

HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



	Type of Household Goods Authority Requested - Check one	Fee Required
	Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment E	\$ 50
ū	Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachment A	\$ 250
X	Permanent authority (at least six months must be served on a temporary provisional basis) Complete pages 1 - 5 and Attachment A	\$ 550
0	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 1 - 5 and Attachment B	\$ 550
	Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 1 - 5 and Attachments B & C	\$ 250
٥	ReInstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-460) – Complete pages 1 - 2 and include a statement justifying the reinstatement	\$ 250
۵	Name Change ~ Complete page 1 and Attachment D	\$ 35
Q	Extension of authority Complete pages 1 - 5 and Attachment A	\$ 550

TYPE OF PAYMENT								
- □ Check	☐ Money Order	☐ Amex	Discover	Mastercard	□ VIsa			
	16				· ———			
Expiration Date:			Amount:	# 550 °	#108650			
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):	DAN Welz	(-(Date:	03/02/05				
Signature:	L hele	Q.	Title:	Owner				
`		FOR OFFICI	AL USE ONLY					
Date 191 05	Application#: 64	Motcar	Perm	it Issued: HG-	1713			
Staff And gried:	Insurance	Inspection	DOL/	sos:	VA			
Reception #: 111-0268-207-02	550.00 11	11-0268-202-01		111-0268-013-20				
0000637								

PAGE 1

11-050340

BUSINESS INFORMATION
Name of Applicant DAN WELCH D. William Welch
(must be individual, partners of a partnership, or corporation)
Trade Name, if applicable Movers of America
Physical Address 6/01 & 22 Ave NW Smith wit 49107
Mailing Address 2648 15th Ave. W # 1045 Seattle WA 9849
Telephone Number (200) 459-4208 Fax Number (200) 706 5218
UBI# 602 303 83/ W Email: DAN Shi FU & Comeast. Net
TYPE OF BUSINESS STRUCTURE
│ Individual
List the name, title, and percentage of partner's share or stock distribution for major stockholders:
Name <u>Title</u> <u>Stock Distribution or Percentage of Shares</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:
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 want to provide legal Moving Service to give people a Real graffy Generally Hand to Final in this Industry
Briefly describe your experience in the transportation/household goods moving industry: Have over 18405 experience in the transportation/household goods moving industry: General Manager

No	es, please indicat for and been den	e your permit to operate as a motor call e your permit number: ied a permit to operate as a motor carri n:	er of property?
	te interstate? MC#	No Yes If yes, please indicate Single State Registration Ba	your. se State
Do you operate interstaname of the company?	ate as an agent of	another company? II No 🗆 Yes	If yes, what is the
Do you have, or have y or in any other state?	ou ever had a bu X No ☐ Yes	siness related legal proceeding against If yes, please explain:	vou in Washingto
Have you ever been co	nvicted of a Class	SAorBFelony? XVNo □ Yes If yo	es, please explain
			↑ Yes If yes,
	FINA	NCIAL STATEMENT ofit and Loss Statement, or business plan it	available
ASSET		LIABILITIES	
Cash in Bank	\$ 5,600 00	Salaries/Wages Payable	\$ -0
Notes Receivable	\$ /	Accounts Payable	\$ 58000
Accounts Receivable	\$	Notes Payable	\$ 7
Investments	\$.	Mortgages Payable	\$
Other Current Assets	\$ 9000	Other	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 5800
Land and Buildings	\$	NET WORTH	3000
Trucks and Trailers	\$ 10,000	Preferred Stock	T\$
Office Furniture	\$ 4000	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 21,4000	TOTAL LIABILITIES & NET WORTH	
	an do	PAGE 3	\$ 58850

