



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



Type of Household Goods Authority Requested – Check one	Fee Required
<input checked="" type="checkbox"/> Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. – 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 480-15-186 and 480-15-187 – Complete pages 2 - 7 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 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

TYPE OF PAYMENT			
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input checked="" type="checkbox"/> Mastercard <input checked="" type="checkbox"/> Visa
Amount: <u>\$550.00</u>		Expiration Date: <u>06/15</u>	
<p>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.</p>			
Name (printed): <u>Bryan Tyler</u>		Company Name: <u>Right Turn Moving LLC</u>	
Cardholder's Signature: <u>[Signature]</u>		Date: <u>5/5/14</u>	
FOR OFFICIAL USE ONLY			
Date Recd.: <u>5/5/14</u>	Docket # OS: <u>[Signature]</u>	ID: <u>1866</u>	Permit Issued: THG-
Staff Assigned: <u>[Signature]</u>	Insurance:	Inspection:	Docket #
Reception #: <u>111-0268-207-02</u>	<u>111-0268-207-01</u>	<u>111-0268-013-20</u>	

BUSINESS INFORMATION

Name of Applicant Bryan K. Tyler
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Right Turn Moving, LLC

Physical Address 4613 NE St. John's Road Suite A Vancouver WA 98661

Mailing Address 4613 NE St. John's Road Suite A Vancouver WA 98661

Telephone Number 360 600-5503 Fax Number 360 859-3527

UBI #: 464687034 603-370-117 Email: BryanKTyler@gmail.com

USDOT # 248-1094 per attachments
(If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3812 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # 289,434-00

Employment Security Department registration number? ESD # 000-010324-00-2

Is your business registered with the Department of Revenue? No Yes

TYPE OF BUSINESS STRUCTURE

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

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 Percentage of Shares</u>
Bryan K. Tyler	Owner	100%

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

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:
Right Turn Moving will be a full service company tailored to the customers needs.
Providing customers with the choice to use a family owned and operated company.
Able to provide a comfortable moving process.

Briefly describe your experience in the transportation/household goods moving industry:
I have had five years of moving heavy machinery. I also have many years of
experience marketing a Business to residential communities. My employee already
has four years of moving residential home goods as well as in a management position.

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	\$ 6500	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$1480.00	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 7980.00	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
2005	Gmc diesel	C35577A	Vin# 1gdj7c1c35f900286	25,950 gvwr, <small>maximum loaded weight of truck</small>

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.**

DA

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:

Bryan K. Tyler

Position:

President

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: Bryan K. Tyler	Position: President
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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: Bryan K. Tyler	Position President
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DECLARATION OF APPLICANT

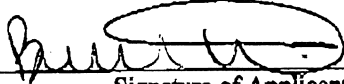
I understand that filing this application does not in itself constitute authority to operate as a household goods mover.

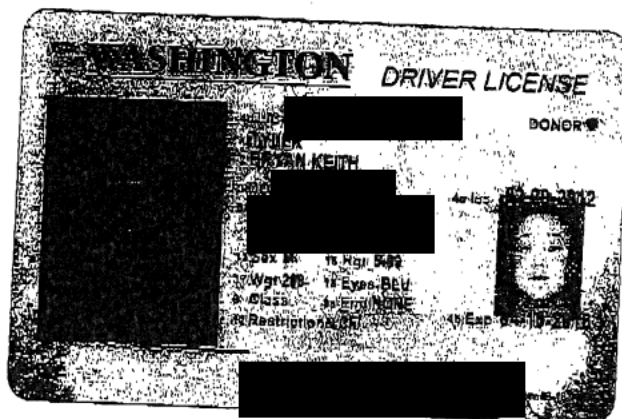
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

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.

Bryan K. Tyler Print name of applicant	 Signature of Applicant	April 4, 2014 Date and Location
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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: ~~Nissa McMillan~~ ~~Modell~~ Right Turn Moving, LLC
Bryan Tyler

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Nissa McMillan - President - DaBella Exteriors

Address (include street address, mailing address, city, state, zip, and county):
14900 SW Brooklet Pl.
Tigard, OR 97224

Phone Number: 253-350-8679.


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:
For my employees to transfer locations.

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 know the owners, they are smart, ethical, and good people. I wish more businesses had people like them.

