

**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 F	\$50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachments A & B	\$250
<input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachments A & B	\$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 Attachments B & C	\$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, & D	\$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 E	\$35
<input type="checkbox"/> Extension of authority – Complete pages 1 - 5 and Attachment A	\$550

**TYPE OF PAYMENT**

Cash   
  Check   
  Discover   
  MasterCard   
  Visa

#022264  
 #06549

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): James James Date: 4-29-03

Signature: \_\_\_\_\_ Title: P79161

**FOR OFFICIAL USE ONLY**

Date Filed: <u>5/2/03</u>	Staff Assigned: <u>[Signature]</u>	Motcar: <u>413/2</u>	Permit Issued: HG- <u>61007</u>
Tariff Maint: <u>OK</u>	Insurance: <u>OK bundle</u>	Inspection: <u>pending</u>	DOL/SOS: <u>OK</u>
Reception #: 111-0268-207-02	550.00	111-0268-202-01	28.08
		111-0268-013-20	

0019000

TV-030975

**BUSINESS INFORMATION**

Name of Applicant TUNISIA GUARDS Jermaine Lewis  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable MOVERS 4 LESS

Physical Address 9621 50 Hosmer # C Tacoma WA 98144

Mailing Address same ↑

Telephone Number (253) 538-1178 Fax Number ( ) \_\_\_\_\_

UBI # 602-254-320 Email: 1

**TYPE OF BUSINESS STRUCTURE**

- Individual     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
<u>TUNISIA GUARDS</u>	<u>Partner</u>	<u>50%</u>
<u>Jermaine Lewis</u>	<u>partner</u>	<u>50%</u>

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: Our company will be of lower cost to move than any other competitor it will benefit people of lower income and hopefully create jobs in the future for other people.

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

I enjoy meeting different people each day. I'm not always in the same spot, and I'm always moving around. ~~But~~ I also enjoy the work out. This field is very pleasurable to me.

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:

*possession of marijuana charges - 1997*  
*N/A per phone call to District 6/6/03*

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

## 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
* 90	Iveco Van		ZCPHCL7458.L1411881	
	* see binder	<del>Will rent vehicles</del>		

### 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: N/A Position: \_\_\_\_\_

**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: Jermame Lewis Position: Partner

**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: Jermame Lewis Position: Partner

**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: TUNISIA Quarrels & Jermame Position: Partners

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: TUNISIA Quarrels Position: Partner

**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: TUNISIA Quarrels Position: Office Manager

**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: TUNISIA Quarrels Position: Office Manager

**OPERATIONAL RESPONSIBILITIES**

**TARIFF RATES AND CHARGES (RCW 81.28.080 and WAC 480-15-490 & WAC 480-15-500)**

Companies must purchase and maintain an active subscription to Tariff #15-A. Only those rates that are published in that tariff are to be charged.

Name: TUNISIA Quarels Position: Office Manager

**ANNUAL REPORTS and REGULATORY FEES (WAC 480-15-480)** Companies must annually file a report of their financial operations and pay regulatory fees.

Name: TUNISIA Quarels Position: Office Manager

**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: 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 and Internal Revenue Service (taxes); and Employment Security.

Name: TUNISIA Quarels Jermaine Lewis Position: Owners of Business

**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 be granted 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.

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.

Jermaine Lewis  
TUNISIA Quarels  
Print name of applicant

Jermaine Lewis  
Signature of Applicant

4/29/03  
Date & Place

# ATTACHMENT B

## HOUSEHOLD GOODS TARIFF Purchase Price and Maintenance Fees

Commission-published Tariff 15-A names the rates, charges, and governing rules for the transportation of household goods between points in the state of Washington (Washington intrastate traffic). Under the provisions of Title 81.80 RCW (State Law) and Chapter 480-15 WAC (Commission rules), household goods carriers must purchase and maintain copies of Tariff 15-A. Copies must be kept, subject to public inspection, in the company's main office and in each billing office.

Household goods carriers must purchase the tariff and must also pay annual maintenance fees. Maintenance fees pay for amended pages mailed to you throughout a calendar year. Maintenance fees are calculated based on the month in which they are paid.

See the chart below to determine the appropriate tariff purchase and maintenance fees to be paid with each order.

Month Paid	Single Copy Tariff Price	Single Copy Annual Maintenance	Sales Tax	Total Due (Per copy)	Number Ordered
January, February, March	\$8.00	\$24.00	\$2.56	\$34.56	
April, May, June	\$8.00	\$18.00	\$2.08	\$28.08	1
July, August, September	\$8.00	\$12.00	\$1.60	\$21.60	
October, November, December	\$8.00	\$6.00	\$1.12	\$15.12	
Tariff only (No maintenance)	\$8.00	N/a	\$0.64	\$8.64	

\*Please Note: no sales tax due if tariff is mailed to an address outside the state of Washington.

Applicant's Name: Jermaine Lewis & Tanisa Quarles

Mailing Address: 9021 So Hosmer #C Tacoma WA 98444

City/State/Zip: Tacoma WA 98444

Number of copies purchased: 1

Total tariff fees enclosed: \$ 28.08

550  
 28.08  
 -----  
 578.08

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: Tunisia Ouarels, Jermaine Lewis

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Movers 4 Less

Address (include street address, mailing address, city, state, zip, and county): 9021 So. Hosmer #C Tacoma WA 98444 Pierce County

Phone Number: 253) 538-1223 538-1178

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 [X] Yes If yes, please describe your future moving needs: AM ANTICIPATING PURCHASING A HOME THIS SUMMER, WILL REQUIRE THE SERVICES OF A PROFESSIONAL MOVING COMPANY.