EQUIPMENT LIST									
Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must									
pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal									
before your application may be granted.									
Year	Make	License Number	Vehicle ID	1 1					
94	Gme top X.ck	A 0777 1 I	Number ICPG6/H/J/RJZ#\$6	4.2					
	GAC 100 ATCL	11011114	10800111-140250	13 Cran Score SRS.					
-		CAPETY AND	DED ATIONS	<u> </u>					
	5.11	SAFETY AND		·					
in each	of the categories show	wn below, list the person	and position responsible	e for understanding and					
i comply	ing with the rederal M	Dior Carrier Safety Regu	ilations (FMCSR) and W	Ashington State Laure and					
Satisfa	"toase refer to the VVA	C rules, Fact Sheets, ar	nd publication "Your Guid	de to Achieving a					
Janaia	otory Salety Raulig 10	assistance with require	ments that may apply to	your specific operations.					
COMM	EDCIAL DON/EDG LIC	SAFETY RESPONDE	JNSIBILITIES						
Part 38	S) Any driver who one	rates a vabials that mass	EMENTS (Title 49, Code	of Federal Regulations					
must ha	ive a valid CDL.	rates a venicle that mee	ts the definition of a com	imercial motor vehicle					
Name:			Position: Mayare						
DRIVE	R QUALIFICATION RE	OUIREMENTS (THIS 4	Position: באנאט 9, Code of Federal Reg	wistings Best 204)					
Driver's	must meet minimum	qualification requirement	ts and each company m	llet maintain driver					
qualifica	ation files for each driv	er.	wand caun company me	ust maintain unvei					
Name: an water Position:									
DRIVERS HOURS OF SERVICE (Title 49. Code of Federal Regulations Part 395) Drivers must									
maintain logs and each company must maintain true and accurate hours of service records for each									
unver.	unver.								
Name: DAN WELLEH Position; OWNER									
CONTROLLED SUBSTANCES AND ALCOHOL TESTING (Title 49, Code of Federal Regulations Part 382 & Part 40) Any person who drives a commercial motor vehicle requiring a CDL must be in a									
Part 38	2 & Part 40) Any persi	on who drives a comme	rcial motor vehicle requir	ing a CDI must be in a					
CONTROL	ed Substance and Alc CFR Part 40.	ohol Testing program the	at complies with the FM0	CSR in 49 CFR Part 382					
Name:	DON welch	i ·	Ps . *4*						
	Uph were in pla	C	Position: owner						
substan	unpany will mave in pia	nt (49 CFR Part 382 and	ng with FMCSR governii	ng alcohol and controlled					
VEHIC	E INSPECTION RED	AID AND MAINTENAN	CE (THE 40 Code of E	ederal Regulations Part					
396) Co	mnanies must ensure	that each motor vobiolo	CE (TITIE 48, Code of F	ederal Regulations Part					
396) Companies must ensure that each motor vehicle operated is regularly inspected, repaired, and maintained.									
Normal Add Add Add Add Add Add Add Add Add Ad									
INSURANCE REQUIREMENTS (WAC 480-15-530) All companies must file and maintain proof of public									
liability and property damage insurance covering vehicles operated. (\$300,000 minimum coverage for									
vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds									
GVVVR or more)									
Name: DAN Welatt Position: Aware									
CARGO INSURANCE REQUIREMENTS (WAC 480-15-550) All companies must maintain cargo									
insurance coverage. (\$10,000 for household goods transported in motor vehicles under 10,000 pounds									
GVWK	GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more)								
Name:	Name: DAV WILL Position: OWNEY								

	OPERATIONAL RESPONSIBILITIES							
ANNUAL	ANNUAL REPORTS and REGULATORY FEES (WAC 480-15-480) Companies must annually file a							
report of the	<u>heir financia</u>	l operations and pa	y regulatory f	ees.	, , , , , , , , , , , , , , , , , , , ,			
STATE O	F WASHING	TON - general la	ws. rules and	i requiatio	ons: Individuals and companies doing			
business i	n the state of	of Washington mus	t comply with	the regular	ations of local, state, and federal			
agencies.	Please stat	te the name and po	sition of the o	erson in vo	Our organization who will be responsible.			
for ensurin	ng complian	ce with the laws of	the state of W	√ashington	n, such as, but not limited to:			
Départme	nt of Labor a	and Industries (indu	ıstrial insuran	ce. safety.	prevailing wage): Department of			
Licensing	(vehicle and	l drivers licenses, b	usiness licen:	sina. Unifie	ed Business Identifier (UBI number) fuel			
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 and Internal Revenue Service (taxes); and Employment								
Security.								
Name:	DAN	well	F	Position:	Auwer			

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 be granted 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.

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.

