



HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



TV 060350

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 checked="" 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 480-15-450) – 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

Expiration Date: _____ Amount: _____

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): DARYL E. MUNN Date: 7-13-05

Signature: [Signature] Title: OWNER

FOR OFFICIAL USE ONLY

Date Filed: 07/21/05 Application #: P-19390 Motcar: 43840 Permit Issued: HG-

Staff Assigned: _____ Insurance: _____ Inspection: _____ DOL/SOS: OK/NA

Reception #: _____ 111-0268-207-02 250.00 111-0268-202-01 111-0268-013-20

0000109

BUSINESS INFORMATION

Name of Applicant Daryl Munn
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable INNOVATIVE MOVING CO.

Physical Address 3309 ALMIRA DR. BREMERTON WA. 98310

Mailing Address SAME

Telephone Number (360) 373-3606 Fax Number () _____

UBI # 601971869 Email: _____

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:

Name	Title	Stock Distribution or Percentage of Shares
<u>N/A</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: Relocation of Customers Household Goods Portal to Portal. Innovative will provide Exceptional Customer Service, Protect Home and employ Quality and Fully experienced Crew.

Briefly describe your experience in the transportation/household goods moving industry:
12 years with Local Moving Co. 3 years as a operator/owner conducting business in all 48 states

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	\$ <input checked="" type="checkbox"/>	Salaries/Wages Payable	\$?
Notes Receivable	\$	Accounts Payable	\$ 2,700 ⁰⁰
Accounts Receivable	\$	Notes Payable	\$ <input checked="" type="checkbox"/>
Investments	\$	Mortgages Payable	\$ 1,150 ⁰⁰
Other Current Assets	\$	Other	\$ <input checked="" type="checkbox"/>
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$ <input checked="" type="checkbox"/>
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ <input checked="" type="checkbox"/>	TOTAL LIABILITIES & NET WORTH	\$ <input checked="" type="checkbox"/>

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
99	GMC C6500	A50417U		
			2	25,000
			16DJ6H1D0XJ853	
			405	

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. (NOT ALL TRUCKS REQUIRE CDL)

Name: DARYL MUNN 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: DARYL MUNN Position: OWNER

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: DARYL MUNN 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: DARYL MUNN 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: DARYL MUNN 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: DARYL MUNN 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: DARYL MUNN Position: OWNER

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: DARYL MUNN

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: DARYL MUNN

Position: OWNED

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.

DARYL MUNN
Print name of applicant

D. Munn
Signature of Applicant

7-9-05 office
Date & Place Bremerton WA.

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:

Daryl Munn

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Jason Gomez

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

500 n.w. Island Lk. Rd.
Poulsbo, Wash. 98370

Phone Number:

360 697-7729

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:

Im looking ~~for~~ buying a house in the near future

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:

I feel confident and secure in the fact that Daryl and his company would do a good job, and get it down in a orderly, precise manner.

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

Small business need an opportunity to grow as well as large ones. This company has great potential for this.

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

Date and Location

14 July 05

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name:

INNOVATIVE MOVING CO.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

STANLEY E. NICHOLS, HOMEOWNER

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

6212 LINDEN LANE
BREMERTON, WA, 98310

Phone Number:

360-373-3136

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:

THERE IS NO REASONABLE MOVING COMPANY THAT WILL ACCEPT WEEKEND WORK WITHOUT OVERTIME CHARGES

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:

KITSAP COUNTY NEEDS A COMPANY THAT WILL PROVIDE PROFESSIONAL SERVICE AT A COMPETITIVE PRICE.

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

INNOVATIVE HAS EXTREMELY WELL QUALIFIED PERSONELL AND WILL GIVE THE STRONGER NAMES IN THE MOVING INDUSTRY A RUN FOR THEIR MONEY

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

6/12/05 BREMERTON, WA
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: Daryl Munn
Innovative Moving Co.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Juanita Martin - Helping Hands Cleaning Services
Address (include street address, mailing address, city, state, zip, and county):
6910 Aegean Blvd NE
Bremerton, Wn. 98311

Phone N: 360-307-8735

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
not at this particular time

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 may downsize - a family member will be using this services in a month.

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:
In my cleaning business, I meet people who are moving - and I feel confident to recommend Innovative Moving Co. - My reputation is also at stake, so I need to know whom I recommend is reliable.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
I feel confident in the good job that is done by this company - when I moved from another city to Brem - I used Daryl Munn to personally move us. He did a great job. (over)

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: Juanita L. Martin
Date and Location: 7-11-05 Brem. Wash.

Dayl moved us in a timely manner, nothing was broken -
and his prices were reasonable.

It is important for people who are starting a business
to have every opportunity to succeed. We can use
more moving services, as our county is growing -



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

RECEIVED
DISTRIBUTION CENTER

2005 JUN 21 AM 7:00

WUTC

June 30, 2005

Daryl Munn
6910 Aegean Blvd.
Bremerton, Washington 98311

Dear Mr. Munn:

This office has received information that indicates you may be providing residential household goods moving services in the state of Washington. Companies that transport household goods between residences or between a residence and a storage facility for compensation are required to obtain a permit from the Washington Utilities and Transportation Commission (the Commission) prior to beginning operations. **According to Washington state law, you may not transport household goods without first obtaining a permit from the Commission.** Also, if you are operating interstate, you need to obtain a motor carrier (MC) number from the Federal Motor Carrier Safety Administration.

My records search indicates that you may be operating under any or all of the following company names:

- *Innovative Moving Company*
- *Innovative Moving Systems*

I have enclosed information about the law, as well as an application for a household goods permit. In order to avoid further action by the Commission, you must respond to this letter on or before **July 14, 2005**, by either submitting the completed application form with the applicable fee, or by submitting a letter stating why you do not believe you are required to obtain a permit.

If the Commission does not receive a response from you by the date indicated, it may take further action by requiring you to appear at a hearing to determine if you should be penalized for operating without a permit. The Commission may assess such penalties in the amount of \$1,000 for each day it determines you are in violation.

If you have any questions or need assistance, you may contact me at 360-664-1244.

Sincerely,

Carolyn A. Caruso
Compliance Specialist

Enclosures



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

Date: 07-21-2005 Staff: Tina Leipski

P079390
MUNN, DARYL
INNOVATIVE MOVING CO
3309 ALMIRA DR
BREMERTON, WA 98310

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 You only submitted \$250.00 for temporary authority. You need to remit the additional \$300.00 since you are requesting permanent authority. (Temporary authority is for a short-term need). If you have any questions, feel free to contact me at (360) 664-1170.
Thanks! Tina