



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): ADRIAN GLAVIN Company Name: GLAVIN MOVING

Cardholder's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Date Filed: <u>8/14</u>	DOL/SOS: <u>OK</u>	ID: <u>7922</u>	Permit Issued: THG- <u>65485</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection:	Docket # <u>TV141323</u>
Reception #: <u>050726</u>	111-0268-207-02	111-0268-207-01	111-0268-013-20

\$550.00
OK# 2112

Post 1
RMS

BUSINESS INFORMATION

Name of Applicant ADRIAN GLAVIN
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable GLAVIN MOVING

Physical Address 420 DUNGENESS MEADOWS SEQUIM, WA 98582

Mailing Address SAME

Telephone Number (360) 670 1306 Fax Number ()

UBI #: 603 213 572 Email: ADRIANGLAVIN@HOTMAIL

USDOT #: 2486455 (If you currently don't have one, you can go online at www.fmesci.dot.gov/online-registration to apply for one or call 360-596-3812 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # 288,953-00

Employment Security Department registration number? ESD # 000-008300-00-8

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>ADRIAN GLAVIN</u>	<u>OWNER</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:

I WISH TO HELP PEOPLE MOVE THEIR HOUSEHOLD ITEMS FOR A GOOD PRICE AND PROFESSIONAL ATTITUDE.

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

I HAVE SEVERAL YEARS OF HELPING PEOPLE MOVE.

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	\$ 12,000	Salaries/Wages Payable	\$ -
Notes Receivable	\$ -	Accounts Payable	\$ -
Investments	\$ -	Notes Payable	\$ -
Other Current Assets	\$ -	Mortgages Payable	\$ -
Prepaid Expenses	\$ -	TOTAL LIABILITIES	\$ -
Land and Buildings	\$ -	NET WORTH	7,500
Trucks and Trailers	\$ 9,000	Preferred Stock	\$ -
Office Furniture	\$ -	Common Stock	\$ -
Other Equipment	\$ -	Retained Earnings	\$ -
Other Assets	\$ 21,000	Capital	\$ -
TOTAL ASSETS	\$ 21,000	TOTAL LIABILITIES & NET WORTH	\$ 7,500

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
1998	INTERNATIONAL	B228395	IHT5CABM2WH497989	26000

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.**

P/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: *ADRIAN GLAVIN*

Position: *OWNER*

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: <u>ADRIAN GLAVIN</u>	Position: <u>OWNER</u>
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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: <u>ADRIAN GLAVIN</u>	Position: <u>OWNER</u>
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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.

<u>ADRIAN GLAVIN</u> Print name of applicant	<u>ADRIAN</u> Signature of Applicant	<u>6/18/14 SEQUIM, WA</u> Date and Location
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WASHINGTON **ENHANC**
DRIVER LICENSE

4d LIC# (4b) DONOR ♥

1 **GLAVIN**
2 **ADRIAN JOHN PAUL**



3 DOB (4b) 4a Iss **07-15-2010**

15 Sex **M** 16 Hgt **6-00**
17 Wgt **185** 18 Eyes **BRN**

9 Class 4b Exp **07-12-2015**

10a End **NONE**
12 Restrictions **NONE**

5 (4b)



Adrian

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:

Glavin Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Arthur Buhner Sequim Home Loans

Address (include street address, mailing address, city, state, zip, and county):

*224 W. Washington St.
ste 103
Sequim WA 98382*

Phone Number:

360-497-1011

Do you currently need the services of a residential household goods moving company?

No Yes If yes, please describe your current moving needs:

As part of the mortgage industry we help people finance homes and the are regularly moving into the Sequim, & Port Angeles Area.

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:

People are always retiring & moving to the Sequim Area.

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:

Provides a local reference to refer my clients to.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

Their good reputation & integrity in our area.

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

6-6-14 Sequim
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: Glavin Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Carolyn Dawson Office Manager Tolink Scott Segum

Address (include street address, mailing address, city, state, zip, and county):
1190 E. Washington St Seguin WA 98382 Clallam

Phone Number: 360-683-4131

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
24 Real Estate Brokers in one office who have clients that need moving help,

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:
Buyers coming in from other areas that need assistance and Sellers needing assistance with 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:
Buyers + Sellers are constantly moving in and out of our retirement community

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.

Carolyn Dawson
 Signature of Person Completing Form

6-4-14 Seguin 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: Glavin Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: AFS PROPERTIES, INC dba
CAROL A POPE MANAGER ALL SAFE MINI STORAGE

Address (include street address, mailing address, city, state, zip, and county):
101 GRANT ROAD
SEQUIM, WA 98382 USA CLALLAM COUNTY

Phone Number: 360-683-6646

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
All Safe mini Storage has 7 facilities located in Sequim, WA. They are in constant need of moving companies to refer to our customers. There are few good local moving companies in the Sequim area.

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: As the Olympic Peninsula continues to grow in population, we feel that there will be a continuing need for good moving companies in this area. All Safe mini Storage anticipates having this need in the years to come.

