

TU-143777



RECEIVED  
OCT 28 2014  
WASH. UT. & TP. COMM.

1300 S. Evergreen Park D  
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**

FOR OFFICIAL USE ONLY			
Date Filed: 10/28/14	DOL/SOS: 01/20/14	ID: 16710	Docket #:- TU143777
Staff Assigned	Insurance	Inspection	Permit Issued THG- 105643
Reception # 052170	11-0268-207-02	Receipt ID 1017	111-0268-013-20

10-28-14 \$550.00

**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 (at least six months must be served on a temporary provisional basis) – Complete pages 3-8 and Attachment B \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187 – Complete pages 3-8 and Attachments B & C \$ 250
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450) – Complete pages 3-4 and include a statement justifying the reinstatement \$ 250
- Name Change** – Complete pages 3-4 and Attachment D \$ 35

**BUSINESS INFORMATION**

Legal Name: Major Movers LLC  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable \_\_\_\_\_

Physical Address 3011 Turk dr Tulalip WA 98271

Mailing Address 3011 Turk dr Tulalip WA 98271

Telephone Number (425) 870 0058 Fax Number ( ) \_\_\_\_\_

**TYPE OF PAYMENT**

Check     Money Order

Amount \$ 550<sup>00</sup>

Amex     Discover     Mastercard     Visa

Expiration Date \_\_\_\_\_

Credit Card number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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.

Company Name: Major Movers LLC

Name (printed): Travis J Molenda Date: \_\_\_\_\_

Signature: [Handwritten Signature] Title: Manager

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If paying by credit card, you may fax your application to 360-586-1181 or scan and email to [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov)



**BUSINESS INFORMATION - continued**

UBI #: 603338936000 Email: Majmovers@yahoo.com

USDOT #: 2548128 (If you currently don't have one, go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.dot.gov/online-registration) to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp Acct? Account # 289,387-00

Employment Security Department registration number? ESD # 010624009

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 \_\_\_\_\_

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

Name	Title	Stock Distribution or % of Shares
<u>Travis J Molenda</u>	<u>Manager</u>	<u>100%</u>

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

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Major Movers goal is to provide honest hard work at the lowest price, focusing on seniors and special needs clients.

Briefly describe your experience in the transportation/household goods moving industry: I have been a mover for 12+ years and enjoy helping others. Being a mover got me out of a bad situation when I was younger. I love to help people

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 MCH# \_\_\_\_\_

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: Around 2 years ago I was fined by the WTC for operating without a Household goods permit.

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: Performing moving without Household goods permit I Travis Melenda was cited.

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	\$ 7,000 <sup>00</sup>	Salaries/Wages Payable	\$ 4,500 <sup>00</sup>
Notes Receivable	\$ 0.00	Accounts Payable	\$ 0.00
Investments	\$ 0.00	Notes Payable	\$ 0.00
Other Current Assets	\$ 0.00	Mortgages Payable	\$ 0.00
Prepaid Expenses	\$ 0.00	<b>TOTAL LIABILITIES</b>	\$ 4,500 <sup>00</sup>
Land and Buildings	\$ 0.00	<b>NET WORTH</b>	
Trucks and Trailers	\$ 4,500 <sup>00</sup>	Preferred Stock	\$
Office Furniture	\$ 500 <sup>00</sup>	Common Stock	\$
Other Equipment	\$ 500 <sup>00</sup>	Retained Earnings	\$
Other Assets	\$ 0.00	Capital	\$
<b>TOTAL ASSETS</b>	\$ 12,500 <sup>00</sup>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 8,000 <sup>00</sup>

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	Ford	B06295X	1FDNK72P1NVA0548	24,000

