

WASHINGTON



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					
Check	Money Order	Amex	Mastercard	Visa	024216

Amount: \$ 550.00 Expiration Date: 11/16

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): Matthew W Smith Company Name: RMCTransfer LLC

Cardholder's Signature: [Signature] Date: 12/15/13

FOR OFFICIAL USE ONLY			
Date Filed: <u>12/14</u>	DOL/SOE: <u>[Signature]</u>	ID: <u>7632</u>	Permit Issued: THG- <u>65391</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection:	Docket # <u>TV-140016</u>
Reception #: 111-0268-207-02 <u>SSD-W</u>	111-0268-207-01	111-0268-013-20	

048556

BUSINESS INFORMATION

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

Trade Name, if applicable _____

Physical Address 19819 SE 272nd St Kent WA 98042

Mailing Address Same

Telephone Number (253) 670 6002 Fax Number () _____

UBI #: 603 345 444 00 Email: RMC.msmith@gmail.com

USDOT #: 2451402 00 (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 # 10027799 164,110-02

Employment Security Department registration number? ESD # 499059-00 0

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>
<u>Matt Smith</u>	<u>member</u>	<u>100%</u>

***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:

Moving used household and office furniture. We will be a higher standard of movers and will help push other moving companies to higher standards to keep up.

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

I have worked in the industry for 19 years and held many positions

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	\$ 2578 ⁵⁶	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	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	\$ 2578 ⁵⁶	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

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.

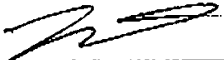
DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.

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: *MAT Smith* 

Position: *member*

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: MAT Smith 

Position: member

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: MAT Smith 

Position: member

DECLARATION OF APPLICANT

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

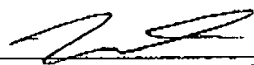
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

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.

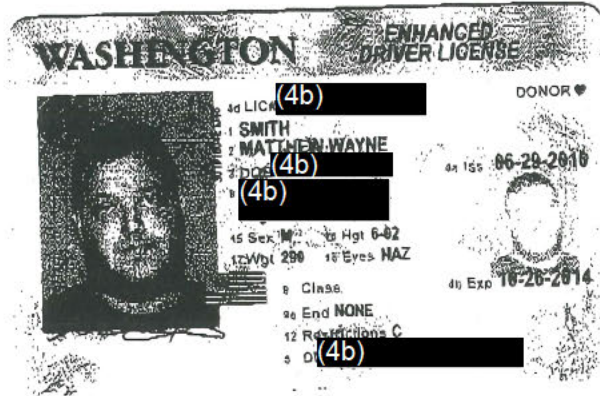
My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, 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.

MAT Smith
Print name of applicant


Signature of Applicant

12/15/13 Kent WA
Date and Location



We will be renting trucks until , the company can
lease or buy something.

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: RMCtransfer LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Jeanna Sawicki

Address (include street address, mailing address, city, state, zip, and county):
42808 Auburn Enumclaw RD SE, Enumclaw WA 98022

Phone Number: 206-601-8482

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:
They are good for the community because they provide friendly, efficient, and above and beyond service

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.

Jeanna Sawicki
Signature of Person Completing Form
12/15/13
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: RMC transfer LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Rebecca Steele

Address (include street address, mailing address, city, state, zip, and county):
26708 191st Pl. S.E.
Covington WA
98042

Phone Number: 425-830-1431

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

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 relocate to a new resident.

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 everyone by having a loyal, trust worthy company to help the community.


Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? They are good movers and ~~are~~ charge a fair rate.

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: Rebecca Steele Date and Location: 12/17/13 Covington, WA

Company Name:	RMCTransfer LLC
Enrollment Start Date:	12/15/2013
Enrollment Renewal Date:	12/15/2014
Contact Person (DER):	Matt Smith
DER Email:	rmc.msmith@gmail.com
Title:	
Phone:	(b)
Address:	(b)
City, State & Zip:	

