

TV-041418



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 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 checked="" 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** #131640

Check     Money Order     Amex     Discover     Mastercard     Visa

Expiration Date \_\_\_\_\_ Amount: \$250.00

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): Benny Sena Date: 7/29/04

Signature: [Signature] Title: owner #300

0008127  
207.02  
#101605

**FOR OFFICIAL USE ONLY**

Date Filed: <u>8/11/04</u>	Application #: <u>P-19298</u>	Motor #: <u>43035</u>	Permit Issued: HG- <u>61449</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection: _____	DOL/SOS: <u>[Signature]</u>
Reception #: <u>111-0268-207-02</u>	<u>250.00</u>	111-0268-202-01	111-0268-013-20

0008120

BUSINESS INFORMATION

Name of Applicant ~~Ben Sena~~ Reliable Movers LLC  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable Reliable Moving

Physical Address 40 Lake Bellevue Suite 100 Bellevue, WA 98005

Mailing Address 2608 2<sup>nd</sup> Ave # 123 Seattle, WA 98121

Telephone Number ~~206~~ 425-443-0210 Fax Number 425-369-1053

UBI # 602 037 881 Email: INFO@Reliablemoving.com

TYPE OF BUSINESS STRUCTURE

- Individual
- Partnership
- Corporation
- Other LLC  
(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
<del>Benney Sena</del>	<del>owner</del>	<del>100%</del>

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: King & Snohomish

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Full Service Local moving in King & Snohomish CO. I feel with our Respectful Reputation

thus far as a pack load co. that we can only be an asset to the moving industry. We have a 90% Success Rate of Customer Satisfaction and we have never had a complaint with the Better Business Bureau.

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

I have a total of 14 yrs of experience in all areas of operations (crew leader, dispatcher, sales & management)

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: N/A Available

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	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	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>	\$

PAGE 3

**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
94	Ford	A05439I	1FDNK72C4RV A29948	23,700

**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: BEN SENA Position: manager

**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: BEN SENA Position: manager

**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: BEN SENA Position: manager

**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: BEN SENA Position: manager

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: BEN SENA Position: manager


**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: BEN SENA Position: 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: BEN SENA Position: manager

<b>OPERATIONAL RESPONSIBILITIES</b>	
<b>ANNUAL REPORTS and REGULATORY FEES (WAC 480-15-480)</b> Companies must annually file a report of their financial operations and pay regulatory fees.	
Name: <u>Benny Sena</u>	Position: <u>manager</u>
<b>STATE OF WASHINGTON - general laws, rules and regulations:</b> 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: <u>Benny Sena</u>	Position: <u>manager</u>

<b>DECLARATION OF APPLICANT:</b>		
<p>I understand that filing this application <b>does not</b> in itself constitute authority to operate as a household goods mover.</p>		
<p>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.</p>		
<p>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.</p>		
<p>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.</p>		
<u>Benny Sena</u> _____ Print name of applicant	 _____ Signature of Applicant	<u>7/29/04</u> _____ Date & Place

3:34 PM

04/28/04

Accrual Basis

**Reliable Movers LLC**  
**Profit & Loss**  
 March 2004

Mar 04

Ordinary Income/Expense	
Income	
5000 · Service Sales	29,572.10
5520 · Refunds	-200.00
<b>Total Income</b>	<b>29,372.10</b>
Cost of Goods Sold	
6010 · Purchases	903.09
6110 · Direct Labor	4,462.50
6160 · Payroll Tax Expense	359.93
6200 · Outside Service	445.42
6490 · Equipment Rental	2,017.78
6580 · Storage Rental	375.00
<b>Total COGS</b>	<b>8,563.72</b>
<b>Gross Profit</b>	<b>20,808.38</b>
Expense	
7110 · Advertising	2,625.00
7150 · Vehicle Expense	302.65
7410 · Insurance	1,302.87
7420 · Medical Insurance	380.66
7450 · Legal & Accounting	568.00
7470 · License & Permits	80.00
7530 · Office Expense	116.23
7670 · Rent	387.20
7780 · Telephone	825.67
7830 · Utilities	429.54
<b>Total Expense</b>	<b>7,017.82</b>
<b>Net Ordinary Income</b>	<b>13,790.56</b>
Other Income/Expense	
Other Income	
8020 · Interest Income	0.71
<b>Total Other Income</b>	<b>0.71</b>
<b>Net Other Income</b>	<b>0.71</b>
<b>Net Income</b>	<b><u>13,791.27</u></b>

Attachment  
 Page 3  
 Note: my P&Ls are quarterly, this is for the 1<sup>st</sup> QTR of this year.

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: Reliable moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Jeannie Noszlopy

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

12630 SE 210th CT  
Kent, WA 98031

Phone Number:

253 631 5407

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:

Reliable moving is a very honest and trust worthy co. They are efficient and always handle your things w/ care

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

They try to make the moving day go as smooth as possible for the customer.

