



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

TYPE OF PAYMENT

Check
 Money Order
 Amex
 Discover
 Mastercard
 Visa

Expiration Date: 09/06 Amount: \$ 250

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): Perry L Broadnax Date: Oct 10, 2003
 Signature: Perry L Broadnax Title: Owner

FOR OFFICIAL USE ONLY			
Date Filed: <u>5/2/04</u>	Application #: <u>19252</u>	Motor #: <u>42332</u>	Permit Issued: HG- <u>61253</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>Dunderberg leasing only</u>	Inspection:	DOL/SOS: <u>[Signature]</u>
Reception #: <u>111-0268-207-02</u>	<u>250.00</u>	<u>111-0268-202-01</u>	<u>111-0268-013-20</u>

0002629

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R-75143

TV-040233

BUSINESS INFORMATION

Name of Applicant Perry L. Broadnax
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable Kingdom Movers

Physical Address 5605 S. Park ave

Mailing Address P.O. Box 112126 Tac, WA 98408

Telephone Number (253) 472-2666 Fax Number ()

UBI # 602-323-078 AR Email:

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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>N/A</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:

To ensure that the community receives the best that can be offered

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

I have 13 years in the business providing honesty, respect and well being of others.

BUSINESS INFORMATION

Name of Applicant Perry L. Broadnax
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable Kingdom Movers

Physical Address 5605 S. Park Ave.

Mailing Address _____

Telephone Number (253) 223-4040 Fax Number () _____

UBI # 602 323 078 Email: _____

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
N/A		

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: Tacoma (Pierce county) N/A

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Providing 100% customer satisfaction by treating everyone as equals and constructing their desires. No matter the circumstances help, there's nothing that can't be accomplished.

Briefly describe your experience in the transportation/household goods moving industry: I have thirteen years of experience - Commercial - Industrial - residential moving, packing and storing of Sit - NTS - commercial goods.

PAGE 2
See other Page

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: _____

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	\$ 500	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Accounts Receivable	\$ 0	Notes Payable	\$ 0
Investments	\$ 0	Mortgages Payable	\$ 0
Other Current Assets	\$ 0	Other	\$ 0
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 0	Preferred Stock	\$ 0
Office Furniture	\$ 0	Common Stock	\$ 0
Other Equipment <i>Dollies Hand Trucks etc.</i>	\$ 500	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
TOTAL ASSETS	\$ 1,000	TOTAL LIABILITIES & NET WORTH	\$ 0

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
	N/A	leasing when needed		

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: Perry L. Broadnax Position: Owner

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: Perry L. Broadnax Position: Owner

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: Perry L. Broadnax Position: Owner

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: Perry L. Broadnax Position: owner

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: Perry L. Broadnax Position: owner

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: Perry L. Broadnax Position: owner

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: Perry L. Broadnax Position: owner

Utilities and Transportation Commission
Perry Broadnax

OPERATIONAL RESPONSIBILITIES

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

Name: Perry Broadnax Position: Owner

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: Perry Broadnax Position: owner

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.

Perry L. Broadnax Perry L. Broadnax Oct 27, 2003
Print name of applicant Signature of Applicant Date & Place

(Pierce County)

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: Perry Lowell Broadnax

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: J. Wasson Print & Media

Address (include street address, mailing address, city, state, zip, and county):
P.O. Box 39121
Tacoma, WA 98499
Pierce, County

Phone Number: 253-376-6232

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:
We will be relocating our office in the near future and will need assistance in staging and planning the moving phase!

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 give us the opportunity to utilize their services and experience the comfort in knowing that our goods will be in safe hands.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
They have an awesome package and presentation which will definitely meet our needs for relocation. Very professional & courteous.

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

[Signature]
Signature of Person Completing Form

11/3/03 Tacoma, WA
Date and Location

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: *Perry L. Broadnax*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: *Eduardo & Claudia Maldonado*

Address (include street address, mailing address, city, state, zip, and county):
*1115 E. 50th St.
Tacoma, Wa. 98404
Pierce County*

Phone Number: *(253) 471-3605*

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Our growing family is in search of a bigger home, when the house is purchsed, we will use Kingdom Movers.

