

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: When I was 18 years old I got into trouble with some of my friends, when all was said and done, I was convicted of a class A Burglary and a class B Robbery. I am now 30 years old and since then I have never made a mistake like that again.

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	\$ 0	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	\$ 6000.00	Preferred Stock	\$ 0
Office Furniture	\$ 2000.00	Common Stock	\$ 0
Other Equipment	\$ 1000.00	Retained Earnings	\$ 0
Other Assets	\$ 1000.00	Capital	\$ 0
TOTAL ASSETS	\$ 10,000	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
1996	Ford F350 Boxvan	A60473I		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 REQUIRED FOR TRUCK OPERATION*

Name: *-NA-* 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: *-NA-* Position:

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: *-NA-* Position:

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: *-NA-* Position:

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 Vargas* Position: *Maintenance 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: *Jonathan Vargas* Position: *LIABILITY 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)

Name: *Jonathan Vargas* Position: *LIABILITY PROTECTION MANAGER*

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: Jonathan Vargas Position: Compliance 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: Jonathan VARGAS 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, Inc Jonathan Vargas 8-31-04 ICERLAND, WA
Print name of applicant president Signature of Applicant 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.

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 197th PL
Bothell, WA 98011*

Phone Number:

206-949-8162

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 Yes If yes, please describe your future moving needs:

*I plan on getting a house and I will need
moves to move 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:

*It 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.

Michele Farrell
Signature of Person Completing Form

8/31/04 Bothell, WA
Date and Location

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Applicant Name: Kalanda Adcock

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Kalanda Adcock

Address (include street address, mailing address, city, state, zip, and county): 12704 NE 15th St apt 4 Kirkland, WA 98034

Phone Number: 509 741 0569

Do you currently need the services of a residential household goods moving company? [] No [x] Yes If yes, please describe your current moving needs: need to move to a house

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 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 easier on me.

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. Signature of Person Completing Form: Kalanda Adcock Date and Location: 8/31 Surve as Above

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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:

Quantity Moving, Inc

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 140th Ave SE
Bellevue WA, 98006

Phone Number:

425-890-4756

Do you currently need the services of a residential household 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 again I will need help ~~again~~ and call a 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:

It will be grate because I won't have to do anything 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?

Yes, It will allow me more options 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.

Jason Sexton
Signature of Person Completing Form

8/30/04 Newcastle
Date and Location

INQR UTL024P1 MASTER LICENSE SERVICE 09/03/04
 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 Exp. Date: 08 31 2005
 BELLEVUE WA 98004 Total Shares authzd:
 Total Shares issued:

Firm Name :

Loc: Mail:

Phone: Registered Tradenames for this UBI? No
RFI: No NSF: No Location First Activity:
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---
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**Corporations Menu**

- [Corporations Home](#)
- [Registration](#)
- [Renewal](#)
- [Corporations Search](#)
- [Master License Service](#)
- [Uniform Code](#)

Main Menu

- [Home Page](#)
- [Address Confidentiality](#)
- [Apostilles](#)
- [Archives](#)
- [Charities](#)
- [Contact Us](#)
- Corporations**
- [Digital Signatures](#)
- [Elections & Voting](#)
- [International Trade](#)
- [Library](#)
- [Medals of Merit & Valor](#)
- [News Releases](#)
- [Oral History](#)
- [Productivity Board](#)
- [State Flag](#)
- [State Seal](#)
- [Washington History](#)

Corporations**Corporations Division - Registration Data Search****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

[Return to Search List](#)

Disclaimer

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August 31, 2004

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 02 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