

TV-090722-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 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

Check Money Order Amex Mastercard .sa

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): _____ Date: _____

Signature: _____ Title: _____

FOR OFFICIAL USE ONLY

Date: 5/11/09	DOL/SOS: ok / N/A	ID: 5540	Permit Issued: HG-
Staff Assigned:	Insurance: ok	Inspection:	Docket #

Reception # **0018792** 111-0268-207-02 111-0268-202-01 111-0268-013-20

^{550.00}
name of company: Jesus E Alvarado

BUSINESS INFORMATION

Name of Applicant Jesus E. Alvarado
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable 2 Brothers Moving Services

Physical Address 5823 200th st sw #232 Lynnwood wa 98036

Mailing Address Same

Telephone Number (206) 407-8280 Fax Number ()

UBI #: 602 807 975 Email: bthers2@hotmail.com

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: As I notice customers are looking for a fast, carefull, affordable professional and honestly service and that's what I will provide. like that all clients make new clients.

Briefly describe your experience in the transportation/household goods moving industry: I become a household mover in 2004 as Driver/helper. and I am still working on the moving business but now for my self as a moving helper (load & unload rental trucks) and it's about 5 years of experience on moving business.

Do you currently hold, or have you ever hold, 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 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	\$ 2,000.00	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$ 4475.00
Investments	\$	Notes Payable	\$ 560.00
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 8,000.00	Preferred Stock	\$
Office Furniture	\$ 800.00	Common Stock	\$
Other Equipment	\$ 3,000.00	Retained Earnings	\$
Other Assets	\$	Capital	\$ 2,000.00
TOTAL ASSETS	\$ 13,800.00	TOTAL LIABILITIES & NET WORTH	\$ 7045.00

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1993	International	1643054	1HTSDPNL2PH505819	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: Jesus E Alvarado

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: Jesus E. Alvarado

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: Jesus E. Alvarado

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.

Jesus E. Alvarado
Print name of applicant

[Signature]
Signature of Applicant

S-7-2009
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: Jesus E. Alvarado DBA 2 Brothers Moving Services.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: MARY KAY HOPE BUDINICH / FAIRY GARDENS

Address (include street address, mailing address, city, state, zip, and county):
5920 - 200th ST. SW #42
LYNNWOOD, WA 98036-0516

Phone Number: 206.604.7256

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 MAY MOVE TO A SENIOR MOBILE HOME PARK IN THIS AREA
OR POSSIBLY CALIFORNIA

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: MANY PEOPLE ARE LOSING THEIR HOMES AND/OR JOBS. THEY WILL NEED HELP RELOCATING AND NEED HARD WORKING, HONEST PEOPLE TO MOVE THEIR BELONGINGS.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I KNOW THIS PERSON TO BE HARD WORKING AND HONEST. HE SPEAKS ENGLISH WELL. HE HAS A LOT AT STAKE AS HE HAS A WIFE & THREE CHILDREN TO SUPPORT SO I KNOW HE WILL WORK FAST & INEXPENSIVE TO CAPTURE BUSINESS.

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

Mary Kay Hope Budinich May 5, 2009 Lynnwood WA
Signature of Person Completing Form Date and Location

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Applicant Name: Jesus E Alvarado DBA 2 Brothers Moving Services.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Marsha Hatah Mgr.

Address (include street address, mailing address, city, state, zip, and county):
5821 200th St. SW. Lynnwood, WA 98036 Lynnview Apts

Phone Number: 425-750-0654

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:
Will benefit the apartment complex that I manage.

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 trust worthy company

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

Marsha L. Hatah 5-5-09 Lynnwood, WA
Signature of Person Completing Form Date and Location

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Applicant Name: Jesus E. Alvarado DBA 2 Brothers Moving Services.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Tom Teel, General Manager, Self Employed

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

413 NE 70th Street, Seattle, WA 98115
King County

Phone Number:

206-547-0609

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:

This will be a great benefit to our community to have Enrique and 2 Brothers available to give great service to all of us!

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

I would, if needed, ask for other customers. I am sure you will find superb recommendations about them. Please feel free to call me.

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

[Signature]
Signature of Person Completing Form

5-6-09 - Home Address ABC
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: Josus E. Alvarado DBA 2 Brothers Moving Services.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Fidelia Mendosa, Patient Care Coordinator, Woodway Chiropractic

Address (include street address, mailing address, city, state, zip, and county):
20015 Hwy 99 Suite #A
Lynnwood, WA 98036

Phone Number: 425-771-2225

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 need help moving heavy 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:
Its good to know you can count on honest hard working people to come into your home and move things for you

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
This will be a honest, hardworking and careful company.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
Fidelia Mendosa 5/5/09 Lynnwood, WA
Signature of Person Completing Form Date and Location

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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: Jesus E. Alvarado DBA 2 Brothers Moving Services.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Gawn Weldon

Address (include street address, mailing address, city, state, zip, and county):
1630 146th St SW
Lynnwood WA 98087

Phone Number: 425-742-6710

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: Will need a 2nd load of furniture moved between May 29th through June 12th.

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 feel it would be a benefit for our community. The job was handled very professionally.

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.

Signature of Person Completing Form: Gawn Weldon Date and Location: 5.6.09 Lynnwood