

TV-152203-CT



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

**HOUSEHOLD GOODS MOVING COMPANY
 PERMIT APPLICATION**

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed: <u>1/16/15</u>	DOL/SOS: <u>[Signature]</u>	ID: <u>3063</u> <u>17355</u>	Docket # <u>TV-152203</u>
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception # <u>056817</u>	111-0268-207-02 <u>\$550</u>	111-0268-013-20	<u>THG 66184</u>

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, Attachment B as well as a closing annual report \$ 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 3-5 and include a statement justifying the reinstatement. \$ 250
- Name Change** – Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: Urbin Attic, LLC.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable SAME AS ABOVE

Physical Address 2640 willamette Dr NE Lacey, WA 98516

Mailing Address 2640 willamette Dr NE Lacey, WA 98516

Telephone Number (360) 515-0914 Fax Number (360) 943-5606

Posted
Cases
X

BUSINESS INFORMATION - continued

UBI #: 603 540 053 Email: SCLERGET@ALLWESTTRANS.COM

USDOT #: 2821472 (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 account # 511 719 02

Employment Security Department registration number 000-439796-00-5

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>Mark Naubert</u>	<u>President</u>	<u>70%</u>
<u>Charlie Naubert</u>	<u>Vice President</u>	<u>30%</u>

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

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: STORAGE FOR THE PUBLIC

2. Briefly describe your experience in the transportation/household goods moving industry: HAVE A MOVING & STORAGE COMPANY - OPERATING SINCE 1991.

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? _____

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	Mercedes			

SAFETY AND OPERATIONS		
<p>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.</p> <p style="text-align: right; color: red;"><i>see attached</i></p>		
SAFETY RESPONSIBILITIES		
<p>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</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.</p> <p>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.</p> <p>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)</p> <p>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).</p>		
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Name: <i>STACEY CIERGET</i></td> <td style="width: 50%;">Position: <i>Financial Manager</i></td> </tr> </table>	Name: <i>STACEY CIERGET</i>	Position: <i>Financial Manager</i>
Name: <i>STACEY CIERGET</i>	Position: <i>Financial Manager</i>	



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: URBIN ATTIC

The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: <u>STACEY CERGER</u>
Address (include street address, mailing address, city, state, zip, and county): <u>1205 77TH TRAIL SE Olympia, WA 98501</u>
Phone Number: <u>(360) 790-4081</u>
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: <u>my home has to many FURNISHINGS & Limited Room in GARAGE - IT WOULD HELP IF I HAD TEMPERATURE REGULATED & SECURE LOCATION TO KEEP ITEMS THAT I COULD ROTATE BETWEEN Home & STORAGE</u>
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: <u>FUTURE CHANGES in Family Dynamics</u>
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: <u>PROVIDES FLEXIBLE HOUSEHOLD GOODS STORAGE THAT IS SECURE</u>
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>URBIN ATTIC MISSION WOULD MEET THE NEEDS OF PEOPLE FROM VARIOUS LIFESTYLES</u>
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <hr style="border: 0; border-top: 1px solid black;"/> Signature of Person Completing Form </div> <div style="width: 45%;"> <u>10/27/2015 Olympia</u> Date and Location </div> </div>



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Applicant Name: URBIN ATTIC

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Charlie Varner
Address (include street address, mailing address, city, state, zip, and county):	8809 Steilacoom Rd Sc Apt 3 Olympia WA 98516
Phone Number:	360 451 9802
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs:	I am moving soon to a bigger house and need help
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:	Father is moving soon and needs help
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 would benefit anybody that is down sizing or don't know what would be useful
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	This would be a great service than a storage units
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<p>_____</p> <p>Signature of Person Completing Form</p>	<p>11/4/15 Lacey WA</p> <p>Date and Location</p>



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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: URBIN Attic

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: TIM J. BURR

Address (include street address, mailing address, city, state, zip, and county):
5218 33RD CT SE LACEY, WA 98503

Phone Number: (360)-456-5184

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:
It's a service that will benefit Senior Communities, Apartment Complexes and Home Owners who need space

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Think outside the box to help benefit future customers

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

TIM J. BURR
Signature of Person Completing Form

11/3/2015 LACEY, WA.
Date and Location

WA USA **WASHINGTON** DRIVER LICENSE

4d LIC# [REDACTED] DONOR ♥

1 NAUBERT
2 CHARLES REED

3 DOB [REDACTED] 4a Iss 11-18-2014

15 Sex M 16 Hgt 5-10
17 Wgt 180 18 Eyes BLU
9 Class 9a End NONE
12 Restrictions C 4b Exp 12-06-2019

32143224013917

Rev 09-16-2009



WA USA **WASHINGTON** DRIVER LICENSE

4d LIC# [REDACTED] DONOR ♥



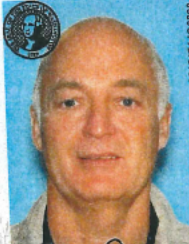
1 NAUBERT
2 MARK ALLEN

3 DOB [REDACTED] 4a Iss 06-20-2015

15 Sex M 16 Hgt 6-01
17 Wgt 190 18 Eyes BLU
9 Class 9a End NONE
12 Restrictions NONE 4b Exp 07-29-2020

321511402389

Rev 09-16-2009



November 10, 2015

Washington Utilities and Transportation Commission
1300 S. Evergreen Park Drive SW
PO Box 47250
Olympia, WA 98504-7250

RE: Enrollment in Drug and Alcohol Testing Program

To Whom It May Concern:

This letter is intended to address the evidence of enrollment in a drug and alcohol testing program, which is part of the application process with your agency.

At this point in time, Urbin Attic, LLC is in the start up phase, so no employees are hired at this time.

When hiring employees, we will be engaging the services of MBG Management and Western Pathology Consultants, Inc.; both businesses have agreed to take new enrollees on behalf of Urbin Attic, LLC.

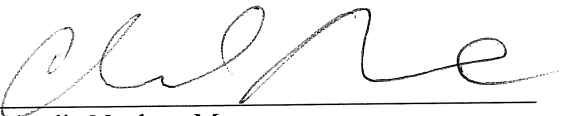
Best regards,



Mark Naubert-Manager

11/12/2015

Date



Charlie Naubert-Manager

11/12/2015

Date

November 12, 2015

Washington Utilities and Transportation Commission
1300 S. Evergreen Park Drive SW
PO Box 47250
Olympia, WA 98504-7250

RE: Evidence of Insurance

To Whom It May Concern:

Our insurance company is:

Propel Insurance
925 Fourth Avenue, Suite 3200
Seattle, WA 98104-1159

The point of contact is Amy Augustine at (206) 695-6634.

The evidence of insurance-combined single limit of public liability and property damage (Form E) and cargo insurance (Form H) was sent directly to the WUTC by the above carrier.

Best regards,

A handwritten signature in black ink, appearing to read 'Charlie Naubert', with a long horizontal flourish extending to the right.

Charlie Naubert
Manager