

TV-152359-CT

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Drive SW
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Fax: 360-586-1181
TTY: 360-586-8203
or
1-800-416-5289
email: transportation@utc.wa.gov

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

Table with 4 columns: FOR OFFICIAL USE ONLY, Date Filed, Staff Assigned, Reception #, DOL/SOS, Insurance, ID, Inspection, Docket #, Permit Issued THG-. Includes handwritten entries like #0835608, 12/15/15, and THG 166204.

Type of Household Goods Authority Requested - check one

Fee Required

- Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A. \$ 550
Permanent authority to transfer resulting in a change in ownership or controlling interest... \$ 550
Permanent authority to transfer under the exceptions in WAC 480-15-187... \$ 250
Reinstatement of permit (must be filed within 30 days of cancellation... \$ 250
Name Change - Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: KE Moving Services LLC
Trade Name, if applicable
Physical Address: 1801 Ellis St Bellingham, WA 98225
Mailing Address: PO BOX 2594 Ferndale, WA 98248
Telephone Number (360) 410.7810 Fax Number ()

Posted
Case
2 3

BUSINESS INFORMATION - continued

UBI #: 603559040 Email: info@kemoving.com

USDOT #: 2830281 (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # Have registered w/ Dept Rev & incl LPT just updating # from LPT
Employment Security Department registration number 000-486166-00-9

Is your business registered with the Department of Revenue? No Yes

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation WA

List the name, title and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or % of Shares
<u>Collin Erickson</u>	<u>Member</u>	<u>50%</u>
<u>Amy Erickson</u>	<u>Member</u>	<u>50%</u>

Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.

1. Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: We would like to provide local moving services for household, office, or piano moving. Collin has 25+ years experience and can provide excellent customer service with years of experience in moving.

2. Briefly describe your experience in the transportation/household goods moving industry: Collin has worked for his family moving business for over 25 yrs. they are retiring and he wants to continue providing the community moving services he has provide locally, office, intra-state and interstate moving service with his family from estimate to load, unload, packing and driving.

3. 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 _____

4. 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 _____

5. Do you currently operate interstate? No Yes If yes, please indicate your MC# _____

6. Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? _____

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

New company active in WA as of 1/1/16

FINANCIAL STATEMENT

Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

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
2000	International	A431667K	1HTSCCAAN8Y316245	32,000 lbs
2000	ISUZU	B10343R	4KLB4B1476J801019	14,000 lbs

SAFETY AND OPERATIONS	
<p>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>	
SAFETY RESPONSIBILITIES	
<p>List the person and position responsible for understanding and complying with the <u>Federal Motor Carrier Safety Regulations</u> (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</p>	
<p>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.</p>	
<p>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.</p>	
<p>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.</p>	
<p>INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.</p>	
<p>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.</p>	
<p>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)</p>	
<p>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).</p>	
Name: Collin Erickson	Position: Member

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: Amy Erickson

Position: Member

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: Amy Erickson

Position: Member

If you would like to receive information about new household goods carriers, check here

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 480-15-305 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 understand the commission will complete a criminal background check on each person named in the application.

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.

Amy Erickson
Print name of applicant

Amy
Signature of Applicant

12/15/15 Ferndale WA
Date and Location



UTILITIES AND TRANSPORTATION COMMISSION

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: KE Moving Services, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Suzanna A. Webley

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

4645B Village Drive Bellingham, WA 98226

Phone Number:

360-734-8273

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

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

not at this time.

Do you anticipate a future need for the services of a residential household goods moving company?

No X Yes If yes, please describe your future moving needs:

Perhaps as the time comes to downsize a bit.

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:

if, and when, I need a mover, Collin would be honest and fair. He would be experienced and allow me to feel confident that my belongings would arrive in good shape.

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 Collin for years and know him to be honest and reasonable. He has been a part of the moving business for years and would provide excellent service with a smile.

