



UTILITIES AND TRANSPORTATION COMMISSION

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NOV 06 2015

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

Pay ID: MCH90070

Table with 4 columns: Date Filed, DOL/SOS, ID, Docket #; Staff Assigned, Insurance, Inspection, Permit Issued THG-; Reception #, 111-0268-207-02, 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... \$ 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 3-4 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: Hidden Door Holding, LLC (must be individual, partners of a partnership or corporation)

Trade Name, if applicable: College Hunks Hauling Junk

Physical Address: 655 S. Orcas St., Ste 206, Seattle WA 98108

Mailing Address: "

Telephone Number (206) 686-1850 Fax Number (206) 686-1851

TV-152127-CT

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WASH. UT. & TP. COMM

**HOUSEHOLD GOODS MOVING COMPANY  
 PERMIT APPLICATION**

#90070

FOR OFFICIAL USE ONLY			
Date Filed: 11/6/15	DOL/SOS: <i>ojaw</i>	ID: 17149	Docket # 152127
Staff Assigned <i>[Signature]</i>	Insurance <i>[Signature]</i>	Inspection	Permit Issued THG- 66180
Reception #	111-0268-207-02	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: Hidden Door Holding, LLC  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable College Hunks Hauling Junk

Physical Address 655 S. Orcas St., Ste 206, Seattle WA 98108

Mailing Address u

Telephone Number (206) 686-1850 Fax Number (206) 686-1851

**Posted**

**BUSINESS INFORMATION - continued**

UBI #: 603 490 213 <sup>ad</sup> Email: Colin.Wiggins@chhj.com

USDOT #: 2725956 <sup>ad</sup> (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 account # 528, 437-00 <sup>ad</sup>

Employment Security Department registration number 000-085195-00-1

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 WA

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

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or % of Shares</u>
<u>Kelly Milbrandt</u>	<u>Owner</u>	<u>100%</u>

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

1. Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: We will provide a fun, stress-free moving experience performed by clean cut, polite students.

2. Briefly describe your experience in the transportation/household goods moving industry: Colin Wiggins, key manager, spent 5 yrs managing Enterprise Rent a Car in Germany. He is very experienced in the transportation industry.

3. 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 \_\_\_\_\_

4. 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 \_\_\_\_\_

5. Do you currently operate interstate?  No  Yes If yes, please indicate your MC# \_\_\_\_\_

6. 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	\$ 66,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$ 66,000
Investments <i>Franchise fee</i>	\$ 68,000	Notes Payable	\$ 116,000
Other Current Assets <i>Vehicles</i>	\$ 80,000	Mortgages Payable	\$
Prepaid Expenses	\$ 2,000	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$ 38,000
Other Equipment	\$ 4,000	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$ 220,000	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 220,000

### 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
2015	ISUZU	Temp issue - WA	5HDC4W1B2F5805947	14,500

### 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: *Colin Wiggins*

Position: *Manager*

### 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: *Kelly Milbrandt*

Position: *Owner / Bookkeeper*

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: *Kelly Milbrandt*

Position: *Owner / Bookkeeper*

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.

*Kelly Milbrandt*  
Print name of applicant

*Kelly Milbrandt*  
Signature of Applicant

*Seattle, WA*  
*7/16/15*  
Date and Location

WA  
USA

# WASHINGTON DRIVER LICENSE



*Benjamin Wiggins*

4d LIC#

1 WIGGINS

2 BENJAMIN COLIN

3 DOB 08-28-1970

4

4a Iss

10-06-2015

5 DD

[Redacted]

DONOR



4b Exp

08-28-2021

15 Sex

M

16 Hgt

5-00

17 Wgt

190

18 Eyes

BLU

9a Class

NONE

12 Restrictions

NONE

Rev 09-16-2009

WA  
USA

# WASHINGTON

## DRIVER LICENSE



*Kelly A. Milbrandt*

32148533A1159

4d LIC# MILBRKA246B2

1 MILBRANDT  
2 KELLY ANN

3 DOB [REDACTED]

4a Iss 02-27-2014

15 Sex F 16 Hgt 5-06

17 Wgt 145 18 Eyes BLU

9 Class 9a End NONE

12 Restrictions NONE

4b Exp 01-22-2019

5 DD [REDACTED]

Rev 99-15-2999



**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:** COLLEGE HUNKS HAULING JUNK

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

Name, Title, and Business Name:  
 Michelle Harvey, Director of Finance, Orcas Business Park

Address (include street address, mailing address, city, state, zip, and county):  
 5700 6th Ave South, Suite 200 / Seattle, WA. 98108  
 Post office Box 81024

Phone Number: 206-766-8765

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:  
 Randomly might need their assistance as needed.

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 am affiliated with the landlord. It benefits me personally if I need to use their services and benefits my business b/c they are a tenant of mine.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Very trust worthy owners running a reputable business!

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



11.16.15 Seattle, WA

Signature of Person Completing Form

Date and Location

**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:**

Hidden Door Holding, LLC

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

Name, Title, and Business Name:

STUART KRAL

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

8128 20TH AVE SW, Seattle, WA 98106

Phone Number:

(904) 874-9905

Do you currently need the services of a residential household goods moving company?

No  Yes If yes, please describe your current moving needs:

I am moving to Seattle

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 will need to move apartments in the future. all other companies are sold out.

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:

Great company, great reputation, consistent service

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

NATIONAL company and highly regarded

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

*Stuart Kral*

Signature of Person Completing Form

11/4/15 SEA

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:**

*Hidden Door Holding, LLC*

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

Name, Title, and Business Name:

*JUSTIN WALTZ, FRANCHISE BUSINESS CONSULTANT, CHHJ LLC*

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

*1513 E 9th AVE, TAMPA, FL 33605 - Hillsborough County*

Phone Number:

*954-319-4649*

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:

*Other moving companies ARE completely sold out 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?

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

*[Handwritten Signature]*

Signature of Person Completing Form

*[Handwritten Signature]*

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:** Michael B. Flores Hidden Door Holding LLC

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

Name, Title, and Business Name:

Michael B. Flores - Manager In Training - ~~Europe~~ Europa Kids

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

1400 S. Jackson street Seattle, WA 98144

Phone Number:

561-602-9074

Do you currently need the services of a residential household goods moving company?

No  Yes If yes, please describe your current moving needs: Moving apartments

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: to move apartments once lease is up on current residence.

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:

Myself, my business, and my community would receive the benefit of having a professional, affordable moving service in our area.

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.*

Michael B. Flores  
 Signature of Person Completing Form

02 November 2015 - Seattle, wa.  
 Date and Location

**Form E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to HIDDEN DOOR HOLDINGS LLC COLLEGE HUNKS HAULING JUN, & COLLEGE HUNKS MOVING of 655 S. ORCAS STREET, SEATTLE, WA 98108-0000 a policy or policies of insurance effective from 07/20/2015 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 20th day of July, 2015

Insurance Company File No. CA 02523203  
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B