

**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:** GERALDO LIMA

**The following must be completed by the Supporter of the applicant**

**Name, Title, and Business Name:** DANNY R. HASS

**Address (include street address, mailing address, city, state, zip, and county):**  
19815 112TH AV. NE APT. F102  
BOTHELL, WA. 98011

**Phone Number:** 901-240-3266


**Do you currently need the services of a residential household goods moving company?**  
 No  Yes If yes, please describe your current moving needs: MOVING FROM BOTHELL TO ISSAQUAH

**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 HAVE MOVED 3 TIMES 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:**  
GERALDO HAS HELPED ME MOVE BEFORE. HE IS HONEST, PROMPT, DEPENDABLE AND AN ASSET TO ANY BUSINESS.

**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 11/1/13 BOTHELL, WA.  
Date and Location

Posted  
RMS  
y

**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: BERALDO LIMA

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name: Jeromias BANDEIRA

Address (include street address, mailing address, city, state, zip, and county):  
16638 JUANITA DR NE #101-G  
Kenmore -WA- 98028

Phone Number: 425 830 6118

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
MOVING TO ISSAQUAH WA  
MOVE - SOON

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:  
LOOKING TO MOVE WHEN LEASE EXPIRES.

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:  
BERALDO IS A VERY HONEST, RELIABLE AND  
HARD WORKING MOM.

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

11/7/2013 Kenmore WA  
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:** GERALDA LIMIA  
~~JUDITH A. GIBBENS~~

**The following must be completed by the Supporter of the applicant**

**Name, Title, and Business Name:**  
JUDITH A. GIBBENS

**Address (include street address, mailing address, city, state, zip, and county):**  
775 IDYLUWOOD DR SW  
ISSAQUAH, WA 98027

**Phone Number:** 425-392-7380

**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:  
RELOCATE WHEN HOUSE SELLS

**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:**  
MR LIMIA IS A HONEST AND RELIABLE PERSON

**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.*

Judith A. Gibbens      10-30-13 ISSAQUAH  
Signature of Person Completing Form      Date and Location      WA.

13-11-12 00:32 DC

257-180726 >>

3605861181

P 1/6



OCTOBER 7, 2013 1:56 PM

TRANSPORTATION OPERATIONS  
1300 S EVERGREEN PARK DR  
OLYMPIA, WA 98502  
360-664-1155



Tina Leipski  
Licensing Services

COMP ID: WUTC TERM ID: WUTC010001

CARD TYPE: VISA  
ACCOUNT#: \*\*\*\*\*8462

TOTAL AMOUNT \$ 550.00

APPROVAL CODE: 773875 STAN: 001078

CUSTOMER COPY

I AGREE TO PAY ABOVE TOTAL  
AMOUNT ACCORDING TO CARD  
ISSUER AGREEMENT.

Utilities and Transportation Commission 360/664-1170  
1300 S. Evergreen Park Dr. SW FAX 360/586-1181  
PO Box 47250 tleipski@utc.wa.gov  
Olympia, WA 98504-7250 Web Site: www.utc.wa.gov

**WASHINGTON EVIDENCE OF MOTOR VEHICLE LIABILITY INSURANCE**

Underwritten by:  
Victoria Fire & Casualty Company

Insured Name: LIMA, GERALDO  
Address: 18918 68TH AVE #E205WA

City, State, Zip:  
ISSAQUAH WA 98029

Policy Number: Year Make & Model:  
1359522 2004 FORD E350

Effective Date: Vehicle Identification Number:  
10/07/2013 1FDWE3SL84HA81621

Expiration Date: WA58CVC5751010  
10/07/2014

**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.

**Titan 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: 1-800-688-8424

WA58CVC5751010

2013-11-12 00:33 DC

2572180726 >>

3605861181

P 5/6



GERALDO SILVA LIMA  
GEMIMA BRESSEN LIMA  
KING COUNTY SERVICES  
18916 68TH AVE NE APT E205  
KENMORE WA 98028-2656

DETACH BEFORE POSTING

000764



STATE OF  
WASHINGTON

# BUSINESS LICENSE

Sole Proprietorship

Unified Business ID #: 603 253 115  
Business ID #: 1  
Location: 1

GERALDO SILVA LIMA  
GEMIMA BRESSEN LIMA  
KING COUNTY SERVICES  
18916 68TH AVE NE APT E205  
KENMORE WA 98028 2656

## TAX REGISTRATION

REGISTERED TRADE NAMES:  
KING COUNTY CLEANING SERVICES  
KING COUNTY MOVING SERVICEE  
KING COUNTY SERVICES

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.

