



### BUSINESS INFORMATION

Name of Applicant Kevin Lee Miller *ok*  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable KLM MOVERS *ok*

Physical Address 1013 NE Coco Ct, Bremerton WA

Mailing Address same 98311

Telephone Number (360) 340-5781 Fax Number (360) 692-3692

UBI #: 6027957771 Email: \_\_\_\_\_

602-195-1771 *per DOH*

Have you established a Worker's Compensation Account with the Department of Labor & Industries?  
 No  Yes L & I Account No. 151,438-00 (required if you have employees.)

Have you registered with the Employment Security Department?  No  Yes

ESD No. 400489002 (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>
<u>Kevin Lee Miller</u>	<u>Owner</u>	<u>100% ok</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:

KLM Movers provides service for all sizes of jobs, big or small. Most existing companies are unwilling to do smaller jobs. We provide a less expensive option.

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

Kevin Miller has worked in the moving industry for 29 years for multiple companies and operated KLM Movers in Florida 14 years.

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# 1750759 MC# 678986

1750795 per safer

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	\$ 1000.00	Salaries/Wages Payable	\$ 140.00
Notes Receivable	\$ 1035.00	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 400.00	<b>TOTAL LIABILITIES</b>	<b>\$ 140.00</b>
Land and Buildings	\$ 0	<b>NET WORTH</b>	
Trucks and Trailers	\$ 30,000	Preferred Stock	\$ 0
Office Furniture	\$ 1,300	Common Stock	\$ 0
Other Equipment	\$ 1,800	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
<b>TOTAL ASSETS</b>	<b>\$ 35,535</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ 140.00</b>

### EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2005	Ford	B93251 E	3FRWF65B 05V 205437	26,000

### **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:

Kevin Lee Miller

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: Kevin Lee Miller 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: Kevin Lee Miller 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.

Kevin Lee Miller Kevin Lee Miller Bremerton WA  
Print name of applicant Signature of Applicant Date and Location  
4/27/09

**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: KLM MOVERS, Kevin Miller

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

Name, Title, and Business Name: Deborah A. Weih Creek - V.P. - Amish Touch, Inc

Address (include street address, mailing address, city, state, zip, and county):  
3261 NW Mount Vintage Way # 201  
Silverdale, WA 98383 Kitsap

Phone Number: (360) 308-8338

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs: To deliver customer purchase from store to home.

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:  
KLM provides a service for our customers that we depend on. They are an asset to our business.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
They are a professional business that serve customers at a fair price

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

Deborah A. Weih Creek  
Signature of Person Completing Form

4/27/09 Kitsap Co.  
Date and Location

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Applicant Name: KLM MOVERS, Kevin Miller

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

Name, Title, and Business Name: Vintage at Silverdale, Tiffany Thompson

Address (include street address, mailing address, city, state, zip, and county):  
3291 NW Mt. Vintage Way  
Silverdale, WA 98383

Phone Number: 360-308-9600

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
Help move tenants in and out of building.

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:  
Continue to assist in building 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:  
Continue the kind, professional relationship, maintain trustability in services, and safe reliability.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
KLM Movers has always shown professionalism, personation, and trustworthiness in services provided.

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

Tiffany Thompson  
Signature of Person Completing Form

4-27-09 Vintage @ Silverdale  
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: KLM MOVERS, Kevin Miller

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

Name, Title, and Business Name: Michael Meurs, Pres., Worldwide Woods

Address (include street address, mailing address, city, state, zip, and county):  
305 N. Callow  
Bremerton, WA 98092

Phone Number: 360 3730374

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
Furniture

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:  
moving Furniture

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:  
need to get Furniture Delivered

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.

Michael Meurs 4-27-09 Bremerton  
Signature of Person Completing Form Date and Location

**Form E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to KEVIN MILLER of 1013 NE COCO CT, BREMERTON, WA 98311 a policy or policies of insurance effective from 04/27/2009 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

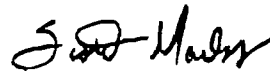
This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the Insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 27th day of April, 2009

Insurance Company File No. CA 06271125

(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IR835398

**Form H**  
**UNIFORM MOTOR CARRIER CARGO**  
**CERTIFICATE OF INSURANCE**

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION, PO BOX 47250, OLYMPIA, WA, 98504 (hereinafter called Commission)

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to KEVIN MILLER, of 1013 NE COCO CT, BREMERTON, WA 98311 a policy or policies of insurance effective from 04/27/2009 12:01 a.m., standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Cargo Insurance Endorsement, has or have been amended to provide cargo insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

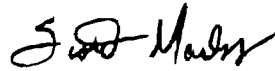
This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 27th day of April, 2009

Insurance Company File No. CA 06271125  
(Policy Number)

MC2443a (09/99)



(Authorized Company Representative)

**Fax Cover Sheet**

**KLM Movers  
1013 NE Coco Ct  
Bremerton WA 98311  
360-340-5781      360-692-3692 (fax)**

**Date:** 4/27/09

**To:** UTC - Permit Application  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11 pages plus  
cover sheet