DAU WILLH

Print name of applicant

Signature of Applicant

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

Applicant Name:
DAN WELCH OBA Movans of America
Othe Moderat DRA 1-1600003 81 Howard
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name:
Agnes Source
Address (include street address, mailing address, city, state, zip, and county):
Dhous N
Phone Number: (200) 789-0125
Do you currently need the services of a residential household goods moving company?
I NO 🗹 Tes ITyes, please describe your current moving needs:
I'm correctly a structual at the University of Destructure and I'm planning an mating closer to compus.
Do you anticipate a future need for the services of a residential household goods moving company?
I i i i i i i i i i i i i i i i i i i i
At 3 student I will likely change my place of residence in the house, major multiple times.
future, rappier multiple times 1)
Briefly describe how granting this company a permit to provide household goods moving services in
vashington state will benefit you, your business, and/or your community.
I Marchael Markets at Assaultica with a second will all all the fire tree to
legally transfert my belayings + whose of any other fitting chients
is there anything else the Commission should consider when making a determination about this
I VUITUBITY & ADDITION TOLS DATISADAM MAAR AAFMIT?
Lue knash this town of the temperature of the feight of the
I've knash this tamily for years. I know they are responded in I would trust them to safety efficiently transfert my bell profes.
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
/ / ,
Great Lameicona -
Signature of Person Completing Form Date and Location
- Value and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

Applicant Name:
Jan Welch D.B.A. Movers of America
The fellowing
The following must be completed by the supporter of the applicant Name, Title, and Business Name:
Address (include street address, mailing address, city, state, zip, and county):
14043 2nd Ave. NW
Seattle, WA 98177
Phone Number:
(PI): (2010) 5571-141710 / WAMP: (214) 2102 11010
DO YOU CONCINE NEED THE SERVICES OF A FACINATION LAWS BALL
12 115 to 12 1 yes, please describe your current moving needs.
I have my name up for sale and need to move most
of my turniture to storage.
Do you anticipate a future need for the services of a residential household goods moving company?
i yes, please describe your luttire moving needs:
when I sell my house I will need movers to nelp
more me to my new residence
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: 1 He they
will affect, they will berk over MACE VOLYCUS TO HULP EVEN AT LACT MINUTE
is there anything else the Commission should consider when making a data with the commission should consider when making a data with the commission should consider when making a data with the control of the commission should consider when making a data with the commission should consider when making a data with the commission should consider when making a data with the commission should consider when making a data with the control of the
1 a month of a police don't for a mouse month of the min's
I helieve they will be an asset to the moving community There
TRECEIS TO BE YNDRE PESTONS IDIC YNDRESS OUT THERE THESE ALLIC
I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and
Signature of Person Completing Form 12/10/04 Scattle, Washington Date and Location
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

DAN WELLH DBA MOVERS OF AMERICA
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: WYYOUN STORAGE RYNH
Address (include street address, mailing address, city state, zip, and county)
P.O. BOX 310-
P.O. Box 310- Devengton, Washington 98241
1 December 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Phone Number: \ (300) 430 - \(10\)
Do you currently need the services of a residential household goods moving company?
TO IN THE IT YES, DIEASE DESCRIDE YOUR CURRENT MOVING REEDS.
I set up a how cases for condo developers and need to
MONE MU SWOWCOLLY AS MUNA
Do you anticipate a future need for the services of a residential bounded to t
" 105 " yes, please describe your future moving needs.
I have morethly moves for my show unto and need
a mover on a continuous basis.
Briefly describe how granting this company a permit to provide household goods moving and in
Washington State will benefit you, your business, and/or your community: DLOWLE I WOULD WE TO AD VILLIAMS WITH A COMPANY
Devided to the way of a company
Is there ariything else the Commission should consider when making a determination about this
I feel comportable with the Welch and his a
year monest business man
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the formula
is true and correct.
Signature of Person Completing Form A 15/05 Davington WA.
Signature of Person Completing Form Date and Location

PROGRESSIVE®

NORTHFAST AGCY INC 2495 MAIN ST # 209 BUTTALO, NY 14214

Named Insured:

DAN WLICH DBA MOVERS OF AMERIC 6101 1/2 22 AVE NW SFATTLE, WA 98107

Policy number: 08260746-0

United Financial Casualty Company September /I., 2004 Policy Period: Aug 1, 2004 Aug 1, 2005 Page 1 of 2

personal.progressive.com

Make payments, check billing activity or check status of a claim.

716-837-8804

NORTHEAST AGCY INC

Contact your agent during business hours.

800-876-7206

For policy service and claims service, 24 hours a day, 7 days a week

Commercial Auto Insurance Coverage Summary

This is your Declarations Page Your coverage has changed

Your coverage began the later of August 1, 2004 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on August 1, 2005 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 1050 (11-94). The contract is modified by forms 7937 (04/02), 1579 (10/03), 4792A (01/03), 7879 (11/03), 0135 (09/03), 1197 (08/93), 1349 (08/99) and MC1632 (06/71). The named insured organization type is a sole proprietorship.