*Brad Florenty*  
Director, Department of Revenue

Received Time: Nov. 12, 2013 10:56AM No. 1530

Department of Labor and Industries  
Employer Services  
PO Box 44140  
Olympia WA 98504-4140



CONSTRUCTION  
CONTRACTORS' APPLICATION  
FOR WORKERS'  
COMPENSATION ACCOUNT  
WITH NO WORKERS OR HOURS

To be used only when no workers will be employed nor hours/units reported

This form is to be used only when a construction contractor requires an active workers' compensation account but will not be hiring any workers and will not be reporting any hours/units to the department.

As the contractor, you must have a current UBI number. If you do not have a UBI number, please submit a Master Application by requesting one from us, or online at <http://www.dol.wa.gov/mls/buslic.htm>.

Please complete the information below and send this form to:

Department of Labor and Industries  
Employer Services  
PO Box 44140  
Olympia WA 98504-4140

RECEIVED

NOV 08 2013

DEPT OF L&I  
EVERETT

Business Information

Owner's Name: <b>GERALDO LIMA</b>		Unified Business Identifier (UBI): <b>603 253 115</b>	
Business Name: <b>KING COUNTY MOVING SERVICES</b>			
Business Address: <b>18916 68TH AVE NE #E 205</b>			
City: <b>KENMORE</b>	State: <b>WA</b>	ZIP: <b>98028</b>	Business Phone Number: <b>425 789-9131</b>

Physical Location

Physical Address: <b>18916 68TH AVE NE #E 205</b>			
City: <b>KENMORE</b>	State: <b>WA</b>	ZIP: <b>98028</b>	Business Phone Number: <b>425-789 9131</b>

Nature of Business: <b>TRANS PORTATION</b>
---

I certify I do not have nor do I plan to have employees. If at any time in the future I decide to hire employees, I will notify the department in writing. I also agree to regularly submit a quarterly report to the department showing no hours/units worked. The report will be submitted on or before the due date of each quarter.

Date: <b>11/8/2013</b>	Title: <b>owner</b>	Signature: <i>[Handwritten Signature]</i>
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F625-077-000 construction contractors' applic for workers' comp account no workers or hours 10-2004







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

Geraldo Silva Lima  
18916 68th Ave NE Apt #E205  
Kenmore WA 98028

October 16, 2013

**Notice of Deficient Application – TV-131919**

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

- X Your application is missing the three Support Statements from members of the community supporting your business.
- X Your company will need to apply and receive an Employment Security registration. They can be reached at 360-902-9550.
- X Your application is missing the Labor & Industries Worker's Compensation Account number. You must have this account number before we can issue authority. Their office number is 1-800-987-0145.

If you have any questions or concerns, feel free to contact me at 360-664-1170 or email at [tleipski@utc.wa.gov](mailto:tleipski@utc.wa.gov). Our fax number is 360-586-1181.

Sincerely,

Tina Leipski  
Licensing Services

Attachment

10/31  
still nothing  
11/6  
Geraldo  
called he is  
working on





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/07/2013

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.

