



# 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

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 Filed: <u>5/16/14</u>	DOL/SOS: <u>OR/N/A</u>	ID: <u>7881</u>	Permit Issued: THG-
Staff Assigned: _____	Insurance: _____	Inspection: _____	Docket # <u>71141103</u>
Reception #: <u>050468</u>	111-0268-207-02 <u>35088</u>	111-0268-207-01	111-0268-013-20

# 1000

**RECEIVED**

MAY 16 2014

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:

Household goods MOVING

*see replacement page*

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

over a year

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: \_\_\_\_\_

**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.** N/A

**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: *Em, Lishu*

Position: *owner*

WA  
USA **WASHINGTON DRIVER LICENSE**



4d LIC (4b)  
1 CUI  
2 LI SHU  
3 DOB (4b)  
4a Iss 04-07-2011  
15 Sex M 16 Hgt 5-07  
17 Wgt 180 18 Eyes BRN  
9 Class 9a End NONE  
12 Restrictions NONE  
4b Exp 06-26-2014  
4b (4b)  
Rev 03-16-2008



318  
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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:** Cui, Lishu

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

**Name, Title, and Business Name:**  
Teacher Individual

**Address (include street address, mailing address, city, state, zip, and county):**  
17351 92nd PL NE Bothell WA 98011

**Phone Number:**  
979 820-4522

**Do you currently need the services of a residential household goods moving company?**  
 No  Yes If yes, please describe your current moving needs:  
But just moved to this address by using this moving company

**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:**  
Very good services. good price

**Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?**  
None

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

Chun Yao 4/08/2014 home  
Signature of Person Completing Form Date and Location

3113

**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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**Applicant Name:** Cui, Lishu

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

**Name, Title, and Business Name:** Yabo Zhao, Individual

**Address (include street address, mailing address, city, state, zip, and county):**  
12604 SE 42nd ST Bellevue WA 98006

**Phone Number:** 425 644 6206

**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:  
family moving

**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:**  
Popular Company, most likely

**Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?**  
None

*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** *Yabo Zhao* **Date and Location** *04/09/2014*

313e

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: Cui, Lishu

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Huan Xie, principal of Evision Insurance Services Inc.

Address (include street address, mailing address, city, state, zip, and county): 4066 155th Ave SE Bellevue, WA 98006

Phone Number: (425) 442-8828

Do you currently need the services of a residential household goods moving company? [X] 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 [X] Yes If yes, please describe your future moving needs:

office relocation

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:

Very safe, friendly, good price.

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.

Huan Xie

Signature of Person Completing Form

4/10/2014 office

Date and Location

**FORM E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE**  
**LIABILITY CERTIFICATE OF INSURANCE**

(EXECUTED IN TRIPLICATE)

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)  
 (Name of Commission)

This is to certify, that the Columbia Insurance Company  
 (Name of Company)

(hereinafter called Company) of 3024 Harney Street, Omaha, NE 68131  
 (Home Office Address of Company)

has issued to LISHU CUI DBA LUCKY MOVING & REMODELING  
 (Name of Motor Carrier)

of 6402 SWIFT AVE S, SEATTLE, WA 98108  
 (Address of Motor Carrier)

a policy or policies of insurance effective from 05/09/2014 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 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 effected 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 Commissioner.

Countersigned at 3024 Harney Street Omaha NE 68131  
 (Street Address) (City) (State) (ZIP Code)

this 12th day of May, 20 14



Authorized Representative

Insurance Company File No. 71TRR218576  
 (Policy Number)

750,000 CSL



**FORM F**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE**  
**LIABILITY INSURANCE ENDORSEMENT**

It is agreed that:

1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulation promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. This endorsement may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days notice in writing to the State Commission with which such certificate has been filed, such thirty (30) days notice to commence to run from the date the notice is actually received in the office of such Commission.
3. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the State Commission indicated below:

X -- Indicated State Commission with whom Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed.

Alabama	Illinois	Montana	Rhode Island
Alaska	Indiana	Nebraska	South Carolina
Arizona	Iowa	Nevada	South Dakota
Arkansas	Kansas	New Hampshire	Tennessee
California	Kentucky	New Jersey	Texas
Colorado	Louisiana	New Mexico	Utah
Connecticut	Maine	New York	Vermont
Delaware	Maryland	North Carolina	Virginia
District of Columbia	Massachusetts	North Dakota	Washington
Florida	Michigan	Ohio	West Virginia
Georgia	Minnesota	Oklahoma	Wisconsin
Hawaii	Mississippi	Oregon	Wyoming
Idaho	Missouri	Pennsylvania	

(The attaching clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

Attached to and forming part of policy No. 71TRR218576

Issued by Columbia Insurance Company, herein called

Company, of 3024 Harney Street, Omaha, NE 68131

LISHU CUI DBA LUCKY MOVING &

To REMODELING of SEATTLE, WA

Dated at Omaha, NE this 9th day of May, 20 14

Countersigned by



Authorized Representative

Lucky Moving & Remodeling

6402 Swift Ave S

Seattle, WA 98108

May 14, 2014

To,

Washington State

Utilities and Transportation Commission

To Whom It May Concern:

I, Xianqin Luo, owner of Lucky Moving and Remodeling certified that I am willing and transfer the entire right and operation of Lucky Moving & Remodeling to Mr. Lishu Cui due to my health condition.

