



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 checked="" type="checkbox"/> Amex	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Amount: <u>\$550</u>		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): <u>Eric Michelson</u>		Company Name: <u>Can't Stop Moving</u>	
Cardholder's Signature: <u>[Signature]</u>		Date: <u>6/4/14</u>	
FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID:	Permit Issued: THG-
Staff Assigned:	Insurance:	Inspection:	
Reception #: <u>55433</u>			Docket #
111-0268-207-02	<u>\$550</u>	111-0268-207-01	111-0268-013-20

AMEX

BUSINESS INFORMATION

Name of Applicant Eric Michelson & Alex Overlan
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Can't Stop Moving LLC

Physical Address 4025 13th Ave W Seattle, WA 98119

Mailing Address PO Box 27349 Seattle, WA 98165

Telephone Number (425) 577-1529 Fax Number () n/a

UBI #: 603-129-934 Email: ericj.michelson@yahoo.com

USDOT #: 1934023 (If you currently don't have one, you can go online at www.fmcsa.dot.gov/online-registration to apply for one or call 360-596-3816 or 360-596-3803 for assistance.)

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
 No Yes L & I Account No. unsure (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
ESD No. unsure (required if you have employees)

Have you registered your business 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:

Name	Title	Stock Distribution or Percentage of Shares
<u>Eric Michelson</u>	<u>owner/member</u>	<u>50%</u>
<u>Alex Overlan</u>	<u>owner/member</u>	<u>50%</u>

7. 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 list below:

Type of Legal Proceeding	Date	State

*attach additional pages if necessary

8. Has any person named in this application ever 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 list below:

Type of Conviction	Date	City/State

*attach additional pages if necessary

9. Has any person named in this application, been cited for violation of state laws or Commission rules? No Yes If yes, please list below:

Violation	Date	RCW/WAC

*attach additional pages if necessary

FINANCIAL STATEMENT			
Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.			
Assets		Liabilities	
Cash in Bank	\$ 14,368.	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 5,000	Preferred Stock	\$ 0
Office Furniture	\$ 1,500	Common Stock	\$ 0
Other Equipment	\$ 3,000	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
TOTAL ASSETS	\$ 23,868	TOTAL LIABILITIES & NET WORTH	\$ 0

Posted

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
06	Hino	B75203K	5PVNJ8JT962510748	25,999
06	Hino	C81830K	5PVNJ8JT662510738	25,999

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.

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: <u>Eric Michelson</u>	Position: <u>owner/member</u>
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WA USA **WASHINGTON** DRIVER LICENSE


4111C [REDACTED] DONOR

1 MICHIELSON
2 ERIC JON

15 Sex M 16 Hgt 5-11
17 Wgt 200 18 Eyes HAZ
9 Class 00 End NONE
12 Restrictions NONE

4b Iss 05-07-2014
4d Exp 05-08-2019

Rev 04-15-2009

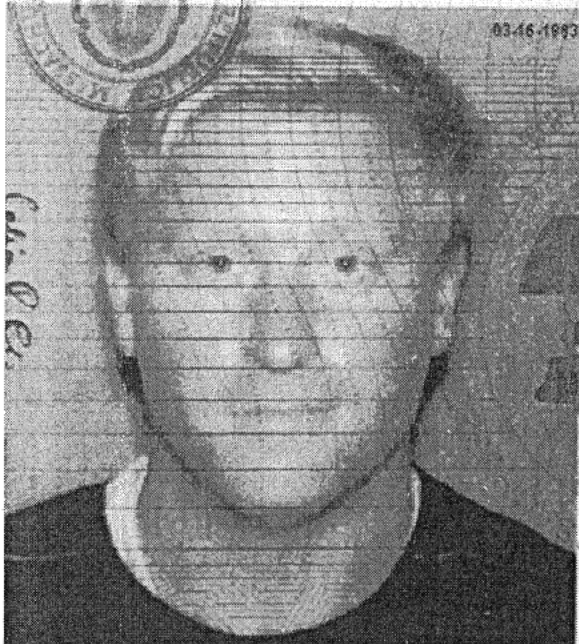


5214127201227

MASSACHUSETTS

DRIVER'S LICENSE

USA
MA



03-16-1993

4a ISS 9a END 4d NUMBER

09-08-2014 NONE

4b EXP 3

03-16-2020

9 CLASS D 12 REST NONE 15 SEX M 16 HGT 6-02

1 OVERLAN
2 ALEXANDER LAWRENCE



03-16-1993

Elysandra L. Cochran

5 DD 09-09-2014 Rev 07-15-2009