**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).

<b>PRODUCER</b> BLUELION BROKERS LLC 13400 NE 20TH ST #11 BELLEVUE, WA 98005	<b>CONTACT NAME:</b> BRIAN ROBERTS	<b>FAX (A/C, No):</b> 818.827.3380
	<b>PHONE (A/C, No, Ext):</b> 425.968.2236	<b>E-MAIL ADDRESS:</b> BRIAN@BLUELIONBROKERS.COM
<b>PRODUCER CUSTOMER ID #:</b>		<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> GERALDO LIMA DBA KING COUNTY MOVING SERVICES 18916 88TH AVE NE #E205 KENMORE, WA 98028-265		<b>INSURER A:</b> SCOTTSDALE INSURANCE COMPANY
		<b>INSURER B:</b> TITAN INSURANCE COMPANY
		<b>INSURER C:</b>
		<b>INSURER D:</b>
		<b>INSURER E:</b>
		<b>INSURER F:</b>

**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 INSUR	INSUR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			SCP-0259993	10/07/2013	10/07/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			GENERAL AGGREGATE \$ 2,000,000			PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY			1359522	10/07/2013	10/07/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB		<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 CERTIFICATE HOLDER LISTED BELOW

<b>CERTIFICATE HOLDER</b> WA UTILITIES & TRANSPORTATION COMMISSION 1300 S. EVERGREEN PARK DRIVE S.W. PO BOX 47250 OLYMPIA, WA 98504-1181	<b>CANCELLATION</b> 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 BRIAN ROBERTS
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*RMS*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/15/2013

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.

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 Blue Lion Brokers Soleyon Insurance Partner 13400 NE 20th Street, #11 Bellevue, WA 98005 Blue Lion Brokers	Phone: 425-208-0035 Fax: 866-954-9588	CONTACT NAME: Brian Roberts PHONE (A/C, No, Ext): 425-968-2236 E-MAIL ADDRESS: brian@bluelionbrokers.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Geraldo Lima DBA King County Moving Services 18918 68th Ave #E205 Issaquah, WA 98029	INSURER A: Titan Indemnity Company		13242
	INSURER B: Lloyd's Of London		41297
	INSURER C: Scottsdale Insurance Co.		
	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	ADDITIONAL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		SCP-0259993	10/07/2013	10/07/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		1359522	10/07/2013	10/07/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					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	Y/N	N/A			WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Lloyd's of London		CK35118A13	10/14/2013	10/14/2014	Cargo Ins 20,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Certificate Holder Below

CERTIFICATE HOLDER

CANCELLATION

WA Utilites & Transportation Commission  
 1300 S. Evergreen Park Dr S.W.  
 PO BOX 47250  
 Olympia, WA 98504-1181

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

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TH- 131919



**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			
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Amount: _____		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): _____		Company Name: _____	
Cardholder's Signature: _____		Date: _____	
FOR OFFICIAL USE ONLY			
Date Recd: 10/9/13	DOB/SOS: ON N/A	ID: 1536	Permit Issued: THG- 05/97
Staff Assigned: [Signature]	Insurance: binder	Inspection:	Docket # TH-131919
Reception #: 111-0268-207-02 <b>550.00</b> 111-0268-207-01 111-0268-013-20			

Approval Code: 773875

Posted

**BUSINESS INFORMATION**

Name of Applicant Geraldo Silva Lima  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable KING COUNTY SERVICES ON

Physical Address 18916 68TH AVE NE APT # E205 KENMORE WA

Mailing Address 18916 68TH AVE NE APT E205 KENMORE WA, 98028

Telephone Number (425) 789-9131 Fax Number ( )

UBI #: 603253115 ON Email: GLIMA35@GMAIL.COM

USDOT #: 2439373 ON (If you currently don't have one, you can go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.dot.gov/online-registration) to apply for one or call 360-596-3810 for assistance.)

