



HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



Type of Household Goods Authority Requested – Check one	Fee Required
<input checked="" 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 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: _____ Amount: 550.00

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): John MUSE Date: 8-1-05 ✓ 506233

Signature: *John MUSE* Title: OWNER

FOR OFFICIAL USE ONLY			
Date Filed: <u>8-5-05</u>	Application #: <u>P-79395</u>	Motcar: <u>43914</u>	Permit Issued: HG-
Staff Assigned: <u>0000217</u>	Insurance:	Inspection:	DOL/SOS: <u>fw</u>
Reception #: <u>550.00</u>	111-0268-202-01	111-0268-013-20	

TV-051215

BUSINESS INFORMATION

Name of Applicant John MUSE
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable FRIENDS AND FAMILY MOVING & STORAGE, LLC
dba friends and family moving and storage

Physical Address 11511 SE 226th PL, Kent, WA. 98031

Mailing Address SAME AS ABOVE

Telephone Number (253) 520-7836 Fax Number ()

UBI # 602-52-6027 Email: GOODMUSE1@YAHOO.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
John MUSE	OWNER	50%
LEONE KAKUSCHKE	OWNER	25%
BOB KAKUSCHKE	OWNER	25%

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: I INTEND TO PROVIDE EXCELLENT SERVICE IN THE MOVING INDUSTRY. I WANT TO RUN A COMPANY THAT CUSTOMERS COME FIRST. ALSO WE WILL CATER TO THE SENIORS AND MILITARY

Briefly describe your experience in the transportation/household goods moving industry: I WAS ~~ADMITTED TO~~ THE GENERAL MANAGER AT ALL MY SONS FOR 2 1/2 YEARS. AND WOULD LIKE TO GO OUT ON MY OWN AND RUN MY COMPANY BETTER.

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: _____
LARCENY IN 1998 I HAVE 4 YRS PROBATION OF SOBRIETY AND THERE ARE NO PROBLEMS (PLEASE VERIFY IF NEEDED)

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	\$ 10,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$ 48,000.00	Mortgages Payable	\$
Other Current Assets	\$	Other <u>INSURANCE</u>	\$ 5000.00
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 10,000.00	Preferred Stock	\$
Office Furniture	\$ 1000.00	Common Stock	\$
Other Equipment	\$ 1500.00	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 70,500.00	TOTAL LIABILITIES & NET WORTH	\$ 5000.00

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
1998	FORD	A7744DM	1EDNE70J7WVA0362	26,000

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.

Name: JOHN MUSE Position: OPERATIONS 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: JOHN MUSE Position: OPERATIONS 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: John Muse Position: OPERATIONS 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: John Muse Position: OPERATIONS 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: John Muse Position: OPERATIONS 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: JOHN MUSE Position: OPERATIONS 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: John Muse Position: OPERATIONS MANAGER

**HOUSEHOLD GOODS CARRIER
PERMIT APPLICATION**



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 Signature: [Handwritten Signature] Title: OWNER

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Name: John Muse Position: OPERATIONS 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: John Muse Position: OPERATIONS 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: John Muse Position: OPERATIONS 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.

John Muse
Print name of applicant

John Muse
Signature of Applicant

JPM
8-1-05
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: John Muse FRIENDS AND FAMILY MOVING & STORAGE

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Penny Kellam

Address (include street address, mailing address, city, state, zip, and county):
1702 104th Pl SW
Everett, WA 98201

Phone Number: 425-347-7177

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Mother-in-law moving to retirement community

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:
Professional service will save my family time & anxiety.

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.
Penny Kellam 8/1/05 Bellevue, WA
Signature of Person Completing Form Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: John Muse FRIENDS AND FAMILY MOVING & STORAGE

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Brian Johnson TRUCK DRIVER Freight Systems

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

11512 SE 226 PL
Kent WA 98031

Phone Number:

253-520-1646

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:

When we move in the future, it would be our 1st choice

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:

Personal service, friendliness and rates that accommodate all income levels

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

Being empathetic of seniors needs & military personnel & helping make their moving hassle free & stress free.

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

Brian Johnson
Signature of Person Completing Form

8/5/05 King County
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: John Muse FRIENDS AND FAMILY MOVING + STORAGE

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Dee Brown Customer Service Floor Supply

Address (include street address, mailing address, city, state, zip, and county): 3107 18th Ave S. Federal Way WA 98003

Phone Number: 253-941-7891

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 are talking about moving into a bigger home - And when we do we will be looking for a good on site company I will be looking at this one 1st.

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: Rates that will fit into my income + services that cater to the elderly is very helpfull.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? The way are economy + the military is going we need more companies willing to focus on them.

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: Deanne Brown Date and Location: 8-5-05 King County