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: Granting this permit to Glavin Moving will not only benefit All Safe mini Storage future needs for a moving company for our customers but for all businesses and people in the Sequim and outer areas coming to Sequim, WA.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I have known the Glavin family both professionally and personally for quite a few years. They have been a great asset to the Sequim community and I feel they will continue to be so in the years to come.

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

Carol a Pope, Manager
Signature of Person Completing Form
All Safe mini Storage

June 18, 2014
Date and Location

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

**THIS IS
 NOT A
 BILL**

4-1-14

Effective Date:	Experience Factor ⁴ :
April 1, 2014	1.0000
Experience Period:	
WA Unified Business Identifier (UBI):	
603 213 572	
L&I Account ID:	PAC Number:
288,953-00	66352240
Account Manager:	
FEARAED FERZE	
(360)902-4797	

Policyholder
GLAVIN MOVING
380 DUNGENESS MDWS
SEQUIM WA 983829727

Class code 4904-00 is used to report hours worked by employees who are doing clerical work only. The job duties can include, but not be limited to, reception, recordkeeping, creating or maintaining computer software, composing informational material on a computer, correspondence, or other traditionally clerical work done in an office setting at your place of business. This class code does, however, allow very limited outside exposure such as making bank deposits, pick up and delivering mail at a post office, and purchasing office supplies. 4904-00 CANNOT be used to report hours worked by clerical employees if they have any job duties other than what is described here, or if there is any other kind of work being done in the same area as the clerical work. Work hours for one employee CANNOT be divided between 4904-00 and any other class code on the Employer's Quarterly Report for Industrial Insurance.

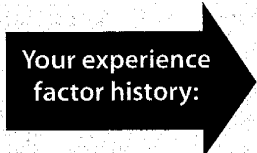
your premiums online: www.QuarterlyReports.Lni.wa.gov

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.

Class Code	Class Code Description	Accident Fund (AF) ¹	Medical Aid Fund (MA) ²	Stay at Work Program ³	Supp. Pension Fund (SP) ⁵	Hourly* Employer Contribution	Hourly* Employee Withholding	= Your Total Hourly* Rate [(1+2+3)x4]+5
4904-00	Clerical Office NOC & Draftsmn	0.0301	0.0225	0.0006	0.0910	\$0.08715	\$0.05705	\$0.1442
6907-01	Moving/Storage Hshld Furnishgs	1.6013	1.0158	0.0320	0.0910	\$2.17070	\$0.56940	\$2.7401



We show your experience factor history here each December.

Or, you may go online, where it is always available.

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

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.



Employment Security Department

WASHINGTON STATE
P.O. Box 9046 • Olympia, WA 98507-9046

March 18, 2014

GLAVIN MOVING
380 DUNGENESS MDWS
SEQUIM, WA 98382-9727

ESD number: 000-008300-00-8
UBI number: 603-213-572

Dear Employer:

You now have an account

We opened an account for you at the Employment Security Department (ESD) after determining that you're subject to the Washington Employment Security Act. Your new ESD number is printed above. Please include it whenever you contact us.

If the ownership of your business ever changes, please let us know as soon as possible.

How to file quarterly tax reports

Please visit esd.wa.gov/file-taxes.

If you need paper forms, please email us at taxforms@esd.wa.gov. Please mention the number of employees you have so we can send the correct number of forms.

If you have no employees

If you pay no wages in a quarter, and your account has not been closed, you're still required to submit a report. There are three ways you can submit a report when you pay no wages:

- Submit it electronically at esd.wa.gov/file-taxes.
- Mail the paper form to us after checking the box for "no payroll this quarter."
- Call 1-888-836-1900 to file a "no payroll" report by phone. Your default pin number is 0308.

Questions?

If you have questions, please contact the RISC Unit at status@esd.wa.gov or 360-902-9360, or your district tax office at OlympiaAMC@esd.wa.gov or 855-829-9243.

Sincerely,

Susan Caughie
Tax Specialist 3
RISC



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

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the Glavin Moving (hereinafter called Company) of 420 Dungeness Meadows, Sequim, WA 9382 has issued to Adrian Glavin of 420 Dungeness Meadows

a policy or policies of insurance effective from June 18, 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 Commission.

Countersigned at 420 Dungeness Meadows, Sequim, WA 98382
this 20 day of June, 2014

Insurance Company File No. 03185984-0 Wendy Dailey (800) 929-1669

this is not a valid form E



OWNER GLAVIN MOVING
ADRIAN GLAVIN

INSURANCE IDENTIFICATION CARD - W **ington**

Policy Number: 03185984-0
Effective Date: 06/18/2014 **Expiration Date:** 06/18/2015
Policy Type: Commercial
Insurer: United Financial Casualty Company 1-800-444-4487
P.O. BOX 94739 Cleveland, OH 44101

Named Insured(s):

ADRIAN GLAVIN
DBA: GLAVIN MOVING

Your Agent:

RALSTON & RALSTON 1-860-779-4488
PO BOX 986
POULSBO, WA 98370

Year	Make	Model	VIN
1998	INTL	470	1HTSCABM2WH497989

Manage your policy anytime
with just a few clicks at
progressiveagent.com