<b>SAFETY AND OPERATIONS</b>	
<p><b>CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING</b> (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. <b>**Please attach evidence of your enrollment in a drug and alcohol testing program.</b></p>	
<b>SAFETY RESPONSIBILITIES</b>	
<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><b>COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENT AND PENALTIES</b> (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.</p>	
<p><b>DRIVER QUALIFICATION REQUIREMENTS:</b> (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><b>DRIVERS HOURS OF SERVICE:</b> (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><b>INSPECTION, REPAIR AND MAINTENANCE</b> (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.</p>	
<p><b>PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION</b> (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.</p>	
<p><b>LIABILITY INSURANCE REQUIREMENTS</b> (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><b>CARGO INSURANCE REQUIREMENTS</b> (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>	
<p>Name: <u>Travis Molenda</u></p>	<p>Position: <u>Manager</u></p>

<b>OPERATIONAL RESPONSIBILITIES</b>	
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>Travis Molenda</u>	Position: <u>Manager</u>
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>Travis Molenda</u>	Position: <u>Manager</u>
<b>DECLARATION OF APPLICANT</b>	
I understand that filing this application <u>does not</u> 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>Travis Molenda</u>	<u>[Signature]</u>
Print name of applicant	Signature of Applicant
<u>10/22/14 Tald. p. 4A</u>	
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: Travis Msienda Major Movers LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Becky Tilbury, Sales Manager - Fairwinds Brighton Court

Address (include street address, mailing address, city, state, zip, and county): 4570 196th St. S.W. Lynnwood, WA. (Snohomish) 98036

Phone Number: (425) 775-4440

Do you currently need the services of a residential household goods moving company? [X] Yes If yes, please describe your current moving needs: We employ Major Movers to assist our elderly resident to move into our community

Do you anticipate a future need for the services of a residential household goods moving company? [X] Yes If yes, please describe your future moving needs: We always need to assist our seniors who are moving into our community

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: Major Movers is kind, courteous, dependable and works well with seniors

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? We find them to be extremely reputable, where other movers have not been!

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: Becky Tilbury Date and Location: 10/15/14 Lynnwood cert.



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Applicant Name: Travis Molenda / Major Movers

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Darin Pearson, Sr. Pastor, Everett Downtown Foursquare Church

Address (include street address, mailing address, city, state, zip, and county): -2701 Wetmore Ave. Everett, WA. 98201 -P.O. Box 2040, Everett, WA. 98213

Phone Number: 425.530.6579

Do you currently need the services of a residential household goods moving company? [ ] No [X] Yes If yes, please describe your current moving needs: As part of our Benevolence Ministry, we currently have members of the community that have relocation needs.

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: We anticipate offering assistance to members of the church & community in the near & distant future.

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 believe Major Movers can provide us with the best service and greatest peace of mind, which is priority for the church and its relationships.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I have known Travis for 20+ years and have been witness to the quality of his character and work ethic. As a business owner, he is the only person I would trust with the church's moving needs.

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: Darin Pearson Date and Location: 10.23.14; Everett



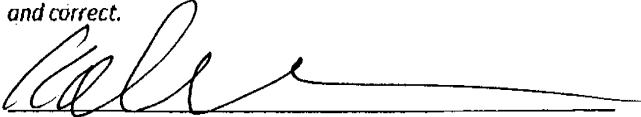


**ATTACHMENT A**

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Applicant Name: *Travis Molenda - Major Movers LLC*

<b>The following must be completed by the Supporter of the applicant</b>	
Name, Title, and Business Name: <i>Kathy L. Riemann co-owner A Smoother Move LLC</i>	
Address (include street address, mailing address, city, state, zip, and county): <i>13205 Bitter Pl. N. King Co. Seattle, WA. 98133</i>	
Phone Number: <i>206.349.7984</i>	
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: <i>We offer transition and moving support for our clients. A large part of our service involves co-ordinating with the moving company to ensure the clients belonging arrive on time and safely.</i>	
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: <i>We are a growing business with a consistent need for a reliable moving company for our elderly clients.</i>	
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>Working with Seniors, we depend on a moving company that is reliable, trustworthy and sensitive to the needs of our clients. Travis and Major Movers is all that and more. They go above and beyond for all our clients.</i>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <i>Major Movers is dependable, reliable, trustworthy and honest. I will use their services exclusively for these reasons.</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>10.20.14. Seattle</i>
Signature of Person Completing Form	Date and Location



**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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Applicant Name: travis mobenda

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

Name, Title, and Business Name: GARY GARTON

Address (include street address, mailing address, city, state, zip, and county):  
10915 16th Ave SE # 208 Everett WA, 98208

Phone Number: 425-931-7054

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
I am A Disabled man. I couldnot move anything without help.