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 of Person Completing Form: 
Date and Location: 4-15-14 / Beaverton, Oregon

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Applicant Name: Right Turn Moving, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Nicole Krom

Address (include street address, mailing address, city, state, zip, and county):
11011 NW 27th CT
Vancouver WA 98685

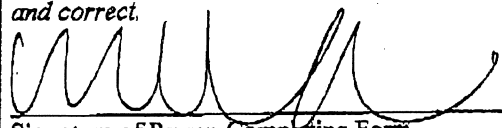
Phone Number: 253-508-8841

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
We will be needing these services in the near future

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:
We will be purchasing a home soon.

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:
Having another company to compare prices and be competitive pricing

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
No

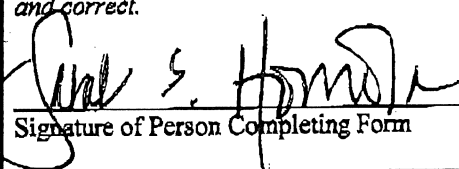
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature of Person Completing Form
4/9/14 Vancouver, WA
Date and Location

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Applicant Name: Right Turn Moving, LLC

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: Sarah E. Hornsta, BA, CC	
Address (include street address, mailing address, city, state, zip, and county): 24011 NE 224th St Bellevue Ground, WA 98004, Clark	
Phone Number: 360.852.2689	
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: My family is moving in the summer & require a moving 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: There is a large need of residential movers + a small amount of reputable companies.	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Organizational skills are top notch, responsible, and prompt.	
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 	Date and Location 4-9-14, Vancouver

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Applicant Name: Right Turn Moving, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: PAIGE MAJOR - OWNER - ALL-STAR FUSION

Address (include street address, mailing address, city, state, zip, and county):
11624 NE 31st Street > 1417 NE 76th St Suite 3C
VANCOUVER WA 98682 > VANCOUVER WA 98665

Phone Number: 360-448-0514

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

No Yes If yes, please describe your current moving needs:
TRANSPORTING FLOORING TO EVENTS

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:
→ SAME

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 WOULD HAVE PEOPLE WE TRUST TRANSPORTING OUR EQUIPMENT

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

VERY GREAT, TRUSTWORTHY PEOPLE! ☺

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

Paige Major
Signature of Person Completing Form

4-9-14 VANCOUVER
Date and Location

ATTACHMENT A

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Applicant Name: Right Turn Moving, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
DUSTIN & CARLENE BERENTSEN

Address (include street address, mailing address, city, state, zip, and county):
5414 NE 54th ST
VANCOUVER, WA 98661

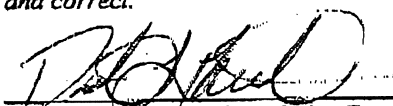
Phone Number:
(360) 798-6939

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:
WE PLAN TO BUY A NEW HOUSE IN 3 YEARS

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 tired of moving myself and will be looking to have someone move me next time.

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.

Signature of Person Completing Form
4/9/14 VANCOUVER, WA
Date and Location

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Applicant Name: Right Turn Moving, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Nichole Royston

Address (include street address, mailing address, city, state, zip, and county):
1405 SE 4th Ave
Battle Ground, WA 98604

Phone Number: 360-831-3307

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:
Entire House

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 benefit me because I am unable to move myself and need to hire help to do all.

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.

Nichole M Royston
 Signature of Person Completing Form

Vancouver WA
 Date and Location

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Applicant Name: ~~_____~~ ~~_____~~ Right Turn Moving, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Susan Stahl Broker Windermere Realty Group

Address (include street address, mailing address, city, state, zip, and county):
3500 Red Cedar Way
Lake Oswego OR 97035

Phone Number: 503 490 1124

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 a real estate agent and need reliable movers for my clients.

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:
A reliable moving company makes a huge difference in a community. It enables families to move closer to work, to family, to areas they like and keeps people happy. It is a good contact for all!

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

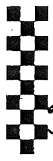
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

[Signature]
Signature of Person Completing Form

4-5-14 Lake Oswego OR
Date and Location

May. 5. 2014 5:39PM

No. 2537 P. 1



An: UTC 360 586 1181

22 ~~21~~ pages including
Cover page.

Right Turn Moving, LLC

not all pages were faxed
first time

CERTIFICATE OF COVERAGE



Insurance Services Division
Employer Services

Department of Labor & Industries
PO Box 44144
Olympia WA 98504-4144
www.LNI.wa.gov

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.

