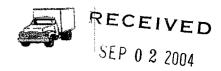


HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



WASH. UT. & TP. COMM

		771011. 0
	Type of Household Goods Authority Requested - Check one	Fee Required
Q	Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment E	\$ 50
•	Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachment A	\$ 250
×	Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment A	\$ 550
۵	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
0	Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 - Complete pages 1 - 5 and Attachments B & C	\$ 250
	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
0	Name Change – Complete page 1 and Attachment D	\$ 35
	Extension of authority – Complete pages 1 - 5 and Attachment A	\$ 550

		TYPE OF PAY	MENT	
∟ Check	Money Order		Discover L M	astercard L Visa
Expiration Date:	NA ~		Amount: <i>5 50</i>	0.00
CERTIFICATION: I and correct, that I a on file is current and	m authorized to execute	penalty for false state and file this docume	nt on behalf of the ap	e following information is true plicant, and that all information
Name (printed): <u>Jo</u>	nathan Vargas, Pres	ident, Quality Mou	<i>>∞I</i>	8-31-04
Signature:	ten Vargas		Title: <u>fres</u> f	den t
	F	oraginal algebraic	SECONDY CONTRACTOR	
Date Filed: 04	Application #30	3 Motcar: 4312	Permit Issued	1: HG- 61574
Staff Assigned:	Insurance:) Inspection:	DOL/SOS:	OD
Reception #: 111-0268-207-02	550.00 ₁₁	1-0268-202-01_	111-02	268-013-20

0008339

PAGE 1

TV-041590

BUSINESS INFORMATION
Name of Applicant QUALITY MOVING, INC. (must be individual, partners of a partnership, or corporation)
Trade Name, if applicable QUALITY / MOVING
Physical Address 12704 NE 11874 St. #3 KIVKand
Mailing Address 9805 NE 116TH St. SULTE 250 08034
Telephone Number (206): 799 - 7858 Fax Number (425): 823 - 4907
UBI# 602-419-062 Email: guality_moving@hotmail.com
TYPE OF BUSINESS STRUCTURE
∟ Individual ∟ Partnership ႓ Corporation ∟ Other(LP, LLP, LLC)
List the name, title, and percentage of partner's share or stock distribution for major stockholders:
Name <u>Title</u> <u>Stock Distribution or Percentage of Shares</u>
Jonathan Vargas OWNER 5100 - Of all 1850ld
49% unissued in treasury of comp
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: Quality Moving, Inc., provides not only a moving service but a packing service, and a cleaning service. Quality Moving. The consumer

more for their money with less hassels getting all of their moving needs met.

Briefly describe your experience in the transportation/household goods moving industry: I have been working in the moving industry for 10 years. I have worked with many companies and have been able to blood all of their different styles of moving into a fast, efficient and safe methode of transporting people's household goods.

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property? X 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. L Yes If yes, please explain:
Do you currently operate interstate? K No L Yes If yes, please indicate your: DOT#MC#Single State Registration Base State
Do you operate interstate as an agent of another company? X No. L 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? X No L Yes If yes, please explain:
Have you ever been convicted of a Class A or B Felony? L No X Yes If yes, please explain:

	FINAN	ICIAL STATEMENT	
You may attach a	Balance Sheet, Pro	fit and Loss Statement, o r business plan if	available
ASSET	S	LIABILITIES	
Cash in Bank	\$ 6	Salaries/Wages Payable	\$ \$
Notes Receivable	\$ Ø	Accounts Payable	\$ \$
Accounts Receivable	\$ 0	Notes Payable	\$ 8
Investments	\$ 0	Mortgages Payable	\$ \$
Other Current Assets	\$ Ø	Other	\$ 0
Prepaid Expenses	\$ Ø	TOTAL LIABILITIES	\$ \$
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 6000.00	Preferred Stock	\$ 0
Office Fumiture	\$ 2000.00	0	\$ 0
Other Equipment	\$ 1000.00		\$ 0
Other Assets	\$ 1000.00	Capital	\$ Ø
TOTAL ASSETS	\$ 10,000		\$ Ø

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 **Gross Vehicle Weight** Number A60473I 1996 FORD E350 BOXVAN 10,000 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 No CDL REQUERED FOR TRUCK OFFRATION Position: -NA-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. Position: Name: - N △ -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. - NA-Position: Name: 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. Position: -NA-Name: 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: Jonathan Varags Position: Maintanance 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

Name: Jonathan Varsas Position: LEARLIETY PROTECTION 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)

GVWR or more)

Name: Jonathan Vargas Position: LEABELITY PROTRETEON MANAGER

OPERATIONAL I	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: Jonathan Varsas	Position: Compliance MANAGER		
business in the state of Washington must comply vagencies. Please state the name and position of the for ensuring compliance with the laws of the state of Department of Labor and Industries (industrial insulticensing (vehicle and drivers licenses, business licenses, fuel tax); Secretary of State (corporate reg	he person in your organization who will be responsible of Washington, such as, but not limited to:		

Name: Jonathan Varcas

Position:

Compliance Manager,

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.