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

Suzanna A. Webley

Signature of Person Completing Form

12/13/15

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: KE Moving Services, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: GARY BLANKEN

Address (include street address, mailing address, city, state, zip, and county): 3240 CHANDLER PKWY BELLINGHAM WA, 98226 WHATCOM COUNTY

Phone Number: 360-671-6589

Do you currently need the services of a residential household goods moving company? X 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 XYes If yes, please describe your future moving needs: As I age, I anticipate a possible future move to a local senior living facility.

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 the permit will enable me to use this company when I need to move. It will benefit the community by providing moving services in Bellingham where there is high demand for such.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I personally know this applicant to be a conscientious person and a dependable worker.

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

12/12/2015 Bellingham, 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: KE Moving Services LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: NICHOLAS M. PIRO

Address (include street address, mailing address, city, state, zip, and county): 3318 SUSSEX DR. BELLINGHAM, WA 98226 WHATCOM

Phone Number: 360-303-7294

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

X No Yes If yes, please describe your current moving needs: NOT AT THIS TIME

Do you anticipate a future need for the services of a residential household goods moving company?

No X Yes If yes, please describe your future moving needs: IN 2 YEARS HOME RELOCATION WITHIN WA STATE

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:

IT WILL OFFER THE COMMUNITY A LOCAL, TRUSTED AND PROFESSIONAL MOVING SERVICE

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

I KNOW THE OWNERS PERSONALLY; THEY ARE SAFE, HONEST COURTEOUS AND THOROUGH WITH THEIR MOVING SERVICES

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

Nicholas M. Piro

Signature of Person Completing Form

12/13/2015 BELLINGHAM, WA

Date and Location



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/11/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Rice Insurance LLC 1400 Broadway P.O. Box 639 Bellingham WA 98227	CONTACT NAME: Nancy Lovatt	
	PHONE (A/C. No. Ex): (360) 734-1161 FAX (A/C. No.): (360) 734-1173 E-MAIL ADDRESS: nancy@riceinsurance.com	
INSURED KE Moving Services LLC PO Box 2596 Ferndale WA 98248	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A Liberty Northwest	41939
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: CL15121132635 REVISION NUMBER:


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BKS56926173	12/31/2015	12/31/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BKS56926173	12/31/2015	12/31/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>	BKS56926173	12/31/2015	12/31/2016	PER STATUTE <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	Motor Truck Cargo			BKS56926173	12/31/2015	12/31/2016	Single Conveyance/\$20,000 Deduct/500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is named as additional insured with respects to CG8810 0413; Primary/Non Contributory and Waiver of Subrogation applies. Auto additional insured per form #CA8810 10; Waiver of Subrogation applies

CERTIFICATE HOLDER Washington Utilities & Transportation 1300 S Evergreen Park Dr SW Olympia, WA 98504	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Tim Dickerson/NLV

WA USA **WASHINGTON** COMMERCIAL DRIVER LICENSE



30114191673 (4b) DUNOR

1 ERICKSON
2 COLLIN CRAIG
3 (4b)

4 (4b) 05-24-2013

5 Sex M 6 Height 6-01
7 Wgt 208 8 Eyes BRN
9 Class B 10 End NONE
11 Restrictions NONE 12 # Exp 05-01-2018

13 (4b) Rev 05-15-2012

Craig Erickson

WA **WASHINGTON** **DRIVER LICENSE**
USA


(4b)
(4b)
(4b)
(4b)

03-17-2014

03-29-2019

Sex: F **Hgt: 5-11**
Wgt: 145 **Eyes: GRN**
Class: **End: NONE**
Restrictions: NONE

(4b) **Rev 09-10-2009**



CERTIFICATION OF PARTICIPATION

THIS CERTIFICATE IS AWARDED TO
KE MOVING SERVICES LLC

THE ABOVE COMPANY IS IN A DOT RANDOM POOL THAT MEETS THE REQUIREMENTS OF THE
TRANSPORTATION WORKPLACE DRUG AND ALCOHOL TESTING AS LISTED IN CFR PART 40

SERVICE AGENT-BOSTEC INC.

BOSTEC INC. 8112 GUIDE MERIDIAN RD., LYNDEN, WA 98264 WWW.BOSTEC.COM

360.354.3325
DECEMBER 2015