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:  
yes in the future I plan on moving. And travis moving Company is the only one I would Have move me

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: By travis getting His Permit than I will Be Able to move. SO I need Him to get His permit. He's the only one I would want to move me.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I've seen people work with travis Also His honesty with people is very good. He's always given people a fair shake.

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

Gary D Garton 10-23-14 - Everett  
 Signature of Person Completing Form Date and Location

WA USA **WASHINGTON** DRIVER LICENSE



3M130432F1041  
16 LIC (4b)  
MOLEND  
TRAVIS JAMES  
17 DOB (4b)  
(4b)  
15 Sex M 16 Hgt 5-11  
17 Wgt 165 18 Eyes BLU  
9 Class 9a End 3  
12 Restrictions NONE  
45 EXP 10-22-2017  
5 D (4b) Rev 09-16-2009



10/14/2014

### Vehicle Registration Certificate

B06295X

License plate B06295X	Plate issue date 05/2013	Tab no S335218	Reg expiration 05/03/2015	Value code 1000	Year 2013	Mo reg 12	Mo gwt 12	Pwr D	Use COM	Mod yr 1992	Make FORD	Body VAN
Vehicle ident (VIN)/Serial no 1FDNK72P1NVA05958		Res co 31	Scale wt 13600	Seats	Model 7FP	BT CC	Gwt 24000	Gwt st 05/04/2014	Gwt exp 05/03/2015	Fleet	Equip	
Prev plate A54801U	Filing \$3.00	TBD	RTA Tax		Service fee \$5.00	Gwt/Veh wt	Other \$2.00	Total fees \$10.00	Gwt cr			

MOLEND, TRAVIS J  
3011 TURK DR  
MARYSVILLE WA 98271

**X**  
Signature of registered owner(s)

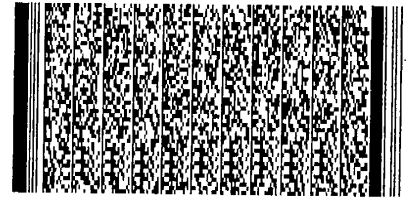
**X**  
Signature of registered owner(s)

Comments:

DOT 2548128 MCS150 LAST UPDATED 10/07/2014 - VN-C VN-L - 18 - COLOR-GREEN - COMMERCIAL VEHICLE SAFETY ENFORCEMENT FEE PAID - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

Thank you for choosing  
**BEVERLY'S AUTO LICENSING INC.**  
Ph: 425-353-5333 Fax: 425-513-2618  
Mon - Fri 9 - 5 Sat 9 - 12

Validation code 27314601142871014140041011903



RPT ID: AREGPR-1  
VehicleRegistration (R/8/14)E

**This certificate is not proof of ownership.**

Carrier Responsible for Safety: MOLEND, TRAVIS J



IDAHO  
MONTANA  
OREGON  
WASHINGTON  
paynewest.com

9/23/2014

Travis Molenda DBA Major Movers  
3011 Turk Dr.  
Marysville, WA 98271

Insurance Company: Berkshire Hathaway Homestate Companies  
Policy Number: 05TRM00448402  
Policy Type: Commercial Auto  
Effective: 10/22/2014 to 10/22/2015

Dear Travis:

Enclosed is the renewal of your Commercial Auto Policy.

It is important to read your policy carefully to become familiar with the **CONDITIONS, PROVISIONS, LIMITATIONS, AND EXCLUSIONS** included in your policy. Please make sure the limits of coverage meet your needs and no items have been omitted.