  
Xianqin Luo

Lucky Moving & Remodeling.

*This company  
has been  
inactive since  
5/14/08*

**Lucky Moving & Remodeling**

**6402 Swift Ave S**

**Seattle, WA 98108**

**May 14, 2014**

**To,**

**Washington State**

**Utilities and Transportation Commission**

**To Whom It May Concern:**

**I, Lishu Cui, new owner of Lucky Moving & Remodeling certify that, I work for Xianqin Luo of Lucky Moving & Remodeling since December 26, 2012. I have enough skill and experience in the house holds moving service. I hope I am the right candidate for this job and ownership.**

**Sincerely,**



**Lishu Cui.**

State of Washington  
 Department of Labor and Industries  
 PO Box 44140  
 Olympia WA 98504-4140

THIS IS  
 NOT A  
 BILL

4-3-14

Policyholder  
**LUCKY MOVING & REMODELING**  
 6402 SWIFT AVE S  
 SEATTLE WA 981082849

Rate Notice: WA Workers' Compensation

Effective Date:	Experience Factor <sup>4</sup> :
April 1, 2014	0.9057
Experience Period:	
WA Unified Business Identifier (UBI):	
603 379 327	
LAI Account ID:	PAC Number:
218,357-02	79696251
Account Manager:	
BRADLEY WILLIAMS	
(360)902-4804	

Pay your premiums online: [www.QuarterlyReports.Lni.wa.gov](http://www.QuarterlyReports.Lni.wa.gov)

Need help understanding this notice? Call your account manager at the phone number shown above.

Have a payroll service?

Send them a copy of this notice.

Your Rate Information	Class Code	Class Code Description	Accident Fund (AF) <sup>1</sup>	Medical Aid Fund (MA) <sup>2</sup>	Stay at Work Program <sup>3</sup>	Supp. Pension Fund (SP) <sup>3</sup>	Hourly* Employer Contribution	Hourly* + Employee Withholding	= Your Total Hourly* Rate [(1+2+3)x4]+5
		6907-01	Moving/Storage Hshld Furnishgs	1.6013	1.0158	0.0320	0.0910	\$1.97030	\$0.52000



We show your experience factor history here each December.  
 Or, you may go online, where it is always available.

This is the employer's contribution to workers' comp coverage.

Withhold this amount from employee pay for each hour\* they work. It is their contribution to workers' comp coverage.

On the Quarterly Report, the employer will multiply this number by the hours\* worked to calculate premiums.

**What's an experience factor?** Your account manager is also ready to help.  
 See back for an explanation.



City of Seattle Customer #: 767534

State of Washington UBI #: 603379327

Tax period: Annual\*

Tax Reporting: Separate

Expiration Date

BUSINESS LICENSE

12/31/2014

2014

\* Annual tax return due: Jan 31

IF you have not received a blank return within 20 days of a due date, contact the Licensing & Tax Administration office.

LUCKY MOVING AND REMODELING  
6402 SWIFT AVE S  
SEATTLE, WA 98108

Not Transferable

Post Conspicuously



**THE CITY OF SEATTLE**

Dept. of Finance and Administrative Services  
700 5th Avenue Suite 4250  
P.O. BOX 34214  
Seattle WA 98124-4214  
(206) 684-8484 Fax (206) 684-5170  
email [rca@seattle.gov](mailto:rca@seattle.gov)  
[www.seattle.gov/rca/](http://www.seattle.gov/rca/)

Business License

Expiration Date: 12/31/2014

2  
0  
1  
4

BUSINESS MAILING ADDRESS:

767534 000 6  
CUI LISHU  
LUCKY MOVING AND REMODELING  
6402 SWIFT AVE S  
SEATTLE, WA 98108



LISHU CUI  
LUCKY MOVING & REMODELING  
6402 SWIFT AVE S  
SEATTLE WA 98108-2849

001864

DETACH BEFORE POSTING



STATE OF  
WASHINGTON

# BUSINESS LICENSE

Sole Proprietorship

Unified Business ID #: 603 379 327  
Business ID #: 1  
Location: 1

LISHU CUI  
LUCKY MOVING & REMODELING  
6402 SWIFT AVE S  
SEATTLE WA 98108 2849

TAX REGISTRATION  
INDUSTRIAL INSURANCE  
UNEMPLOYMENT INSURANCE

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

REGISTERED TRADE NAMES:  
LUCKY MOVING & REMODELING

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