone Number: 503.752.2042

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: Granting Clear Choice Moving a Permit to operate in the state of WA. would benefit the local Economy by creating new jobs and reinvesting back to the local economy.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Clear Choice Moving is committed to a "Green" Company. Thru recycling + reusing materials and supplies, to eco-friendly fuels and Energy. Continuing research + education on this issue will help Clear Choice reach its goals for a Green Company.

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

Amanda Stacey
Signature of Person Completing Form 5/28/14 Portland Oregon
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: Clear Choice Movers

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Sandra J. Robertson
Address (include street address, mailing address, city, state, zip, and county):	3777 Addy St. Unit #37 Washougal, Washington 98671
Phone Number:	360-607-7333
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs:	Yes, looking at property and homes. Plus have storage sheds 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:	Gives more competition and allows for availability of more movers to contact. We need more movers licensed in our area to try and shop local business.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? We have used them while they worked for a different company. They are so professional in handling the client and the clients goods. Everything wrapped and secured and not a thing busted. They would be a great company to have out in the field.	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<u>Sandra J. Robertson</u> Signature of Person Completing Form	<u>6/3/14 Washougal WA</u> 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: Clear Choice Movers

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Kristen Taylor

Address (include street address, mailing address, city, state, zip, and county): 11509 NW 43rd Ct Vancouver, WA 98685

Phone Number: (360) 607-4187

Do you currently need the services of a residential household goods moving company? [X] 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? [X] No [] Yes If yes, please describe your future moving needs: Not at this time but may need in the future.

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 used the services of the moving company Charles worked for previously. It was a good experience. With their own company they can determine what jobs need to be done and what timeframe, including enough time in between jobs to be safe.

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 family business and has the potential to benefit residential customers and business clients. They are friendly and a pleasure to deal with.

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: 6/5/14 Vancouver, WA



STATE OF WASHINGTON
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

CCM LLC
1012 U Street
Vancouver WA 98661

June 19, 2014

Notice of Deficient Application – TV-141305

The following items either need to be completed and/or corrected for prompt processing of your application for operating authority:

- X According to your application, Charles R Whitfield II is 100% owner. But, according to the Secretary of State’s office, you have listed Charles as well as Jennifer L. Whitfield. Since Jennifer is part of the LLC, we will need to get her information.
- X The driver’s license that was attached for Charles is illegible. Please submit a copy that can be read. We will also need a valid ID for Jennifer Whitfield.
- X Your Labor & Industries - Worker's Compensation Account number is under the wrong name. It shows “Clear Choice Movers LLC” but you are applying as CCM LLC. This needs to be corrected.
- X You indicate that you operate interstate. According to your USDOT number, you’re only authorized to haul “Intrastate”. You will have to change your USDOT to reflect Interstate and before providing any interstate moves, you will need to be registered in the Unified Carrier Registration System (UCR). That can be done at www.ucr.in.gov.
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above. **We will also need to be able to verify your cargo insurance.**

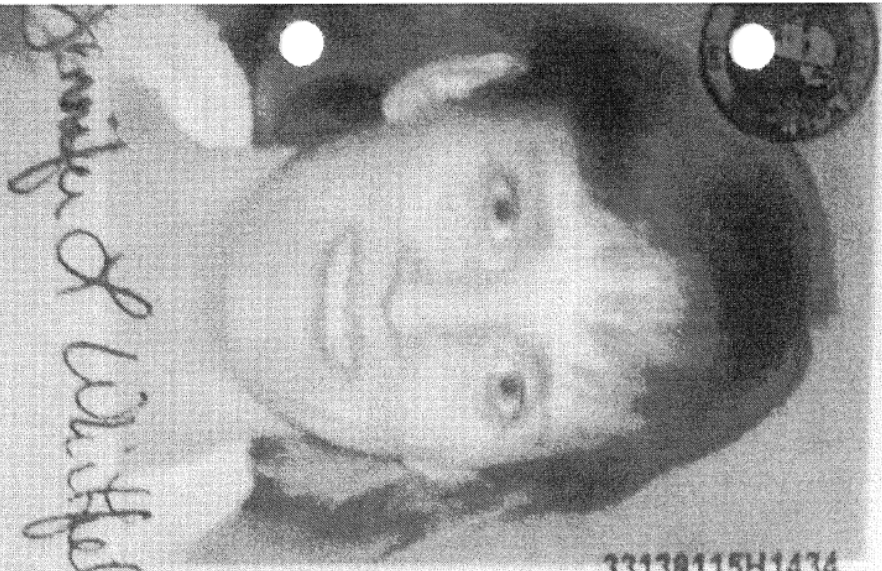
If you have any questions regarding this application, I can be reached at 360-664-1170 or email at tleipski@utc.wa.gov.

