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TV-112194-CT



WASH. UT. & TP. COMM
**HOUSEHOLD GOODS MOVING COMPANY
 PERMIT APPLICATION**



Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 7 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 2 - 7 and Attachment A	\$ 250
<input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 7 and Attachment A	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 7 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-335 – Complete pages 2 - 7 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-450) – Complete pages 2 - 3 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority – Complete pages 2 - 7 and Attachment A	\$ 550

TYPE OF PAYMENT

Check
 Money Order
 Amex
 Mastercard
 Visa

Amount: 550 -

Expiration Date: _____

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.

Name (printed): Jeffrey Grabeel Company Name: ASM LLC

Cardholder's Signature: _____

Date: 3/10/2011

OFFICIAL USE ONLY			
Date Filed: <u>12/20/11</u>	DOL/SOS:	ID: <u>6763</u>	Permit Issued: THG-
Staff Assigned: <u>[Signature]</u>	Insurance:	Inspection:	Docket #
Reception #: <u>111-0268-207-02</u>	<u>03655</u>	111-0268-207-01	111-0268-013-20

550.00

BUSINESS INFORMATION

Name of Applicant ASM LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable All Service Moving

Physical Address 6312 SE 14th Ave Portland, OR 97202

Mailing Address "

Telephone Number (503) 810-2770 Fax Number () _____
BIN # 137 4113-2

Email: Move@All Service Moving

USDOT #: 186307900 (If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3816 or 360-596-3803 for assistance.)

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
 No Yes L & I Account No. Saf. (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
ESD No. _____ (required if you have employees)

Have you registered your business with the Department of Revenue? No Yes

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation (LP, LLP, LEC) Other _____

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

Name	Title	Stock Distribution or Percentage of Shares
<u>Jeffrey Gabeel</u>	<u>CEO/sole member</u>	<u>100%</u>

Choose one of the following for the territory in which you wish to operate:

- All counties in the State of Washington
 The following named counties only:

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service:

Licensed, High Quality moving, packing and moving related services. We primarily plan to serve nearby areas to Portland Oregon. Currently we have many customers who would like to use our above average service in Washington.

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

I started the pack and load company in 2004 in Portland Oregon. We've since become a larger company with 11 employees and a great reputation.

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 ODOT 119893 MC 722865

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# 722865 and USDOT# 1863079

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: _____

Have you ever been convicted of a crime? No Yes If yes, please explain: _____

Have you 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	\$ 10,000	Salaries/Wages Payable	\$ 4200
Notes Receivable	\$ 7200	Accounts Payable	\$ 2000
Investments	\$ 10,000	Notes Payable	\$ 1000
Other Current Assets	\$ 1000	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 16,000	TOTAL LIABILITIES	\$ 7200
Land and Buildings	\$ 0	NET WORTH	87300
Trucks and Trailers	\$ 35,000	Preferred Stock	\$ 0
Office Furniture	\$ 2,300	Common Stock	\$ 0
Other Equipment	\$ 12,000	Retained Earnings	\$ 0
Other Assets	\$ 1,000	Capital	\$ 0
TOTAL ASSETS	\$ 94,500	TOTAL LIABILITIES & NET WORTH	\$ 87300

EQUIPMENT LIST

Describe the equipment you will use (attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2001	Freightliner	OR-T579412	1FVABSAK11HJ25008	26000
1999	Freightliner	OR-T556893	1FV3EFFD8XH461742	26000
2001	Freightliner	OR-T580689	1FVABSAK01HJ99519	26000
1998	Freightliner	OR-T575764	1FV6HJAA1WH968168	26000

SAFETY AND OPERATIONS

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.

SAFETY RESPONSIBILITIES

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.

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.

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: Jeffrey Gabeel

Position: CEO

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: Jeffrey Grabeel Position: CEO

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 and Internal Revenue Service (taxes); and Employment Security.

Name: Jeffrey Grabeel Position: CEO

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.

Jeffrey Grabeel
Print name of applicant

[Signature]
Signature of Applicant

3/10/11 Portland
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: ASMLLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Jeremy Tinker

Address (include street address, mailing address, city, state, zip, and county):
1112 NE 359th St La Center WA

Phone Number: (503) 200-8407

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 may need to move from La Center Washington to some where else in Washington and would like to use the company again

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: They have moved me in the past and had a fair price, no damage, took extra care of my heavy stuff. I would recommend them to anyone. Great company

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? This company is a leader in the industry. I have moved many times and never been more satisfied.

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: 12-8-11 La Center, WA

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Applicant Name: ALL SERVICE MOVING - ASM LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: MIKE FISHER - owner - MIKE FISHER PAINTING + CONSTRUCTION

Address (include street address, mailing address, city, state, zip, and county):
5005 SE HENDERSON ST
PORTLAND, OR 97206

Phone Number: 503-810-5831

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
occasional Delivery of FINISHED ~~to~~ Furniture To owner

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:
~~Referral~~ Referral To customers / Delivery of owners FURNITURE

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

No.

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

[Signature] 12/7/11 Portland, OR
Signature of Person Completing Form Date and Location

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Applicant Name: ASM LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Steve Blaha, President, Estey Const

Address (include street address, mailing address, city, state, zip, and county):
4207 SE Woodstock #103
Portland, OR 97206

Phone Number: 503/312-0048

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:
Moving furniture & goods out of
homes for remodeling.

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:
Expanding business is good for the economy.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
These are hard working dedicated guys

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

[Signature]
Signature of Person Completing Form

12/7/11 PHD, OR
Date and Location