



UTILITIES AND TRANSPORTATION COMMISSION

RECEIVED HOUSEHOLD GOODS CARRIER PERMIT APPLICATION DEC 03 2007



TV-072319-CT

WASH. UT. & TP. COMM

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 2 - 6 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 2 - 6 and Attachment A	\$ 250
<input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 6 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 2 - 6 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 2 - 6 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 2 - 3 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority – Complete pages 2 - 6 and Attachment A	\$ 550

TYPE OF PAYMENT

Check Money Order Amex Mastercard Visa

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Amount: \$550.00 Expiration Date: _____

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): Boubacar Zida Date: 11/26/07
 Signature: [Signature] Title: OWNER

FOR OFFICIAL USE ONLY

Date Filed: <u>11/23/07</u>	DOL/SOS: <u>OL/NA</u>	ID: <u>4876</u>	Permit Issued: HG-
Staff Assigned: <u>[Signature]</u>	Insurance: <u>0004949</u>	Inspection:	Docket #
Reception #: <u>0004949</u>	111-0268-207-02 <u>550.00</u>	111-0268-202-01	111-0268-013-20

BUSINESS INFORMATION

Name of Applicant Boubacar Zida
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Zida Labor

Physical Address 3200 NE 140th St Apt. 9 Seattle, WA. 98125-3070

Mailing Address 3200 NE 140th St Apt 9 Seattle, WA. 98125-3070

Telephone Number (206) 733-0127 Fax Number () NA
206 697-4390

UBI # W02 771 690 Email: zidalabor@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:

Name	Title	Stock Distribution or Percentage of Shares
<u>Boubacar Zida</u>	<u>Sole Proprietorship</u>	<u>100%</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: King, Snohomish, Skagit

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: General moving, bump runs, deliveries. We work hard and at an affordable rate.

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

I worked in my family owned moving company before coming to America. Also after moving to America I have worked off and on helping people move.

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# _____

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 must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan

ASSETS		LIABILITIES	
Cash in Bank	\$ 800.00	Salaries/Wages Payable	\$ 800
Notes Receivable	\$ 225.00	Accounts Payable	\$ 130.00
Accounts Receivable	\$ 200.00	Notes Payable	\$ 0
Investments	\$ 0	Mortgages Payable	\$ 0
Other Current Assets	\$ 0	Other	\$ 0
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 1530.00
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 0	Preferred Stock	\$ 0
Office Furniture	\$ 0	Common Stock	\$ 0
Other Equipment	\$ 0	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
TOTAL ASSETS	\$ 1025.00	TOTAL LIABILITIES & NET WORTH	\$ 1530

EQUIPMENT LIST

Describe the equipment you will use (attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1990	Ford	A27876N	2FTHF26G1LCB06133	2 Ton
1989	International	AB01149	1HTJ42RKH62560	8 Ton

SAFETY AND OPERATIONS

List the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and commission rules (WAC) as described below. 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 DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES** (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.
- **DRIVER QUALIFICATION REQUIREMENTS** (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.
- **DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.
- **CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program.
- **INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles.
- **SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.
- **DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.
- **PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.
- **LIABILITY INSURANCE REQUIREMENTS** (WAC 480-15-530). You must file and maintain proof of public liability and property damage insurance (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more).
- **CARGO INSURANCE REQUIREMENTS** (WAC 480-15-550). You 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: Boubacar Zida

Position: OWNER

OPERATIONAL RESPONSIBILITIES

ANNUAL REPORTS and REGULATORY FEES (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

Name: Boubacar Zida

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 the 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: Boubacar Zida

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.

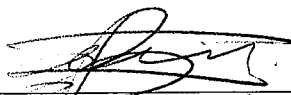
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 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.

My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.

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.

Boubacar Zida

Print name of applicant



Signature of Applicant

11/20/07 Seattle, WA

Date and Location

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ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name: Boubacar Zida

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Gina Brown

Address (include street address, mailing address, city, state, zip, and county):
14635 NE 32nd St #D205, Bellevue, WA, 98007

Phone Number: 206 612 2633

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
I recently purchased a home and will require moving service in the next month to move into the home.

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:
As I am moving from a 1-bedroom apt. to a 5-bedroom home I will need a moving service for delivering furniture I purchase for the home.

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: Mr. Zida is strong and reliable and I trust him to do the job efficiently and well, and at an affordable rate. This is important to me and others seeking moving services as moving can be both stressful and costly.

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.

Gina Brown 11/28/07 - Bellevue, WA.
Signature of Person Completing Form Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name: Zida Labor

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Jennifer Mitchell / M3 Creative

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

37 S Hudson St
Seattle, WA 98134

Phone Number: 206-779-9172

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

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

Disposal of garbage, moving office equipment

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:

Hard workers that provide labor at a competitive rate

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.

Jennifer Mitchell
Signature of Person Completing Form

11/29/07 Seattle, WA
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name:

~~Lorraine Macanabo~~ Lida Labor

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Lorraine Macanabo

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

4525-164th St. S.W. #106
Lynnwood, Wa 98087

Phone Number:

425-967-3968

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

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

(They already helped with my last move!)

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:

Will in the future need household relocation when we move again.

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:

Movers are always needed and their rates are comparable with other moving companies.

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.

Lorraine Macanabo
Signature of Person Completing Form

11-28-07 Home
Date and Location