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

Jeannie Noszlopy

Signature of Person Completing Form

Date and Location 7/29/04

**ATTACHMENT A**

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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: Reliable moving

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

Name, Title, and Business Name: Marilyn Coggins

Address (include street address, mailing address, city, state, zip, and county):  
2861-103 Ave NE  
Bellevue, WA 98004

Phone Number: 425 827-9420

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:  
Moving from a 3 bedroom house to a 4 bedroom house

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:  
Reliable Moving will provide a strong, honest & TRUSTWORTHY company for home and business moves. They are very dependable & Hard working.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
They are very honest, trustworthy & Dependable.

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

Marilyn D Coggins

Signature of Person Completing Form

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: Reliable moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: KARMA EXECUTIVE CENTER

Address (include street address, mailing address, city, state, zip, and county): 40 LAKE BELLEVUE #100 BELLEVUE, WA 98005

Phone Number: 425-454-2222

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:

at some point, if we move again we will hire reliable moving. We have used their services in the past + would definitely use them again.

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 is a company that is honest and has integrity. I would confidently recommend their services to anyone.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Reliable Moving has moved Karma Exec. for a many of our office clients. We have always been pleased with their excellent service.

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: [Handwritten Signature]

Date and Location: 7/29/04

# RELIABLE MOVING

**Your Moving Specialists**

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JULY 29 , 2004

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION  
1300 S. EVERGREEN PARK DRIVE S.W.  
OLYMPIA , WASHINGTON 98504  
360-586-1181

ATTENTION COMMISSION ;

THIS LETTER IS TO REQUEST REINSTATEMENT  
OF MY TEMPORARY PERMIT WHICH WAS SUSPENDED DUE TO NOT  
HAVING/ PROVIDING THE PROPER INSURANCE REQUIRED FOR  
VEHICLES 10,000 GVWR AND MORE ( \$750,000 CSL , PROPERTY DAMAGE  
INSURANCE AND \$20,000 CARGO) . I HAVE ATTACHED A CERTIFICATE  
OF INSURANCE FOR THE ABOVE REQUIREMENTS .

THANK YOU  
BEN SENA



2608 2<sup>nd</sup> Ave #123 Seattle, WA 98121, Office: (206) 443-0210  
Fax: (425) 369-1053, [www.reliablemoving.com](http://www.reliablemoving.com)  
Email: [info@reliablemoving.com](mailto:info@reliablemoving.com)

INQR UTL024P1 MASTER LICENSE SERVICE 08/11/04  
BUSINESS ENTITY INQUIRY 08:58:35

-----  
UBI: 602 037 881 001 0001 State of Inc: WA Loc Status: A  
Type: LIMITED LIABILITY COMPANY Date of Inc: 05 16 2000 Corp Status: A  
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Owner Name: RELIABLE MOVERS LLC

Reg. Agent: BENNEY SENA  
Reg. Address: 2608 2ND AVE #123 Exp. Date: 05 31 2005  
SEATTLE WA 98121 Total Shares authzd:  
Total Shares issued:

Firm Name : RELIABLE MOVERS

Loc: 830 SUNRISE PL SW Mail: 2608 2ND AVE # 123  
ISSAQUAH WA 98027 SEATTLE WA 98121

Phone: (206) 715-9875 Registered Tradenames for this UBI? No  
RFI: No NSF: No Location First Activity: 12 01 1998  
RFP: No Withhold: No Last License Issue: 06 08 2000

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                    08/11/04  
                                  BUSINESS ENTITY INQUIRY                    08:57:45

-----  
UBI: 602 037 881 001 0001                    Loc Status: A  
Type: LIMITED LIABILITY COMPANY  
-----

Owner Name: RELIABLE MOVERS LLC  
Firm Name : RELIABLE MOVERS  
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	05 31 2000	
UNEMPLOYMENT INSURANCE			A	05 31 2000	
INDUSTRIAL INSURANCE			A	05 31 2000	

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



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## Corporations

### Corporations Division - Registration Data Search

#### RELIABLE MOVERS LLC

<b>UBI Number</b>	602 037 881
<b>Category</b>	Limited Liability Regular
<b>Profit/Nonprofit</b>	Profit
<b>Active/Inactive</b>	Active
<b>State of Incorporation</b>	WA
<b>Date of Incorporation</b>	05/16/2000
<b>License Expiration Date</b>	05/31/2005

#### Registered Agent Information

<b>Agent Name</b>	BENNEY SENA
<b>Address</b>	2608 2ND AVE #123
<b>City</b>	SEATTLE
<b>State</b>	WA
<b>ZIP</b>	98121

#### Special Address Information

**Address**

**City**

**State**

**Zip**

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#### Disclaimer

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