

Here ya go!

#7TN: Tina L.



COMMISION

1300 S. Evergreen Park D
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222

TV 143663



email: transportation@utc.wa.gov

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

*Replacement
page*

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID:	Docket #:-
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	Receipt ID	111-0268-013-20

Type of Household Goods Authority Requested – check one

Fee Required

- 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 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) – Complete pages 3-4 and include a statement justifying the reinstatement \$ 250
- Complete pages 3-4 and Attachment D \$ 35

BUSINESS INFORMATION

Legal Name: Johnson's Hauling LLC *Spokane Delivery*

Trade Name, if applicable Johnson's Hauling + Moving *Spokane Transpor.*

Physical Address 3216 E. Euclid Ave Spokane WA 99217

Mailing Address Po box 1525 Mead WA 99021

Telephone Number (509) 487-6683 Fax Number () _____

Posted

N. Tina L.

TU 143 63

Replacement
 [Signature]

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	\$ 1000 ⁰⁰	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	\$ 10,000	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 11,000	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
1989	International		1 HTSUCRK 4K A 66 4527	18,000

Department Of Licensing – IDL System

WA
USA **WASHINGTON** DRIVER LICENSE

4d LIC# (4b) DONOR ♡



1 JOHNSON
2 CARY ALAN

3 DOB (4b) 4a ISS 08-29-2013

8 (4b)

15 Sex M 16 Hgt 5-10
17 Wgt 200 18 Eyes BLU
9 Class 9a End 3 4b Exp 07-09-2018
12 Restrictions C

5 DD (4b) REV 09-15-2009



Picture Number: JOHNSCA256MZ
Control Number: 3013241401046
Name: JOHNSON,CARY ALAN
Production Status: Mailed - 09-02-2013
Issue Date: 08-29-2013
Report Date: Sep 19, 2014 9:58:03 AM



HN: TINA

Leipski

APP# TV 143603

WA USA **WASHINGTON** DRIVER LICENSE

4d LIC# (4b) [REDACTED] DONOR ♥

1 JOHNSON

2 CARY ALAN

3 DOB (4b) [REDACTED] 4a Iss 08-20-2013

(4b) [REDACTED]

15 Sex M 16 Hgt 5-16

17 Wgt 200 18 Eyes BLU

19 Class 20 End 3

21 Restrictions C 4b Exp 07-09-2018

22 DD (4b) [REDACTED] Rev 05-16-2009

SP



1300 S. Evergreen Park D
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:	DOL/SOS:	ID:	Docket #:-
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception # 051482	111-0268-207-02 550	Receipt ID	111-0268-013-20

V000324

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: Johnson's Hauling LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable: Johnson's Hauling + Moving, Spokane mover
Spokane transport
Spokane Delivery

Physical Address: 3216 E. Euclid Ave Spokane WA 99217

Mailing Address: P.O. Box 1525 Mead, WA 99021

Telephone Number (SA): 487-6683 Fax Number () _____

TYPE OF PAYMENT

- Check Money Order
- Amex Discover Mastercard Visa

Amount \$ 550.00

#000326

Expiration Date _____

Credit Card number: _____

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.

Company Name: Johnson's Hauling + Moving

Name (printed): CARY Johnson Date: 10-7-14

Signature: [Signature] Title: Manager

If paying by credit card, you may fax your application to 360-586-1181 or scan and email to transportation@utc.wa.gov





STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

Johnson's Hauling LLC
PO Box 1525
Mead WA 99021

October 10, 2014

Notice of Deficient Application – TV143663

The following items either need to be completed and/or corrected for prompt processing of your application for operating authority:

- X Per WAC 480-15-302(3), you must provide a copy of your driver's license or a government issued phone identification card.
- X Your Department of Revenue account is currently under the wrong name. It must show Johnson's Hauling LLC. You can contact their office at 800-451-7985. *10/20 still not done 10/20*
- X Your USDOT number is also in the wrong name. The legal name must show Johnson's Hauling LLC. You can go online at www.fmcsa.dot.gov/online or you can contact (360) 596-3810 to get this corrected. *10/20 still not correct 10/20*
- X Your Labor & Industries - Worker's Compensation Account number is also in the wrong name. It must also show Johnson's Hauling LLC. Their office number is 1-800-987-0145.
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name **EXACTLY** as it is shown above. We will also need to be able to verify your cargo insurance.
(The insurance paperwork you attached to your application is not the correct insurance. We need your automobile liability not your commercial general liability.)

If you have questions or concerns, I can be reached at 360-664-1170 or email at tleipski@utc.wa.gov.

Sincerely,

Tina Leipski
Licensing Services

10/20 Sent email -



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Mount Spokane Insurance 4025 East Mount Spokane Park Drive Mead WA 99021	CONTACT NAME: Steve Wilson
	PHONE (A/C. No., Ext): 509-467-8998 FAX (A/C. No.):
	E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : Charter Indemnity Company
INSURED Johnson's Hauling LLC PO Box 1525 Mead WA 99021	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			3717104	10/21/2014	10/21/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Verification of coverage

CERTIFICATE HOLDER

Washington Utilities and Transportation Commission
 PO Box 47250
 Olympia WA 98504-7250

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

Steve Wilson

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