

**HOUSEHOLD GOODS CARRIER  
 PERMIT APPLICATION**

RECEIVED

NOV 08 2006

WASH. UT. & TR. COM.



TV-061705

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

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): DERYCK DEJESUS Date: 11/6/05

Signature: [Signature] Title: OWNER

**FOR OFFICIAL USE ONLY**

Date Filed: <u>11/8/06</u>	Application #: <u>19482</u>	Motcar: <u>44751</u>	Permit Issued: HG- <u>62651</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection:	DOL/SOS: <u>[Signature]</u>

Reception #: 0003094  
 111-0268-207-02    111-0268-202-01    111-0268-013-20

\$ 550.00

TV 061705

CV# 2533

TV-061705

Replacement page

BUSINESS INFORMATION

Name of Applicant DERRICK N DEJESUS (must be individual, partners of a partnership, or corporation)

Trade Name, if applicable RAIN CITY SERVICES (COMPANY NAME)

Physical Address 16722 MERIDIAN AVE N SHORELINE, WA 98133

Mailing Address 10115 GREENWOOD AVENUE N #140 SEATTLE WA 98133

Telephone Number (206) 319-2576 Fax Number (206) 418-6392

UBI # 602 621 363 Email: info@raincityservices.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:

Name	Title	Stock Distribution or Percentage of Shares

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: HOUSEHOLD GOODS

MOVING: RESIDENTIAL/COMMERCIAL MOVES PROVIDING TRUCK & DOLLYS, HANDTRUCKS, BUNKERS (AND OTHER ESSENTIAL EQUIP) AND/OR LABOR ONLY FOR LOAD/UNLOAD. VISION OF THE DEVELOPMENT OF RCS WILL ENHANCE CUSTOMER CHOICE & PROMOTE

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

ATLAS VAN LINES 79-81, U-HAUL PACKING & LOADING CREW 81-83, 94/96, MIKE THE MOVER 96-98, EAST SIDE MIKE THE MOVER 98-2000, GRAEBEL VAN LINES.

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	\$ 7,000	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	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$	<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
2004	Gmc	A68115Z	1G0HG31U3419061A	12000

### 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: N/A 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: DERRICK DEJESUS 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: DERRICK DEJESUS 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: N/A 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: DERRICK DEJESUS 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: DERRICK DEJESUS 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: DERRICK DEJESUS 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: DERRICK DEJESUS 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: DERRICK DEJESUS 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.*

DERRICK DEJESUS  
Print name of applicant

*Derrick DeJesus*  
Signature of Applicant

11/6/06  
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: *Rain City Services*

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

Name, Title, and Business Name:

*Stephanie McCracken*

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

*13000 Martin Luther King Way South  
Seattle, WA 98103*

Phone Number:

*(206) 772-0258*

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:

*I will be in need of moving my home in the 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:

*The philosophy of the company is well rounded - very people oriented. It's their attitude I like to see in local companies.*

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

*This company is extremely safety conscious.*

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

*Stephanie McCracken*  
Signature of Person Completing Form

*1/26/07 Seattle Washington*  
Date and Location

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Applicant Name: Rain City Services

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

Name, Title, and Business Name:

Domenic Powell Rain City Services

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

16722 Meridian Ave N Shoreline WA 98133

Phone Number:

(206) 920-1634

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:

Moving Furniture

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 AN ASSET TO THE MOVING INDUSTRY

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

THE WORK ETHICS AND PROFESSIONALISM OF THE OWNER AND HIS COMPANY IS <sup>OUTSTANDING</sup>

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

[Signature]  
Signature of Person Completing Form

1/19/07 Seattle Washington  
Date and Location

**Attn: T Leipski**

**Two Household Goods Statement of Support enclosed.  
The third statement of support is in process of being filled out.  
I will fax the third one shortly.**

**Regards,  
D DeJesus  
(206) 854-7924**



**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: DERRICK DEJESUS

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

Name, Title, and Business Name: <sup>OWNER</sup>  
LARON WILLIAMS ALL STAR TRANSFER

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

ALL STAR TRANSFER  
2520 NW 195<sup>th</sup> PI  
SHORELINE, WA 98177

Phone Number: (206) 367-2319

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.*

Signature of Person Completing Form

Date and Location

ATT T. Leipski

Sorry for the delay, had some trouble with the fax got it under control now.

Our Household Goods Statement of support will follow soon

Regards

D. DeJesus

(206) 854-0701 Cell