

TV-070387



# HOUSEHOLD GOODS CARRIER APPLICATION

## PERMIT



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 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   
 V082627

Expiration Date: 09/07 V      Amount: \$ 250.00

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): EDUARDO PONCE VALENZUELA      Date: 2-19-07  
 Signature: [Signature]      Title: owner

**FOR OFFICIAL USE ONLY**

Date Filed:	Application #: <u>ID# 4398</u>	Motocar:	Permit Issued: HG-
Staff Assigned:	Insurance:	Inspection:	DOL/SOS:
Reception #: <u>0003560</u>	<u>111-0268-207-02</u>	<u>111-0268-202-01</u>	<u>111-0268-013-20</u>

# Posted

RECEIVED  
 RECORDS MANAGEMENT  
 07 FEB 21 PM 4:50  
 STATE OF WASH.  
 UTILITIES AND TRANSP.  
 COMMISSION

**BUSINESS INFORMATION**

Name of Applicant AMERICA'S MOVING MACHINES  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable \_\_\_\_\_

Physical Address 8911 Evergreen way Everett WA 98208

Mailing Address 5902 214<sup>th</sup> ST SW Mantlake Terrace WA 98003

Telephone Number (206) 218 8641 (425) 438 2526 Fax Number (\_\_\_\_) \_\_\_\_\_

UBI # 602322659 Email: americasmovingmachines@gmail.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: My company will provide household goods moving services including transportation, packing, unpacking while maintaining a "EXCELLENT CARE CUSTOMER" and fair flexible rates.

Briefly describe your experience in the transportation/household goods moving industry: 7 years of experience, driving- loading goods- paper work. etc., knowledge about regulations on household Good carrier excellent work, and expert mover experience as a leader.

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	\$ 7800	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	\$ 1,500 <sup>00</sup>	Retained Earnings	\$ _____
Other Assets	\$ 0,500 <sup>00</sup>	Capital	\$ _____
<b>TOTAL ASSETS</b>	\$ 17,800 <sup>00</sup>	<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
2000	INTERNATIONAL	A57369K	YH241259	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: Eduardo Ponce 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: Eduardo Ponce 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: Eduardo Ponce 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: Eduardo Ponce 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: Eduardo Ponce 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: Eduardo Ponce 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: Eduardo Ponce Position: owner

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: AMERICA'S MOVING MACHINES

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Marri Wilson Asst. Mgr. Walden Pond

Address (include street address, mailing address, city, state, zip, and county): 9900 12th Ave W. Everett, WA. 98204 Snohomish

Phone Number: 363-7454 425-8000000

Do you currently need the services of a residential household goods moving company? No Yes If yes, please describe your current moving needs: Our resident are having to move + many need movers.

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 see many people using mover +

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 provide many people who can't afford the high cost with a cheaper company.

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

2-20-07 Walden Pond Everett Date and Location

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Applicant Name: AMERICA'S MOVING MACHINES

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Holly Village Senior Living Apartments

Address (include street address, mailing address, city, state, zip, and county): 9615 Holly Drive Everett, WA 98204 / Snohomish

Phone Number: 425-355-0646

Do you currently need the services of a residential household goods moving company? No Yes If yes, please describe your current moving needs: Perspective Residents moving in

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: Same as above

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: Help Residents with their moving needs.

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: Barbara Fey - Property Manager Date and Location: 2/20/07 Holly Village Everett, WA

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Applicant Name:

AMERICA'S MOVING MACHINES

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Margaret Olavin Manager Covington Farms

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

10115 Holly Dr.  
Everett, WA 98204

Phone Number:

425-348-6500

Do you currently need the services of a residential household goods moving company?

No  Yes If yes, please describe your current moving needs:

Residents moving in and out of apartments need these services.

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:

Continued (on-going) needs by residents.

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:

This will benefit the company by being able to refer a reliable company for their moving needs. This will benefit the community by bringing more employment opportunities

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.

Margaret Olavin  
Signature of Person Completing Form

2/19/07 - Everett WA  
Date and Location