

TV-090197-CT



**HOUSEHOLD GOODS MOVING COMPANY
PERMIT APPLICATION**



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 B	\$ 50
<input checked="" 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 480-15-335 - 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 480-15-450) - 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

Amount: 250 ~~550~~ Expi: 2/3/09

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): Daniel Hazan Date: 1/29/09

Signature: Dan Hazan Title: owner

FOR OFFICIAL USE ONLY

Date Filed: <u>2/5/09</u>	DOL/SOL: <u>ok</u>	ID: <u>5409</u>	Permit Issued: HG-
Staff Assigned: <u>Jui</u>	Insurance: <u>ok</u>	Inspection:	Docket #
Reception #: <u>0017373</u>	111-0268-207-02	111-0268-202-01	111-0268-013-20

550.00

BUSINESS INFORMATION

Name of Applicant Daniel Hazan
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Quick Move Transport, LLC

Physical Address 835 7th Ave., Kirkland WA 98033

Mailing Address 218 Main St., #352, Kirkland WA 98033

Telephone Number (206) 406-4899 Fax Number (425) 803-9075

UBI #: 602877914 Email: danhazan@hotmail.com

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
 No Yes L & I Account No. N/A (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
ESD No. N/A (required if you have employees)

Have you registered your business with the Department of Revenue? No Yes

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
Daniel Hazan	Member	100%

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:

Moving and delivery services to assist customers with short notice needs and to give them friendly and helpful, safe and secure, professional treatment. Provide service to customers with small moving needs.

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

I am 18 years old and a student at UW. I have several years of personal experience helping family members and friends move, pick up and deliver household items, entire residences, offices, etc., approx. 20 moves.

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 in Washington? No Yes If yes, please explain _____

Do you currently operate interstate? No Yes If yes, please indicate your USDOT# _____ 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 crime? 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	\$ 3,600	Salaries/Wages Payable	\$ 0
Notes Receivable	\$	Accounts Payable	\$ 0
Investments	\$	Notes Payable	\$ 0
Other Current Assets	\$	Mortgages Payable	\$ 0
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$	NET WORTH	\$15,000
Trucks and Trailers	\$ 8,000	Preferred Stock	\$
Office Furniture	\$ 1,400	Common Stock	\$
Other Equipment	\$ 2,000	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 15,000	TOTAL LIABILITIES & NET WORTH	\$ 0 / \$15,000

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1997	ISUZU	A72150W	JALC4BIK2V7009891	16,000

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 REQUIREMENT 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.

PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.

LIABILITY INSURANCE REQUIREMENTS (WAC 480-15-530). You must file and maintain proof of public liability and proper 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: *Jim Hagan*

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: <i>Jim Hayden</i>	Position: <i>Owner</i>
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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: <i>Jim Hayden</i>	Position: <i>Owner</i>
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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.

Daniel Hazan
Print name of applicant

Jim Hayden
Signature of Applicant

1/29/09 Kirkland, 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: Daniel Hagan / Quick Move Transport, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Tamir Chayon

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

7019 118th PL NE Kirkland WA 98033

Phone Number:

(206) 422-0007

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

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

Since I am down stairs I may need moving 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:

Yes, In this Economic Environment people need to downsize

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 benefit the community since there are a lot of people that need fast affordable move.

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

There are many single moms in this state that need help to move items and this company is perfect.

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

Tamir Chayon
Signature of Person Completing Form

1-31-09 Kirkland WA
Date and Location

for this kind of service

ATTACHMENT A

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Applicant Name: Daniel Hazan / Quick Move Transport, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Michelle Younker

Address (include street address, mailing address, city, state, zip, and county):
10017 NE 122nd St. Unit M-B Kirkland, WA, 98034

Phone Number: 206-920-0103

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
I will be moving out of my condo.

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 moving again in about 6 months.

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 have a small job that will need to be done quickly. I need a small, reliable company willing to do the job at a price I can afford.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Due to the changes in our economy, many more people will be needing moving services. Granting this company a permit, insures that an affordable company will be able to help with those moves.

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

Michelle Younker
Signature of Person Completing Form

2/2/09 Kirkland, 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: Daniel Hazan / Quick Move Transport, LLC

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<u>Jennifer Nilssen, Realtor, TEC Real Estate</u>
Address (include street address, mailing address, city, state, zip, and county):	<u>10885 NE 4th St. Ste. 220 Bellevue, WA 98004</u>
Phone Number:	<u>(206) 853-1491</u>
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs:	<u>As a current promotion for my clients I offer to pay for moving services upon a close of a transaction.</u>
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs:	<u>I refer many services such as this to my clients as well as ongoing promotions that involve supplying movers to clients</u>
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:	<u>This company would provide an inexpensive, competitive rate alternative and still provide a good service.</u>
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	<u>I would strongly suggest approving this application. They have a serious business plan, are organized, and are a need in the community.</u>
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	<u>1/30/09 - Bellevue, WA</u>