

TV-081798-CT

WASHINGTON

RECEIVED

UTILITY AND TRANSPORTATION COMMISSION

OCT 02 2008

HOUSEHOLD GOODS CARRIER PERMIT APPLICATION

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

44

Amount: _____ 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): _____

Signature: _____

FOR OFFICIAL USE ONLY

Date Filed: 10/2/08	DOB/SOS: OK/OK	ID: 4348	Permit Issued: HG-
Staff Assigned: [Signature]	Insurance:	Inspection:	Docket #
Reception #: 0012546	111-0268-207-02	111-0268-202-01 550.00	111-0268-013-20

BUSINESS INFORMATION

Name of Applicant America's Moving Machines, Inc *OK*

(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 5902 214th St Sw Mountlake Terrace, WA 98043

Mailing Address 19925 68th Ave West Lynnwood, WA 98036

Telephone Number (206) 218-8641 or 425-438-2526 Fax Number () _____

UBI # 602693858 *OK*

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: Providing exceptional customer service at competitive rates. Move customers from houses, apartments, condos, etc.

My company will provide household moving including transportation, packing, unpacking while maintaining a "EX-CELLENT" CUSTOMER CARE Service and fair flexible rates

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

7+ years working in this industry.

8 years of experience as a driver leader -
↳ in loading and offloading - inventory
picker work (bill of lading) etc

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	\$ 7,000 ⁰⁰	Salaries/Wages Payable	\$ _____
Notes Receivable	\$ _____	Accounts Payable	\$ _____
Accounts Receivable	\$ _____	Notes Payable	\$ _____
Investments	\$ _____	Mortgages Payable	\$ _____
Other Current Assets	\$ _____	Other	\$ _____
Prepaid Expenses	\$ _____	TOTAL LIABILITIES	\$ _____
Land and Buildings	\$ _____	NET WORTH	
Trucks and Trailers	\$ 20,000 ⁰⁰	Preferred Stock	\$ _____
Office Furniture	\$ 2,000 ⁰⁰	Common Stock	\$ _____
Other Equipment	\$ 4,000 ⁰⁰	Retained Earnings	\$ _____
Other Assets	\$ 1,000 ⁰⁰	Capital	\$ _____
TOTAL ASSETS	\$ 31,000 ⁰⁰	TOTAL LIABILITIES & NET WORTH	\$ _____

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight

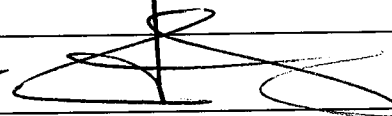
SAFETY AND OPERATIONS

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. *Eduardo Ponce*
- **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. *Eduardo Ponce*
- **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. *Eduardo Ponce*
- **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. *Eduardo Ponce*
- **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. *Eduardo Ponce*
- **DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles. *Eduardo Ponce*
- **PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition. *Eduardo Ponce*
- **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). *Eduardo Ponce*
- **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: *Eduardo Ponce*

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: Edwardo Ponce 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: Edwardo Ponce 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.

Edwardo Ponce
Print name of applicant

[Signature]
Signature of Applicant

01/08/08
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: **AMERICA'S MOVING MACHINES INC**

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Marri Nilson, 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-~~922222~~**

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.

Marri Nilson
Signature of Person Completing Form

2-20-07 Walden Pond Everett
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: AMERICA'S MOVING MACHINES INC.

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.
Barbara Fey - Property 2/20/07 Holly Village
Signature of Person Completing Form Manager Date and Location Everett, 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:

AMERICA'S MOVING MACHINES INC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Margaret Olgin, 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 Olgin
Signature of Person Completing Form

2/19/07 - Everett, WA
Date and Location