Policy changes effective August 1, 2004

Premium change:	\$414.00
Changes:	Coverage has been changed on your policy.

The changes shown above will not be effective prior to the time the changes were requested.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$2,996
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		4.,
Underinsured Motorist Bodily Injury	\$750,000 each person/\$750,000 each accident		1/1
Underinsured Motorist Property Damage	\$10,000 each accident	\$100	13
		\$300 hit & ru	JN
Personal Injury Protection	\$35,000 each peison		286
Subtotal policy premium			\$3,466
Foes			50
Total 12 month policy premium		***************************************	\$3,516

Rated driver

1. DAN WELCH

Policy number: 08260746-0

DAN WELCH

Page 2 of 2

Auto coverage schedule

1994 GMC Topkick C6h04 VIN: 1GDG6H1J1RJ508693

Garaging Zip Code: 98107

Radius: 50

Liability Premium Liability UM/UIM BI \$2,996 \$171

UIM PD \$13

\$286

Auto Total \$3,466

6101 1/2 22eve nw Seattle wa 98107206-459-4708

Movers Of America



□ Urge	nt	For Review	☐ Please Co	mment	☐ Please Reply	□ Pisase Recycle
Re:	Hou	sehold goods applic	ation	CC:		
Phone:	206	459-4708	· · · · · · · · · · · · · · · · · · ·	Date:	3/2/2005	
Fax:	1-36	50-586-1181		Pages:	11	
To;	WU	тс		From:	Dan Welch	

[•] Comments: Thankyou

MASTER LICENSE SERVICE

BUSINESS ENTITY INOUIRY

03/07/05

13:37:27

UBI: 602 303 831 001 0001

Loc Status: A

Type: Sole Proprietor

INQR UTL024P1

Owner Name: D. WILLIAM WELCH

Firm Name : MOVERS OF AMERICA

Loc: 6101 1/2 22ND AVE NW

SEATTLE WA 98107

Mail: 6101 1/2 22ND AVE NW

SEATTLE WA 98107

Phone: (206) 706-1003 Registered Tradenames for this UBI? Yes

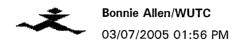
RFI: No NSF: No Location First Activity: 07 01 2003 RFP: No Withhold: No Last License Issued: 06 26 2003

TRANSFER: ____ {Press < ENTER> for Endorsements List}
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---

GLIST APLST UBIQ SERV TRDU INQA

INQR MMENU

Date: 3/7/2005 Time: 1:40:09 PM



To Tina Leipski/WUTC@WUTC

СС

bcc

Subject Re: NEW HHG APPLICATION

I have no additional information regarding this applicant.

Bonnie L. Allen, Regulatory Analyst PHONE 360-664-1226 FAX 360-586-1130 ballen@wutc.wa.gov

Washington Utilities & Transportation Commission PO Box 47250 Olympia, WA 98504-7250 Tina Leipski/WUTC



Tina Leipski/WUTC 03/07/2005 01:53 PM

Licensing Services, Business Practices, Carolyn Caruso/WUTC@WUTC, Alan Dickson/WUTC@WUTC John Foster/WUTC@WUTC, Bruce

To Grimm/WUTC@WUTC, Mark Halliday/WUTC@WUTC Leon Macomber/WUTC@WUTC, Tom McVaugh/WUTC@WUTC, Sharon Paulsen/WUTC@WUTC, Bonnie Allen/WUTC@WUTC

cc Carolyn Caruso/WUTC@WUTC

Subject NEW HHG APPLICATION

We have an application for permit to transport household goods in the State of Washington from:

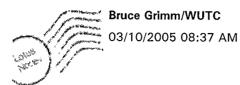
D. William Welch (Dan Welch) d/b/a Movers of America 6101 1/2 22nd Ave NW Seattle, WA 99107 206-459-4708

This is a Sole Proprietor.

COMPLIANCE: The only thing I could find in the compliance database was Dan Welch has bought a business from Bogdan Dabrowski in 2003. Dabrowski only had CC authority but did HHG moves. Nothing else was found

If you have any concerns or need more information regarding this carrier, just let me know.

Thanks!!! Tina



To Tina Leipski/WUTC

СС

bcc

Subject Re: NEW HHG APPLICATION

Movers of America in Seattle had complaints in the past when they allegedly were a pack and load. I don't have the specific information but think it was in 2002. I know I referred one to small claims court or the Better Business Bureau.