1. In Accordance with DOT Requirements of 49 CFR PART 382 & 49 CFR PART 40, Company above is enrolled in a Controlled Substances and Alcohol Random Testing Program managed by Express Labs.
2. DOT Certified Controlled Substances Collection Sites in Quest Diagnostics network are provided by Express Labs.
3. DOT Certified Controlled Substances Testing with Quest Diagnostics Laboratories are provided by Express Labs.
4. DOT Certified Medical Review Officer services provided BY Express Labs for all Controlled Substances testing by Neil J. Dash, M.D., Doctors Review Service, 546 Franklin Ave., Massapequa, NY 11758, Phone: 800-526-9341
5. Controlled Substances and Alcohol Policy prepared in accordance with the requirements of: 49 CFR PART 382 & 49 CFR PART 40 is provided by Express Labs. Company must retain evidence that each driver received a copy of the company's written Controlled Substances and Alcohol Policy as required by 49 CFR Section 382.601 (d).
6. Company is required to have copies of any Pre-Employment Controlled Substances test results on all drivers hired. These Controlled Substances test must be USDOT compliant.
7. Additional drivers automatically added upon receiving Negative DOT Pre-Employment Controlled Substances test results, using the Quest Diagnostics chain of custody forms that Express Labs provides.
8. Company is required notify Express Labs Immediately upon a driver being Deactivated by filling out Deactivate form listed on www.ExpressLabs.com.
9. Express Labs conducts Quarterly Controlled Substances and Alcohol random selections from a database of active drivers that Express Labs maintains.
10. Each year a minimum of 50% of the average number of drivers in the random pool are tested for Controlled Substances (Drugs) & 10% of the average number of drivers in the random pool are tested for Alcohol.
11. Express Labs Notifies the Designated Employee Representative (DER) by Email of Random Selected Drivers. Company is required to complete random selections during selection period. Drivers are required to go directly to collection site when notified of random controlled substances and/or alcohol testing. Company is required to notify Express Labs of any changes to Company's contact information by filling out Update Account form on www.ExpressLabs.com.
12. Company is required to have copies of all Random Controlled Substances and Alcohol test results.
13. Company is required to have copy of drivers currently enrolled in Controlled Substances & Alcohol Random Testing Program.
14. Express Labs, Inc. conforms to rules set forth in 49 CFR, Part 40, procedures for DATIA (Drug and Alcohol Industry Association) & all staff members comply with requirements of Federal regulations contained in Federal regulations Part 40.33.
15. Company's failure to comply with Regulations set forth by 49 CFR Part 40, such as not completing all random testing within selection period will result in termination from Express Labs, Inc. DOT Consortium.
16. All Controlled Substances testing is required using Quest Diagnostics federal chain-of-custody forms Express Labs provides.


Mike Youngelman
 Express Labs



WASHINGTON EVIDENCE OF MOTOR VEHICLE LIABILITY INSURANCE

Underwritten by:
Victoria Fire & Casualty Company

Insured Name: **RMC TRANSFER LLC**
 Address: **12345 SE 23RD WA**
 City, State, Zip: **KENT WA 98042**
 Policy Number: **1443336** Year: **2013** Make & Model: **INTERN 4000 SERIE**
 Effective Date: **12/04/2013** Vehicle Identification Number: **1HTMMAAL4DH128059**
 Expiration Date: **12/04/2014** **WA88CVC5751010**

THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE FOR PRODUCTION UPON DEMAND.

TO OUR POLICYHOLDER

It is important that the Identification Card provided be carried by you and other licensed operators in your household at all times. Information contained on the Identification Cards will be needed in connection with vehicle inspection and accident involvement. At such times, such evidence of insurance will be subject to verification as to whether or not the insurance required by law has been maintained.

WHAT YOU SHOULD DO IN CASE OF AN ACCIDENT

- (1) Do not leave the scene of the accident-notify police.
- (2) Do NOT discuss the accident with anyone except a properly identified and authorized representative of Victoria or with police authorities.
- (3) Secure names of parties involved and witnesses.
- (4) Make no commitments.
- (5) Immediately report the accident to Victoria.

Nationwide Insurance
 Underwritten by:
 Victoria Fire & Casualty Company
 22901 Millcreek Blvd.
 Cleveland, OH 44122-5728

TOLL FREE NUMBERS
 TO REPORT A CLAIM: 1-800-926-3168
 CUSTOMER SERVICE: 1-800-888-8424

WA88CVC5751010



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If this certificate is being prepared for a party who has an Insurable Interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Whims Insurance & Financial Svcs. 1440 Bel-red Rd Ste 100 Bellevue, Wa 98007	CONTACT NAME: John Whims	
	PHONE (A/C No., Ext): 360-805-9484 FAX (A/C No.): E-MAIL ADDRESS: PRODUCER CUSTOMER ID:	
INSURED RMC Transfer LLC 19819 se 272nd st Kent, WA 98042	INSURER (S) AFFORDING COVERAGE	NAIC #
	INSURER A : Lloyd's of London	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	PROPERTY				BUILDING	\$
	CAUSES OF LOSS				PERSONAL PROPERTY	\$
	BASIC	BUILDING			BUSINESS INCOME	\$
	BROAD	CONTENTS			EXTRA EXPENSE	\$
	SPECIAL				RENTAL VALUE	\$
	EARTHQUAKE				BLANKET BUILDING	\$
	WIND				BLANKET PERS PROP	\$
	FLOOD				BLANKET BLDG & PP	\$
						\$
						\$
	INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	NAMED PERILS	POLICY NUMBER				\$
						\$
	CRIME					\$
	TYPE OF POLICY					\$
						\$
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
A	Motor Cargo Coverage	2546565	12/04/2013	12/04/2014	\$50,000	\$ 50,000
						\$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER RMC Transfer LLC 19819 se 272nd st Kent, WA 98042	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE John Whims
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NR

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

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the Victoria Fire and Casualty Insurance Company
(Name of Company)
(herein after called Company) of 22901 Millcreek Blvd ,cleveland ,OH ,44212
(Home Address of Company)

has issued to RMC TRANSFER LLC of 19819 SE 272ND ST ,KENT ,WA ,98042
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 12/04/2013 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 22901 Millcreek Blvd. Suite 400 OH 44122 This 19th day of Dec 20 13
Cleveland (Address) (Day) (Month) (Year)

Insurance Company File No. 144336
(Policy No)

Debra Seggio
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :1,000,000.00