



## 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			
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input checked="" 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>Michael Hansen</u>		Company Name: <u>Seattle Select Moving</u>	
Cardholder's Signature: <u>[Signature]</u>		Date: <u>12-9-13</u>	
FOR OFFICIAL USE ONLY			
Date Filed: <u>12/11/13</u>	DOL/SOS: <u>[Signature]</u>	ID: <u>7616</u>	Permit Issued: THG- <u>65229</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection:	Docket # <u>TV-132261</u>
Reception #: <u>111-0268-207-02 550.0</u>		<u>111-0268-207-01 111-0268-013-20</u>	

Posted  
RMS

### BUSINESS INFORMATION

Name of Applicant Seattle Select Moving L.L.C.  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Seattle Select Moving

Physical Address 6857 47 Ave NE Seattle WA 98115

Mailing Address (same)

Telephone Number (206) 486-4301 Fax Number ( ) \_\_\_\_\_

UBI #: 603 348 531 Email: Seattle Select Moving@gmail.com

USDOT #: 245 84 90 (If you currently don't have one, you can go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.dot.gov/online-registration) to apply for one or call 360-596-3812 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # Not needed, members are employees.

Employment Security Department registration number? ESD # Not needed, members are employees.

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:

*Name	Title	Stock Distribution or Percentage of Shares
<u>Peter Jorgenson</u>	<u>Member</u>	<u>50%</u>
<u>Michael Hanson</u>	<u>Member</u>	<u>50%</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:

*Moving and delivery of Household items.*

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

*I enjoy it.*

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	\$ 1,500	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$ 5,000	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$ 100	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$ 6,600	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 0

**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
1992	Isuzu NPR		JALC4B1K4N700512,000 <sup>63</sup> lbs.	

**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: <i>Robert Jay</i>	Position: <i>Member</i>
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**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>Peter Jorgenson</u>	Position: <u>Member</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>Michael Hanson</u>	Position: <u>Member</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>Peter Jorgenson</u>	<u>[Signature]</u>	<u>12/9/13</u>
Print name of applicant	Signature of Applicant	Date and Location

WA USA **WASHINGTON** DRIVER LICENSE

4d LIC# (4b) DONOR ♥


1 JORGENSEN  
2 PETER CHRISTIAN  
3 DOB (4b)

4a Iss 06-11-2013

15 Sex M 16 Hgt 5-07  
17 Wgt 180 18 Eyes BRN  
9 Class 9a End 3  
12 Restrictions NONE

4b Exp 06-07-2018

5 DD (4b) Rev 09-16-2009



WA USA **WASHINGTON** DRIVER LICENSE

4d LIC# (4b)


1 HANSON  
2 MICHAEL RICHARD  
3 DOB (4b)

4a Iss 05-07-2013

15 Sex M 16 Hgt 5-10  
17 Wgt 175 18 Eyes BLU  
9 Class 9a End NONE  
12 Restrictions NONE

4b Exp 09-10-2016

5 D (4b) Rev 09-16-2009



**ATTACHMENT A**

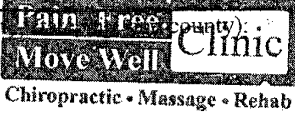
**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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:** Seattle Select Moving L.L.C.

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

Name, Title, and Business Name: Chiropractor Pain Free Move Well Clinic  
Michael Cresnes

Address (include street address, mailing address, city, state, and zip code): Pain Free Move Well Clinic  


Phone Number: 6325 195th St SW  
Lynnwood WA 98036  
(425) 774-6876

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:

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've known Mike for a long time and his new company has already impacted the community they played in a boys and girls club dodgeball fundraiser game

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Yes! These guys are amazing outstanding character

*him the permit*

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

[Signature] 12/9/13  
 Signature of Person Completing Form Date and Location



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**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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**Applicant Name:** *Seattle Select Moving L.L.C.*

<b>The following must be completed by the Supporter of the applicant</b>	
Name, Title, and Business Name: <i>Prattice Park / pastor / Rain City Church</i>	
Address (include street address, mailing address, city, state, zip, and county): <i>Rain City Church (King) PO Box 50212 Bellevue WA 98015 (USA)</i>	
Phone Number: <i>626-394-9617</i>	
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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: <i>Benefits the community w/ a trustworthy company. I know Mike well and his integrity, passion to help and dedicated attitude.</i>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <i>Mike and Peter are hard-workers w/ a great heart. I highly recommend them.</i>	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<i>[Signature]</i> Signature of Person Completing Form	<i>12/9/13 Seattle, WA</i> Date and Location

**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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**Applicant Name:** Seattle Select Moving L.L.C.

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

**Name, Title, and Business Name:** JAN HANSON, MOTHER OF APPLICANT

**Address (include street address, mailing address, city, state, zip, and county):**  
16970-65th Lane N.E.  
Kenmore, WA 98028

**Phone Number:** 425-886-2271

**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:

**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:** Mike does very good work I'm sure that this moving co. will have a positive impact on the community.

**Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?** Both Mike and Peter are reliable, hard-working + caring young men

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

Jean Hanson 12/9/13 Kenmore, WA  
 Signature of Person Completing Form Date and Location