Sincerely,

Tina Leipski

Handwritten notes in red ink:
1/21/14 sent Jennifer email - need cargo - @ page 5

WA WASHINGTON DRIVER LICENSE



33130115H1434

4d LIC#

(4b)

1 WHITFIELD

2 JENNIFER LOUISE

3 DOB

(4b)

15 Sex F 16 Hgt 5-02

17 Wgt 125 18 Eyes HAZ

9 Class 9a End NONE

12 Restrictions NONE

4a ISS 01-11-2013

4b Exp 01-14-2017

5 DI

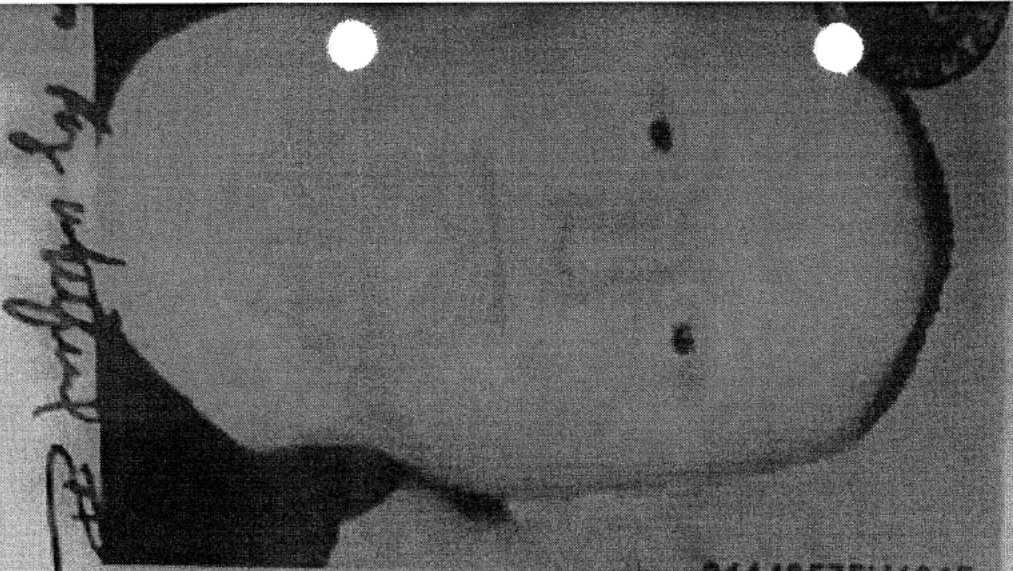
(4b)

Jennifer Whitfield

DONOR

WASHINGTON

DRIVER LICENSE



31140575H1315

4d LIC# [REDACTED] (4b)

1 WHITFIELD II

2 CHARLES RAY

3 DOB [REDACTED] (4b)

4a Iss 02-26-20

[REDACTED] (4b)

15 Sex **M** 16 Hgt **6-02**

17 Wgt **250** 18 Eyes **BLU**

9 Class 9a End **NONE**

12 Restrictions **NONE**

4b Exp 02-17-2

5 DT [REDACTED] (4b)

Rev 09

by Whitfield II