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

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

UBI#: 808 370 117 Policy Effective Date 1/14

Location
RIGHT TURN MOVING LLC
4613 NE ST. JOHNS RD. STE. A
VANCOUVER, WA 98665-1241

Employer
RIGHT TURN MOVING LLC
4613 NE ST. JOHNS RD. STE. A
VANCOUVER, WA 98665-1241

*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.



25571006729001

RIGHT TURN MOVING LLC
RIGHT TURN MOVING, LLC
4613 NE ST JOHNS RD STE A
VANCOUVER WA 98661-2541

004724

DETACH BEFORE POSTING



STATE OF
WASHINGTON

BUSINESS LICENSE

Domestic Limited Liability Company

Unified Business ID #: 603 370 117
Business ID #: 1
Location: 1

RIGHT TURN MOVING LLC
RIGHT TURN MOVING, LLC
4613 NE ST JOHNS RD STE A
VANCOUVER WA 98661 2541

TAX REGISTRATION
INDUSTRIAL INSURANCE
UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS:
Not licensed to hire minors without a Minor Work Permit.

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.

Director, Department of Revenue



Employment Security Department
WASHINGTON STATE

Tax Rate Notice

ESD number: 000-010324-00-2

UBI number: 603-370-117

RIGHT TURN MOVING, LLC
4613 NE ST JOHNS RD STE A
VANCOUVER, WA 98661-2541

Mailing date: March 27, 2014

If you want us to review your tax rate, the law says you must send us a request in writing by April 28, 2014.

Your tax rate for 2014 will be 2.42%.

Your tax rate is the average tax rate for your business activity.

You pay tax on an employee's wages only up to the 2014 taxable wage base: \$41,300	Unemployment Insurance (UI) tax rate based on experience	2.11%
	UI social cost rate	0.29%
	UI Trust Fund solvency surcharge	0.00%
	UI limit deduction (This deduction reduces your rate to the maximum rate.)	0.00%
	Subtotal of unemployment insurance rate	2.40%
	Employment Administrative Fund (EAF)	0.02%
	Total of the above tax rates	2.42%

Your tax rate for 2014 is based on the average tax rate for your type of business.

You must report a minimum of six quarters of wages before we can assign you a tax rate based on your experience with unemployment. In future years, when you have enough wage experience, we will assign a tax rate based on that experience.

To learn more about how your tax rate is determined, please visit esd.wa.gov/tax-rates.

Please contact us if we can assist you.

For tax rate questions and corrections:
Employment Security Department
Experience Rating Unit
P.O. Box 9046
Olympia, WA 98507-9046
360-902-9670 360-902-9202 fax

For account questions:
Employment Security Department
AMC Yakima (Vancouver)
PO Box 9046
Olympia, WA 98507-9046
855-829-9243 800-794-7657 fax





STATE OF WASHINGTON
DEPARTMENT OF REVENUE

March 6, 2014

63

RIGHT TURN MOVING LLC
4613 NE ST JOHNS RD STE A
VANCOUVER WA 98661-2541

UBI Number: 603 370 117
PAC Code: R871305V

IMPORTANT! Tax Registration Information. Please keep on file.

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.

When to E-file and E-pay your taxes

Your business is assigned to report taxes quarterly. Quarterly filers must file and pay taxes electronically (Engrossed House Bill 1357). Due dates for quarterly tax returns are listed below. If you do not have business activity to report you are still required to file a tax return.

<u>Tax Period</u>	<u>Tax Liability Incurred</u>	<u>Tax Return Due Date</u>
Quarter 1	January 1 – March 31	April 30
Quarter 2	April 1 – June 30	July 31
Quarter 3	July 1 – September 30	October 31
Quarter 4	October 1 – December 31	January 31

Based on your business open date, the first return you must file is the Quarter 2 2014 return and is due on July 31, 2014.

(over)

Taxpayer Account Administration Division
P O Box 47476 ♦ Olympia, Washington 98504-7476

Received Time May. 5. 2014 2:55PM No. 4024

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, **KIM WYMAN**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF FORMATION

to

RIGHT TURN MOVING LLC

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 1/23/2014

UBI Number: 603-370-117



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman

Kim Wyman, Secretary of State

Date Issued: 1/27/2014