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:
Finding a respectable, trustworthy, dependable, moving company is a interest of ours, we feel Kingdom movers will provide this.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? *any company that promotes honesty, dependability and trust is worth having in our community.*

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

Claudia Maldonado
Signature of Person Completing Form *11/3/03 Tacoma, Wa.*
Date and Location

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:

Roland Grandberry / Perry L. Broadnax

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Roland Grandberry

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

*5629 S. Ferdinand St.
Tacoma, WA 98408
Pierce County*

Phone Number:

(253) 471-2980

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: *We will be needing a company that has employees that display integrity, honesty, and are friendly and professional.*

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: *Our community needs more businesses that offer an affordable service with a professionalism just as good as the higher priced companies.*

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? *This company and it's employees are very knowledgeable of the services they offer. I am willing to invest my time and effort towards helping them meet their goal.*

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

Roland Grandberry
Signature of Person Completing Form

11/3/03 Tacoma, WA
Date and Location

TRANSPORTATION OPERATIONS
 1700 S EMERALDEN PARK DR
 OLYMPIA, WA 98502
 360/654-1155

DATE: THURSDAY, DEC 12, 2000 9:21:00 AM
 ACCT#: EXP: 12/00
 UNIT:
 CARD TYPE: MASTERCARD
 TRANS TYPE: SALE
 REFERENCE #: 2212 AUTH # 875143

TOTAL AMOUNT = \$ 300.00

ADDRESS/PHONE: _____

I AGREE TO PAY ABOVE TOTAL AMOUNT
 ACCORDING TO CARD ISSUER AGREEMENT

SIGNATURE: _____

CRJS Coding (if applicable):

Trans Code	Fund	Appn #	P/I	Sub Obj	Sub-Sub Obj	Project	Amount	Vendor #
	111	010						
	111	010						
	111	010						
	111	010						
	111	010						
	111	010						
	111	010						
	111	010						
	111	010						
	111	010						

PERMIT #	RECEPTION #	PAYOR NAME					
	0004389	<i>Ferry Broadnax</i>					
REFERENCE		FUND	SOURCE	IND	SUB-SCE	AMOUNT	LINE
<i>Authorization R75143</i>		111	02-68	<i>207</i>	<i>07</i>	<i>300.00</i>	1
<i>Household Goods App</i>		111	02-68				2
		111	02-68				3
PRIOR BIENNIUM RECOVERY		111	04-86	035	07		4
CURRENT BIENNIUM RECOVERY		111	09-02	035	07		5
DATE	NSF	111	09-40				6
<i>12.12.03</i>							7
							8
		108	01-70				9

INQR UTL024P1 MASTER LICENSE SERVICE 11/05/03
BUSINESS ENTITY INQUIRY 13:17:17

UBI: 602 323 078 001 0001 Loc Status: A
Type: Sole Proprietor

Owner Name: PERRY LIONELL BROADNAX
Firm Name : KINGDOM MOVERS
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	09 03 2003	
UNEMPLOYMENT INSURANCE			A	09 03 2003	
INDUSTRIAL INSURANCE			A	09 03 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

INQR UTL024P1 MASTER LICENSE SERVICE 11/05/03
 BUSINESS ENTITY INQUIRY 13:16:57

UBI: 602 323 078 001 0001 Loc Status: A
Type: Sole Proprietor

Owner Name: PERRY LIONELL BROADNAX
Spouse Name: CORTEZ, ROSA ISABEL

Firm Name : KINGDOM MOVERS
Loc: 5605 S PARK AVE Mail: 5605 S PARK AVE
TACOMA WA 98408 TACOMA WA 98408

Phone: (253) 472-2666 Registered Tradenames for this UBI? Yes

RFI: No NSF: No Location First Activity: 09 10 2003
RFP: No Withhold: No Last License Issued: 09 11 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