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: This community needs more businesses that have integrity & work ethic & provide moving services at a reasonable cost.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? That these two are hard workers & motivated. I feel they would be good, ethical business owners.

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: [Signature] Date and Location: 04/28/03 Lakewood, WA

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Applicant Name:
TUNISIA OUARTS, Jermaine Lewis

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

MOVERS 4 LESS

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

9021 SA, HOSMER #C Tacoma WA 98444

PIERCE COUNTY

Phone Number:

253) 538-1223 538-1178

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 [X] Yes If yes, please describe your future moving needs:

Need help moving to another place maybe a house or apartment

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 be providing a service that most people need now or in the future.

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

No

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

Nancy L. Francis
Signature of Person Completing Form

April 28, 2003 Tacoma (Home)
Date and Location



**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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Applicant Name:  
TUNISIA GUARRELS, Jermaine Lewis

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

Name, Title, and Business Name:  
MOVERS 4 LESS

Address (include street address, mailing address, city, state, zip, and county):  
9021 SO. HOSMER #C Tacoma WA 98444  
Pierce County

Phone Number:  
253) 538-1223 538-1178

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: I need a company that is responsible, careful and willing to make me happy.

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: They are low cost, and the work they do are great. They are friendly and they take care of your household goods.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? You should consider the fact that hard work and determination will make a company go far.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.  
Carol M. Lewis  
Signature of Person Completing Form  
4/28/03 Lakewood, WA  
Date and Location

MASTER LICENSE SERVICE  
BUSINESS ENTITY INQUIRY

05/02/03  
09:51:07

INQR UTL024P1

-----  
UBI: 602 254 320 001 0001  
Type: Partnership

Loc Status: A

-----  
Owner Name: MOVERS 4 LESS

Firm Name : MOVERS 4 LESS  
Loc: 9021 S HOSMER # C  
TACOMA WA 98444

Mail: 9021 S HOSMER # C  
TACOMA WA 98444

Phone: (253) 538-1178

Registered Tradenames for this UBI? Yes

RFI: No NSF: No  
RFP: No Withhold: No

Location First Activity: 05 15 2003  
Last License Issued: 04 28 2003

TRANSFER: \_\_\_\_\_ {Press <ENTER> for Endorsements List}

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---  
GLIST APLST UBIQ SERV TRDU INQA INQR MMENU

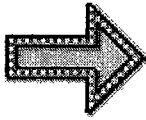
INQR UTL024P1                      MASTER LICENSE SERVICE                      05/02/03  
   BUSINESS ENTITY INQUIRY                      09:51:23

-----  
UBI: 602 254 320 001 0001                                      Loc Status: A  
Type: Partnership  
-----

Owner Name: MOVERS 4 LESS  
Firm Name : MOVERS 4 LESS  
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	01 08 2003	
UNEMPLOYMENT INSURANCE			A	04 28 2003	
INDUSTRIAL INSURANCE			A	04 28 2003	

TRANSFER: \_\_\_\_\_ End of Endorsement List  
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---  
                                GLIST APLST UBIQ SERV TRDU INQA                                      INQR MMENU



**Tina Leipski**  
05/02/2003 10:48 AM

To: Licensing Services, Business  
Practices, Transportation Special  
Investigators, Bonnie  
Allen/WUTC@WUTC  
cc: Carolyn Caruso/WUTC@WUTC  
Subject: NEW HHG APP - P-79161  
TUNISIAU QUARELS AND  
JERMAINE LEWIS D/B/A  
MOVER'S 4 LESS

We have an application for permit to transport household goods in the  
State of Washington from:

Tunisia Quarels and Jermaine Lewis  
d/b/a Mover's 4 Less  
9021 S. Hosmer #C  
Tacoma, WA 98444

Partnership consists of Tunisia Quarels 50% and Jermaine Lewis 50%

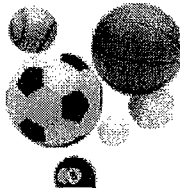
**COMPLIANCE:** Nothing was found in our Compliance database nor the  
Volpe system.

They plan on renting their vehicles.

**NOTE: Jermaine Lewis had a conviction in 1997 on possession of  
marijuana.** (Didn't know if this would affect anything??)

If you have any concerns or need more information regarding this carrier,  
just let me know.

Thanks!!! Tina




Leon Macomber

05/02/2003 10:57 AM

To: Tina Leipski/WUTC@WUTC

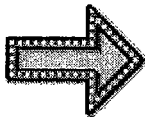
cc:

Subject: Re: NEW HHG APP - P-79161  
TUNISIAU QUARELS AND  
JERMAINE LEWIS D/B/A  
MOVER'S 4 LESS 

Not likely his conviction would make any difference due to the fact the vehicles he'll be using probably are below 2600# GVWR and would not require drug and alcohol program.

Everything else looks OK.

Leon Macomber  
MCLE Special Investigator  
Tina Leipski



Tina Leipski

05/02/2003 10:48 AM

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Practices, Transportation Special  
Investigators, Bonnie  
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cc: Carolyn Caruso/WUTC@WUTC

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