

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

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 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    
 Mastercard    
 Visa VI 028304

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): Dewayne Gill Date: Nov 1, 05  
Signature: Dewayne Gill Title: Owner

**FOR OFFICIAL USE ONLY**

Date Filed: <u>11/28/05</u>	Application #: <u>P79415</u>	Motcar: <u>40297</u>	Permit Issued: HG- <u>60894</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection: _____	DOL/SOS: <u>[Signature]</u>
Reception #: 111-0268-207-02 <u>550.00</u> 111-0268-202-01 111-0268-013-20			

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PAGE 1

TV-051911

**HOUSEHOLD GOODS CARRIER  
 PERMIT APPLICATION**

RECEIVED  
 DEC 08 2005  
 WASH. UT. & TP. COMM.

*Dewayne Gill*

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
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<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

*Just Right Moving Co*

**TYPE OF PAYMENT**

- Check     Money Order     Amex     Mastercard     Visa

Expiration Date: \_\_\_\_\_ Amount: *\$550 paid*

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): *Dewayne Gill*    Date: *12-8-05*

Signature: *Dewayne Gill*    Title: *Owner*

**FOR OFFICIAL USE ONLY**

Date Filed:	Application #:	Motcar:	Permit Issued: HG-
Staff Assigned:	Insurance:	Inspection:	DOL/SOS:

Reception #: 111-0268-207-02    111-0268-202-01    111-0268-013-20

**BUSINESS INFORMATION**

Name of Applicant Dewayne Gill  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable Just Right Moving Co.

Physical Address 3015 N. Pearl St. # A-3 TACOMA, WA 98407

Mailing Address \_\_\_\_\_

Telephone Number (253) 592-8252 Fax Number (253) 756-1113

UBI # 602239238 Email: TwoBless4u2@aol.com

**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>

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: \_\_\_\_\_

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

I work for Many Moving Co. I will help transportation customer household good from one place to another.

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	\$ 623.	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	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$ 623	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$

**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
05	Ford	A67814Y	1FDWE35S75HA308 47 ✓	7660

**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: Dewayne Gill 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: 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: Dewayne Gill 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: Dewayne Gill 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: Dewayne Gill 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: Dewayne Gill 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: Dewayne Gill Position: Owner

Vehicle ID 1FDWE35S75HA30849

**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: Dewayne Gill 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: Dewayne Gill 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.*

Dewayne Gill  
Print name of applicant

Dewayne Gill  
Signature of Applicant

12-8-05  
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.

*Dewayne Gill*

Applicant Name: Selam Asgadam

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

Name, Title, and Business Name: Selam Kalsay A.

Address (include street address, mailing address, city, state, zip, and county):  
3015 N Pearl St # F-9  
Tacoma WA 98407

Phone Number: 253-592-8252

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:

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

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

Selam K 01/04/06  
 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:

Haben Kansay

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

Name, Title, and Business Name:

Haben Kansay supporter. None

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

3015 N. Pearl St #H-1  
TACOMA, WA 98407

Phone Number:

253-592-8252

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:

move from one apartment to another.

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:

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

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

Haben Kansay  
Signature of Person Completing Form

12/7/05  
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.

*Dewayne Gill*

Applicant Name:  
~~DWAYNE GILL~~

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

Name, Title, and Business Name:  
*Susan Ward*

Address (include street address, mailing address, city, state, zip, and county):  
*6014 So. 237th St.  
Kent Wa 98032*

Phone Number:  
*706.3556267*

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:

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

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

*Susan Ward* \_\_\_\_\_ *Jan 3-06* \_\_\_\_\_  
Signature of Person Completing Form Date and Location

FROM: Washington Utilities and Transportation Commission  
Transportation Operations  
PO Box 47250 Phone: (360) 664-1222  
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 12-13-2005 Staff: Tina Leipski

P079415  
GILL, DEWAYNE  
JUST RIGHT MOVING CO  
3015 N PEARL ST #~~F-90~~#A-3  
TACOMA, WA 98407

*Apt number change*



Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.
- X Also, I need to get 2 more Support Statements. You only included 1 in the packet you sent. Thanks!

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) <b>01/05/2006</b>
PRODUCER <b>BROOKE AGENCY INSURANCE #462</b> 5825 TACOMA MALL BLVD STE 101 TACOMA, WA 98409	Phone: (253)476-8467	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED <b>DEWAYNE GILL</b> DBA: JUST RIGHT MOVING CO 3015 N PEARL ST A3 TACOMA, WA 98407	INSURERS AFFORDING COVERAGE	
	INSURER A:	<b>COLUMBIA INSURANCE CO</b>
	INSURER B:	<b>NATIONAL INDEMNITY</b>
	INSURER C:	
	INSURER D:	
		INSURER E:

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INBR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	71TRN325786	01/03/2006	01/03/2007	COMBINED SINGLE LIMIT (Ea accident) \$ <b>300,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B		OTHER <b>CARGO</b>	TBA	01/03/2006	01/03/2007	20,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**CERTIFICATE HOLDER**

**WASH UTILITY AND TRANS COMM TRANS OPERATIONS**  
 P O BOX 47250  
 OLYMPIA, WA 98504

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Shelley Russett* (SDB)

FROM: Washington Utilities and Transportation Commission  
Transportation Operations  
PO Box 47250 Phone: (360) 664-1222  
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 01-05-2006 Staff: Tina Leipski

HG062137  
GILL, DEWAYNE  
3015 N PEARL ST #A-3  
TACOMA, WA 98407

You must submit a new insurance filing before 03/05/2006 or the Commission will suspend your operating authority. If your authority is suspended, you must discontinue operations until valid insurance is received and the suspension is lifted.

Please contact this office prior to the cancellation date to ensure that a new insurance filing has been received.

X The insurance binder submitted is valid for up to 60 days only. A Form E insurance certificate must be filed within these 60 days or your operating authority will be suspended. The name on the insurance form must match exactly the individual, partners, or corporate name on the application or operating authority.

FROM: Washington Utilities and Transportation Commission  
Transportation Operations  
PO Box 47250 Phone: (360) 664-1222  
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 01-05-2006 Staff: Tina Leipski

HG062137  
GILL, DEWAYNE  
3015 N PEARL ST #A-3  
TACOMA, WA 98407

You must submit a new insurance filing before 03/05/2006 or the Commission will suspend your operating authority. If your authority is suspended, you must discontinue operations until valid insurance is received and the suspension is lifted.

Please contact this office prior to the cancellation date to ensure that a new insurance filing has been received.

X The insurance binder submitted is valid for up to 60 days only. A Form E insurance certificate must be filed within these 60 days or your operating authority will be suspended. The name on the insurance form must match exactly the individual, partners, or corporate name on the application or operating authority.