

TV-090326-CT

WASHINGTON

RECEIVED

UTILITIES 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

Money Order Amex Mastercard

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): Americas Moving Machines

Signature: [Signature]

FOR OFFICIAL USE ONLY

Date Filed: <u>10/2/08</u>	Permit Issued: <u>OK</u>	ID: <u>4398</u>	Permit Issued: HG-
Staff Assigned: <u>[Signature]</u>	Insurance:	Inspection:	Docket #
Reception #:			

111-0268-207-02 111-0268-202-01 111-0268-013-20

550.00

0017535

Posted

BUSINESS INFORMATION

Name of Applicant America's Moving Machines, Inc *OK 3/2/09*
(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 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:

Name	Title	Stock Distribution or Percentage of Shares
<u>Eduardo Rence</u>	<u>owner</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: _____

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 "EXCELLENT CUSTOMER CARE" and 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
paper 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	\$ 00
Notes Receivable	\$	Accounts Payable	\$ 4800
Accounts Receivable	\$	Notes Payable	\$ 00
Investments	\$	Mortgages Payable	\$ 00
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 4800
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	\$	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
1998	FREIGHTLINER	B89321D	001	26,000
1979	Lincoln Mark V	B20111E	002	

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: <u>Edwardo Ponce</u>	Position: <u>owner</u>
----------------------------	------------------------

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>Edwardo Ponce</u>	Position: <u>owner</u>
----------------------------	------------------------

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

02/27/09
Date and Location