Have you established a Worker's Compensation Account with the Department of Labor & Industries?  
 No  Yes L & I Account No. \_\_\_\_\_

Have you registered with the Employment Security Department?  No  Yes  
ESD No. \_\_\_\_\_

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

**TYPE OF BUSINESS STRUCTURE**

Individual  Partnership  Corporation  Other \_\_\_\_\_  
(LP, LLP, LLC)

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>GERALDO SILVA LIMA</u>	<u>OWNER</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: KING, PIERCE, SNOHOMISH

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

TO MOVING HOUSEHOLD GOODS GOOD PRICE AND BELIEBLE

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

MY EXPERIENCE IS BASE 4 YEARS IN MOVING BUSINESS

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# \_\_\_\_\_ and USDOT# 2439373

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: PROVIDING HHG MOVES WITHOUT A PERMIT

**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	\$ 2,350.00	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$ 4,000.00	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$ 300.00	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	<b>\$ 6,650.00</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$</b>

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2004	FORD	2958-330	1FDWE35L84HA61521	11,500 lbs



**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: <b>GERALDO LIMA</b>	Position: <b>OWNER</b>
------------------------------	---------------------------




<b>OPERATIONAL RESPONSIBILITIES</b>	
Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.	
Name: <b>GERALDO LIMA</b>	Position: <b>OWNER</b>
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: <b>GERALDO LIMA</b>	Position: <b>OWNER</b>
<b>DECLARATION OF APPLICANT</b>	
I understand that filing this application <b>does not</b> 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.	
<b>GERALDO LIMA</b> Print name of applicant	 Signature of Applicant
<b>10/7/2013</b> Date and Location	

WA USA **WASHINGTON** DRIVER LICENSE



4d LIC# (4b)  
1 SILVA LIMA  
2 GERALDO  
3 DOB (4b)  
8 (4b)

4a Iss 09-11-2012



15 Sex M 16 Hgt 5-10  
17 Wgt 230 18 Eyes BRN  
9 Class 9a End NONE  
12 Restrictions NONE

4b Exp 10-02-2017

*Geraldo Lima*

(4b)

Rev 09-10-2009



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/07/2013

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.

**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).

<b>PRODUCER</b> BLUELION BROKERS LLC 13400 NE 20TH ST #11 BELLEVUE, WA 98005	<b>CONTACT NAME:</b> BRIAN ROBERTS	<b>FAX (A/C No):</b> 818.827.3380
	<b>PHONE (A/C No, Ext):</b> 425.968.2236	<b>E-MAIL ADDRESS:</b> BRIAN@BLUELIONBROKERS.COM
<b>PRODUCER CUSTOMER ID #:</b>		<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> GERALDO LIMA DBA KING COUNTY MOVING SERVICES 18916 68TH AVE NE #E205 KENMORE, WA 98028-265		<b>INSURER A:</b> SCOTTSDALE INSURANCE COMPANY
		<b>INSURER B:</b>
		<b>INSURER C:</b>
		<b>INSURER D:</b>
		<b>INSURER E:</b>
		<b>INSURER F:</b>

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			SCP-0259993	10/07/2013	10/07/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 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 DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below		N/A				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 CERTIFICATE HOLDER LISTED BELOW

<b>CERTIFICATE HOLDER</b> WA UTILITIES & TRANSPORTATION COMMISSION 1300 S. EVERGREEN PARK DRIVE S.W. PO BOX 47250 OLYMPIA, WA 98504-1181	<b>CANCELLATION</b> 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 BRIAN ROBERTS
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RECEIVED

OCT 22 2013

Form H  
Uniform Motor Carrier Cargo  
Certificate of Insurance

7536  
#2439373

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)  
WAC 170-010-010 (Name of Commission)

This is to certify that the Certain Underwriters at Lloyd's, London  
(Name of Company)  
(herein after called Company) of 1114 Avenue of the Americas, 40th Fl, New York, NY, 10036  
(Home Address of Company)

has issued to Geraldo Lima ( DBA ) King County Moving Services  
(Name of Motor Carrier)  
of 18916 68th Avenue NE, Apt E205, Kenmore, WA, 98028  
(Address of Motor Carrier)

A policy or policies of insurance effective from 10/14/2013 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 Cargo Insurance Endorsement has or have been amended to provide cargo insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission 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 Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 1114 Avenue of the Americas, 40th Fl, New York, NY, 10036 this 16th day of  
(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

Oct 20 13

Insurance Company File No. 2001XKTCK35118A13  
(Policy Number)

Jeffrey H. Mace  
(Authorized Company Representative)

RMS  
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