

TV-090294-CT

WASHINGTON



UTILITIES AND TRANSPORTATION  
COMMISSION

## 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 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 480-15-335 – 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

Amount: \$ 550.00

Expiration Date: 02/12

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): Rich Dengah

Date: 2.20.09

Signature: [Handwritten Signature]

Title: Owner

### FOR OFFICIAL USE ONLY

Date Filed: <u>2/23/09</u>	DOI/SOS: <u>OK/N/A</u>	ID: <u>5432</u>	Permit Issued: HG-
Staff Assigned: <u>[Signature]</u>	Insurance:	Inspection:	Docket #

Reception #/ 0017482

111-0268-207-02

550.00

111-0268-202-01

111-0268-013-20

### BUSINESS INFORMATION

Name of Applicant Rich Dengah Richard A. Dengah  
(must be individual, partners of a partnership or corporation) *per UBI*

Trade Name, if applicable Empire Moving & Storage

Physical Address 15226 Dubuque Rd. Snohomish WA 98290

Mailing Address same as above

Telephone Number (425) 876 7106 Fax Number (425) 334 3595

UBI #: 1602 874 441 *OR* Email: empiremovingandstorage@yahoo.com

Have you established a Worker's Compensation Account with the Department of Labor & Industries?  
 No  Yes L & I Account No. 1166, 801-00 (required if you have employees.)

Have you registered with the Employment Security Department?  No  Yes  
 ESD No. 558390 00 1 (required if you have employees)

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

### TYPE OF BUSINESS STRUCTURE

Individual     Partnership     Corporation (LP, LLP, LLC)     Other \_\_\_\_\_

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:

Moving and storage of residential and commercial goods. I strive to provide quality, timely services at a competitive rate.

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

Eleven years in the moving industry; as a mover on the trucks, and general management experience, including supervisory, clerical, and sales aspects.

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	\$ 1400-	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$ 2,000-
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 2,000-
Land and Buildings	\$	NET WORTH	6400
Trucks and Trailers	\$ 5500-	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$ 1500-	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 8400	TOTAL LIABILITIES & NET WORTH	\$ 6400

### EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1995	GMC	B91135H <del>B91135H</del>	1G2G6H1JSJ508780	24,000

## 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: Rich Dengsh

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: <u>Rich Dengah</u>	Position: <u>Owner</u>
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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: <u>Rich Dengah</u>	Position: <u>Owner</u>
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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.

Rich Dengah  
Print name of applicant

Rich Dengah  
Signature of Applicant

2.20.09 Rich Dengah  
Date and Location WA

**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: Empire Moving and Storage

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

Name, Title, and Business Name: Anna Shuraki

Address (include street address, mailing address, city, state, zip, and county):  
15121 23<sup>rd</sup> St SE  
Grohamsish WA 98296

Phone Number: 425 772 8027

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:  
As a home & business owner, I feel reliable, honest service is difficult to find.

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 known Rich Dengsh for over 20 years, and know him to be knowledgeable, hard working, and dependable.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
Rich Dengsh's vision and business plan show motivation and willingness to work hard to achieve his goals.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.  
Anna Shuraki Signature of Person Completing Form  
Grohamsish WA 2.9.09 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: EMPIRE MOVING & STORAGE

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

Name, Title, and Business Name: CLINT TIPTON

Address (include street address, mailing address, city, state, zip, and county):  
16513 BROADWAY AVE  
SNOHOMISH, WA. 98296

Phone Number: 206 356 1829

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 WOULD RECOMMEND RICH DENGATH AND EMPIRE MOVING FOR ANY UPCOMING MOVES

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:  
RICH & I HAVE WORKED TOGETHER FOR SEVERAL YEARS, HE IS NOT ONLY VERY KNOWLEDGED IN THE MOVING INDUSTRY, BUT ALSO STRIVES TO OPERATE WITH INTEGRITY

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
RICH DENGATH HAS 11 YEARS EXPERIENCE IN THE MOVING INDUSTRY

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

Clint Tipton  
Signature of Person Completing Form

2-10-09 Snohomish WA.  
Date and Location



**ATTACHMENT A**

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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: Empire Moving and Storage

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

Name, Title, and Business Name: BREGORY ALLEN COOK PRESIDENT EXCALIBUR MOVING COMPANY

Address (include street address, mailing address, city, state, zip, and county):  
13418 61<sup>ST</sup> AVE SE  
EVERETT, WA 98208

Phone Number: 425 280 7615

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 RECENTLY CLOSED MY COMPANY & I WOULD BLINDLY RECOMMEND  
EMPIRE TO PROSPECTIVE CUSTOMERS.

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 PERSONALLY KNOW THE OWNER AND HE POSSESSES THE CHARACTER  
REQUIRED TO RUN A HONEST 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.

Bregory Cook  
Signature of Person Completing Form

2-19-09 EVERETT, WA  
Date and Location