PayneWest Insurance wants to be sure you are properly insured so if you have any questions, desire any changes or have new or additional items you wish to insure, please do not hesitate to give me a call.

We appreciate the opportunity to handle your insurance coverage and value your continued business.

Sincerely,

A handwritten signature in black ink that reads 'Michelle Wetzel'. The signature is written in a cursive, flowing style.

**Michelle Wetzel for Shontae Smythe**  
**360-454-5504**  
PayneWest Insurance

## NOTICE OF COVERAGE CHANGES

**INSURED:** TRAVIS MOLEND

**COMPANY:** Continental Divide Insurance Company

**RENEWAL POLICY #:** 05 TRM 004484 - 02                      **POLICY TERM:** 10/22/2014 to 10/22/2015

**EXPIRING POLICY #:** 05 TRM 004484 - 01                      **POLICY TERM:** 10/22/2013 to 10/22/2014

This insurance policy, which is a renewal of the expiring policy listed above, has changes in coverage initiated by the Company. The changes in coverage are listed below. **TO UNDERSTAND YOUR POLICY AND THESE CHANGES, PLEASE READ YOUR POLICY CAREFULLY.** If you have any questions, please contact your insurance agent.

**RENEWAL POLICY CHANGES:**

- New Form**                      **CA 2134 (1/2008) Washington Underinsured Motorists Coverage**
- New Form**                      **IL 0123 (11/2013) Washington Changes - Defense Costs**

**MOTOR VEHICLE LIABILITY INSURANCE  
IDENTIFICATION CARD**

COMPANY NUMBER 05      COMPANY  
Continental Divide Insurance Company

POLICY NUMBER 05 TRM 004484 - 02      EFFECTIVE DATE 10/22/2014 12:01 AM      EXPIRATION DATE 10/22/2015 12:01 AM

YEAR 1992      MAKE/MODEL FORD F700      VEHICLE IDENTIFICATION NUMBER 1FDNK72P1NVA05958

AGENCY/COMPANY ISSUING CARD  
PayneWest Insurance, Inc.  
1375 State Ave  
Marysville, WA 98270

INSURED  
TRAVIS MOLEND A DBA: MAJOR MOVERS  
3011 TURK DR  
MARYSVILLE, WA 98271

**THIS CARD MUST BE CARRIED  
IN THE INSURED VEHICLE FOR  
PRODUCTION UPON DEMAND**

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:  
bhhclaim@bhhc.com

M-4566a (11/1999)      SEE IMPORTANT NOTICE ON REVERSE SIDE

CUT ALONG THIS LINE

CUT ALONG THIS LINE

**MOTOR VEHICLE LIABILITY INSURANCE  
IDENTIFICATION CARD**

COMPANY NUMBER 05      COMPANY  
Continental Divide Insurance Company

POLICY NUMBER 05 TRM 004484 - 02      EFFECTIVE DATE 10/22/2014 12:01 AM      EXPIRATION DATE 10/22/2015 12:01 AM

YEAR 1992      MAKE/MODEL FORD F700      VEHICLE IDENTIFICATION NUMBER 1FDNK72P1NVA05958

AGENCY/COMPANY ISSUING CARD  
PayneWest Insurance, Inc.  
1375 State Ave  
Marysville, WA 98270

INSURED  
TRAVIS MOLEND A DBA: MAJOR MOVERS  
3011 TURK DR  
MARYSVILLE, WA 98271

**THIS CARD MUST BE CARRIED  
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PRODUCTION UPON DEMAND**

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:  
bhhclaim@bhhc.com

M-4566a (11/1999)      SEE IMPORTANT NOTICE ON REVERSE SIDE

CUT ALONG THIS LINE

CUT ALONG THIS LINE

*Wrong name*

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, **KIM WYMAN**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF FORMATION**

to

**MAJOR MOVERS LLC**

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 10/4/2013

UBI Number: 603-338-936



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Handwritten signature of Kim Wyman in cursive.

Kim Wyman, Secretary of State

Date Issued: 10/7/2013