Jonathan Vargas Quality Moving Ing.
Print name of applicant president

Stonature of Apolicant

8-31-04 ICTRICIAND, UA

Date & Place

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.

programme to the control of the cont
Applicant Name:
Quality Moving, INC.
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name:
Michele Farrell
Address (include street address, mailing address, city, state, zip, and county):
12804 NE 19742 PL
Bathell, WA 98011
Phone Number: 0-06-949-8162
Do you currently need the services of a residential household goods moving company?
□ No ☒ Yes If yes, please describe your current moving needs:
I need help getting moved into an apartment
Soon.
Do you anticipate a future need for the services of a residential household goods moving company? □ No 文Yes If yes, please describe your future moving needs:
I plan ah getting a Louise and I will need
movers to more me in.
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:
et will be nice to have more moving companies to
choose from.
Is there anything else the Commission should consider when making a determination about this
company's application for a household goods permit?
I feel the seattle area needs more good moving companies
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 8/31/04 Bakell, WA Date and Location
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: Xalanda Alcou
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name:
Kalanda Adrock
Address (include street address, mailing address, city, state, zip, and county):
12:704 NEILIETH ST apt 4
Kirkland, was assory
2.702.
Phone Number: 559 7410569
Do you currently need the services of a residential household goods moving company?
□ No Yes If yes, please describe your current moving needs:
red to more to a house
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:
need to move to a 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:
It would make the moving process lasier on me. Is there anything else the Commission should consider when making a determination about this
Is there anything else the Commission should consider when making a determination about this
company's application for a household goods permit?
11 2
العرب المرابع
is true and correct.
Calende Allol Surve as 4150 ve
Signature of Person Completing Form Surve as Hove Date and Location
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: QUALITY MOUTRY, INC
COSTELLA Y POOTINE TITLE
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: Jason Sexton
Address (include street address, mailing address, city, state, zip, and county):
4010 1410TA AUR SE
Bellevue WA, 98006
Phone Number: 42.5-890-4756
Do you currently need the services of a residential nousehold goods moving company? ☐ No Yes If yes, please describe your current moving needs:
I have to move and I have no 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:
If I have to move agan I will need helf to and and call a mouldy 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:
It will be grave Becouse I work here to Do annything or look for help.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
You It will alow me moor officers when I move,
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
Open Session 8/30/04 Newcastale
Signature of Person Completing Form Date and Location

MASTER LICENSE SERVICE

09/03/04

INQR UTL024P1

BUSINESS ENTITY INQUIRY

10:26:40

UBI: 602 419 062 001

State of Inc: WA

Loc Status: A

Type: PROFIT CORPORATION Date of Inc: 08 06 2004 Corp Status: A

Owner Name: QUALITY MOVING, INC.

Reg. Agent: MARK D KIMBALL

Reg. Address: 10900 NE 4TH ST #2300

BELLEVUE WA 98004

Exp. Date: 08 31 2005

Total Shares authzd:

Registered Tradenames for this UBI? No

Total Shares issued:

Firm Name :

Loc:

Mail:

Phone:

Location First Activity:

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

Last License Issue:

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

Date: 9/3/2004 Time: 10:26:02 AM

Page: 1 Document Name: untitled

MASTER LICENSE SERVICE

09/03/04

INQR UTL024P1

BUSINESS ENTITY INQUIRY

10:26:51

UBI: 602 419 062 001

Loc Status: A

Type: PROFIT CORPORATION

Owner Name: QUALITY MOVING, INC.

Firm Name :

Page: 1

Endorsements

Unit Account # Stat Date Expires

PROFIT CORPORATION

30609895 A 08 09 2004 08 31 2005

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

Date: 9/3/2004 Time: 10:26:11 AM



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QUALITY MOVING, INC.

UBI Number

602 419 062

Category

Regular Corporation

Profit/Nonprofit

Profit

Active/Inactive

Active

State of Incorporation

WA

Date of Incorporation

08/06/2004

License Expiration Date 08/31/2005

Registered Agent Information

Agent Name

MARK D KIMBALL

Address

10900 NE 4TH ST #2300

City

BELLEVUE

State

WA

ZIP

98004

Special Address Information

Address

City

State

Zip

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Disclaimer

Information in the Secretary of State's Online Corporations Database is updated Monda through Friday by 5:00 a.m. Pacific Standard Time (state holidays excluded). Neither t of Washington nor any agency, officer, or employee of the State of Washington warran accuracy, reliability, or timeliness of any information in the Public Access System and s be liable for any losses caused by such reliance on the accuracy, reliability, or timelines such information. While every effort is made to ensure the accuracy of this information portions may be incorrect or not current. Any person or entity who relies on informatio obtained from the System does so at his or her own risk.

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Quality Moving, Inc. 9805 NE 116th St Suite 250 Kirkland, WA 98034 Ph. 206-799-7858 Fax. 425-823-4907

Dennis D. Shutler W.U.T.C. PO Box 47250 Olympia, WA 98504-7250 Ph. 360-664-1149 Fax. 360-586-1150

RECEIVED

SEP 0 2 2004

WASH. UT. & TP. COMM

Dennis:

I have enclosed the Household Goods Carrier Application for Quality Moving, Inc., along with the \$550.00 Application Fee. The Insurance as well as the Commercial Vehicle Safety Alliance Inspection Decal should be in place very shortly. Thank you so much for your help on these matters and I look forward to a long and mutually beneficial relationship between Quality Moving, Inc. and the Utilities and Transportation Commission.

Sincerely, Quality Moving, Inc. President, Jonathan Vargas