



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	
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order
<input type="checkbox"/> Amex	<input checked="" type="checkbox"/> Mastercard
<input type="checkbox"/> Visa	

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): Kenneth L Snyser Date: 4-10-2009

Signature: [Handwritten Signature] Title: _____

FOR OFFICIAL USE ONLY			
Date Filed: <u>4/10/09</u>	DOL/SOS: <u>OK</u>	ID: <u>5494</u>	Permit Issued: HG-
Staff Assigned: <u>[Signature]</u>	Insurance: <u>OK</u>	Inspection:	Docket #
Reception #: 111-0268-207-02 <u>0018118</u> 111-0268-202-01 111-0268-013-20			

\$550.00

"Melissa's Movers LLC"

BUSINESS INFORMATION

Melissa's Movers, LLC

Name of Applicant ~~MELISSA WILLIS, KENNETH SMYSOR~~
 (must be individual, partners of a partnership or corporation)

Trade Name, if applicable ^{N/A} MELISSA'S MOVERS, LLC

Physical Address 5705 S. 232nd ST. Kent WA, 98032

Mailing Address " "

Telephone Number (206) 902-0249 Fax Number () _____

UBI #: 602-898-919 Email: MelissasMoversLLC@gmail.com

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
 No Yes L & I Account No. 172351-00 (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
 ESD No. 570314002 (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:

Name	Title	Stock Distribution or Percentage of Shares
<u>MELISSA WILLIS</u>	<u>Senior officer</u>	<u>50%</u>
<u>Kenneth SmySOR</u>	<u>Junior officer</u>	<u>V/P 50%</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, Pierce~~ _____

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service:

Melissa's Movers LLC would like to provide professional and efficient relocation of household goods that are fully protected from beginning to end.

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

Melissa has previously managed a small moving company and is now starting her own.

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	\$ 6,000	Salaries/Wages Payable	\$ 0
Notes Receivable	\$	Accounts Payable	\$ 0
Investments	\$	Notes Payable	\$ 0
Other Current Assets	\$	Mortgages Payable	\$ 219,000
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 219,000 11,350
Land and Buildings	\$ 219,000	NET WORTH	11,350
Trucks and Trailers	\$ 3600	Preferred Stock	\$ 0
Office Furniture	\$ 500	Common Stock	\$ 0
Other Equipment	\$ 1000	Retained Earnings	\$ 0
Other Assets	\$ 250	Capital	\$ 0
TOTAL ASSETS	\$ 230,350	TOTAL LIABILITIES & NET WORTH	\$ 230,350

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1993	GMC	B60834K	16DE6H1P2P513880	20,000
	MISC	—	dollies, hand trucks, furniture pads, etc.	—

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:

MEUSSA WILLIS

Position:

Senior Office

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:

Kenneth L. Smyser

Position:

Junior Officer

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:

Kenneth L. Smyser

Position:

Junior Officer

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.

Kenneth L. Smyser
Print name of applicant


Signature of Applicant

4-10-2009
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:
Kenneth L Smyser Melissa's Movers, LLC.

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Kenneth L Smyser - owner member Gary Turner
Address (include street address, mailing address, city, state, zip, and county):	192 St 1403 Auburnway SE Auburn, WA 98002 Auburn, WA 98002
Phone Number:	(253) 249-4647
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe your future moving needs:	
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: Having a trustworthy, Dependable mover benefits our community as I can now trust to move my house w/ a dependable shipper	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? None This person is a dependable + trustworthy person	
<i>I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>	
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:

Kenneth L Smyser Melissa Movers LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

LINDA MCCRINTOSH, REALTOR, WINDERMERE RE/SOUTH

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

13106 SE 240th Kent WA 98032

Phone Number:

206-915-0374

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:

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:

my customers AND the community always need reliable, honorable movers, who a client can trust will care for their family goods

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

Mr. Smyser has proven to me that he is stable, financially secure member of our community.

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

Linda McCintosh

Signature of Person Completing Form

3-21-09 Kent 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: Kenneth L Smyser Melissa's Movers, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Safeguard Self Storage

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

415 Washington Ave N.
Kent WA 98032

Phone Number:

253.854.7800

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?

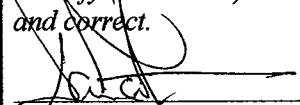
No Yes If yes, please describe your future moving needs:

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 the economy grow.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? NO

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

3/26/09 Safeguard Kent

Date and Location