



**HOUSEHOLD GOODS CARRIER
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 1 - 5 and Attachment E | \$ 50 |
| <input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachment A | \$ 250 |
| <input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 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 1 - 5 and Attachment B | \$ 550 |
| <input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 1 - 5 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 480-15-460) – Complete pages 1 - 2 and include a statement justifying the reinstatement | \$ 250 |
| <input type="checkbox"/> Name Change – Complete page 1 and Attachment D | \$ 35 |
| <input type="checkbox"/> Extension of authority – Complete pages 1 - 5 and Attachment A | \$ 550 |

| TYPE OF PAYMENT | | | |
|---|--------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Check | <input type="checkbox"/> Money Order | <input type="checkbox"/> Amex | <input type="checkbox"/> Discover |
| <input checked="" type="checkbox"/> Mastercard | <input type="checkbox"/> Visa | | |
| Expiration Date: _____ | | Amount: <u>\$ 550</u> <u>\$ 1086526</u> | |
| 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): <u>DAN welch</u> | | Date: <u>03/02/05</u> | |
| Signature: <u>[Signature]</u> | | Title: <u>owner</u> | |
| FOR OFFICIAL USE ONLY | | | |
| Date filed: <u>3/7/05</u> | Application #: <u>P79366</u> | Motorcar: <u>43554</u> | Permit Issued: HG- <u>61713</u> |
| Staff Assigned: <u>[Signature]</u> | Insurance: <u>[Signature]</u> | Inspection: | DOL/SOS: <u>OK/N/A</u> |
| Reception #: <u>550.00</u> | | 111-0268-202-01 | |
| 111-0268-207-02 | | 111-0268-013-20 | |

0009637

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TV-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 6101 1/2 22 Ave NW Seattle WA 98107

Mailing Address 2648 15th Ave. W #1045 Seattle WA 98119

Telephone Number (206) 459-4708 Fax Number (206) 706 5718

UBI # 602 303 831 Email: DAN SHI FU @ COMCAST.NET

per DDU 3/11/05

TYPE OF BUSINESS STRUCTURE

Individual DP 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 |
|------|-------|--|
| | | |
| | | |
| | | |
| | | |

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 services with great customer service to give people a real quality service that is currently hard to find in this industry

Briefly describe your experience in the transportation/household goods moving industry: I have over 10yrs exp in the moving industry from helper to general manager

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?
 No Yes If yes, please explain: _____

Do you currently operate interstate? No Yes If yes, please indicate your:
 DOT# _____ MC# _____ Single State Registration Base State _____

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 Class A or B Felony? No Yes If yes, please explain: _____

Have you been cited for violation of state laws or Commission rules? No Yes If yes, please explain: _____

| FINANCIAL STATEMENT | | | |
|--|-------------------------|--|------------------------|
| You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available | | | |
| ASSETS | | LIABILITIES | |
| Cash in Bank | \$ 5,600 ⁰⁰ | Salaries/Wages Payable | \$ 0 |
| Notes Receivable | \$ | Accounts Payable | \$ 5,800 ⁰⁰ |
| Accounts Receivable | \$ | Notes Payable | \$ |
| Investments | \$ | Mortgages Payable | \$ |
| Other Current Assets | \$ 7,000 ⁰⁰ | Other | \$ |
| Prepaid Expenses | \$ | TOTAL LIABILITIES | \$ 5,800 ⁰⁰ |
| Land and Buildings | \$ | NET WORTH | |
| Trucks and Trailers | \$ 19,000 ⁰⁰ | Preferred Stock | \$ |
| Office Furniture | \$ 4,000 ⁰⁰ | Common Stock | \$ |
| Other Equipment | \$ | Retained Earnings | \$ |
| Other Assets | \$ | Capital | \$ |
| TOTAL ASSETS | \$ 28,600 ⁰⁰ | TOTAL LIABILITIES & NET WORTH | \$ 5,800 ⁰⁰ |

| 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 Number | Gross Vehicle Weight |
| 94 | Gen top 2.0k | A07771I | 1G066111J1R350343 | Under, 26,000 LBS |
| | | | | |
| | | | | |
| | | | | |
| SAFETY AND OPERATIONS | | | | |
| In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and rules. 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 DRIVERS LICENSE (CDL) REQUIREMENTS (Title 49, Code of Federal Regulations Part 383) Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL. | | | | |
| Name: DAN WELCH | | Position: OWNER | | |
| DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391) Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver. | | | | |
| Name: DAN WELCH | | Position: OWNER | | |
| 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 driver. | | | | |
| Name: DAN WELCH | | 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 Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40. | | | | |
| Name: DAN WELCH | | Position: OWNER | | |
| Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirement (49 CFR Part 382 and 49 CFR Part 40) | | | | |
| VEHICLE INSPECTION, REPAIR, AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396) Companies must ensure that each motor vehicle operated is regularly inspected, repaired, and maintained. | | | | |
| Name: DAN WELCH | | Position: OWNER | | |
| 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 GVWR or more) | | | | |
| Name: DAN WELCH | | Position: OWNER | | |
| 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 GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more) | | | | |
| Name: DAN WELCH | | Position: OWNER | | |

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 MOVING OF AMERICA

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Agnes Sankiewicz

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

*7713 1st Ave NW
Seattle WA 98117*

Phone Number:

(206) 789-0125

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

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

I'm currently a student at the University of Washington and I'm planning on moving closer to campus.

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 a student, I will likely change my place of residence in the future, maybe multiple times.

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:

Providing Morris of America with a permit will allow for them to legally transport my belongings + those of any other future clients.

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

I've known this family for years, I know they are responsible. I would trust them to safely & efficiently transport my belongings.

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

Agnes Sankiewicz

3/2/05
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.

Applicant Name: Dan Welch D.B.A. Movers of America

The following must be completed by the supporter of the applicant

Name, Title, and Business Name: Jeremy Pinkal Control Contractors

Address (include street address, mailing address, city, state, zip, and county):
14043 2nd Ave. NW
Seattle, WA 98177

Phone Number: cell: (206) 571-1426 / Home: (206) 363-4819

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
I have my home up for sale and need to move most of my furniture to storage.

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:
When I sell my house I will need movers to help move 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: I feel they provide the best customer service of all moving companies. I have called. They will bend over backwards to help even at last minute.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
I believe they will be an asset to the moving community. There needs to be more responsible movers out there like these guys.

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

Jeremy Pinkal 12/10/04 Seattle, Washington
Signature of Person Completing Form Date and Location



NORTHEAST AGCY INC
2495 MAIN ST # 209
BUFFALO, NY 14214

Named Insured:

DAN WLLCH
DBA MOVLRS OF AMERIC
6101 1/2 22 AVE NW
SEATTLE, WA 98107

Policy number: 08260746-0

United Financial Casualty Company
September 7, 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 | | |
| 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 & run | |
| Personal Injury Protection | \$35,000 each person | | 286 |
| Subtotal policy premium | | | \$3,466 |
| Fees | | | 50 |
| Total 12 month policy premium | | | \$3,516 |

Rated driver

1. DAN WLLCH

Policy number: 08260746-0
DAN WELCH
Page 2 of 2

Auto coverage schedule

1. **1994 GMC Topkick C6h04**
VIN: 1GDG6H1J1R1J508693

Garaging Zip Code: 98107

Radius: 50

| Liability Premium | Liability | UM/UM BI | UM PD | PIP | Auto Total |
|-------------------|-----------|----------|-------|-------|----------------|
| | \$2,996 | \$171 | \$13 | \$286 | \$3,466 |

PPACC11Z D03716 003 C 002 002 000000000000 27110000580

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

Movers Of America

Fax

| | |
|--|------------------------|
| To: WUTC | From: Dan Welch |
| Fax: 1-360-586-1181 | Pages: 11 |
| Phone: 206-459-4708 | Date: 3/2/2005 |
| Re: Household goods application | CC: |

Urgent For Review Please Comment Please Reply Please Recycle

◆ **Comments:** Thankyou



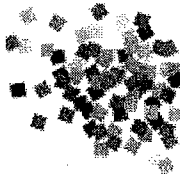
Bonnie Allen/WUTC
03/07/2005 01:56 PM

To Tina Leipski/WUTC@WUTC
cc
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



Bruce Grimm/WUTC
03/10/2005 08:37 AM

To Tina Leipski/WUTC

cc

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.