

AUG 13 2009



WASH. UT. & TP. COMM  
**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	<u>\$ 550</u>
<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     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): \_\_\_\_\_ Company Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Date Filed: <i>8/14/09</i>	DOB/SOS: <i>OK/OK</i>	ID: <i>5663</i>	Permit Issued: HG-
Staff Assigned: <i>[Signature]</i>	Insurance:	Inspection:	
Reception #: <b>0019212</b>			Docket #

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

*550.00*

*OK # 3799*

**BUSINESS INFORMATION**

Name of Applicant Michele Marsh **Majestic Moving & Packing, Inc**  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable ~~Majestic Moving & Packing~~ N/A

Physical Address 6723 16<sup>th</sup> AVE NW Seattle WA 98117

Mailing Address 6201 15<sup>th</sup> AVE NW #560 Seattle WA 98107

Telephone Number 206 789-5646 Fax Number 206 789-5646

UBI #: 602 169 77600 Email: NWMAJESTIC@GMAIL.COM

Have you established a Worker's Compensation Account with the Department of Labor & Industries?  
 No  Yes L & I Account No. 899 735-01 (required if you have employees.)

Have you registered with the Employment Security Department?  No  Yes  
ESD No. 183455 00 0 (required if you have employees)

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

**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>Michele Marsh</u>	<u>President</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:

I am a woman owned moving company in perdominantly male industry and have been in this industry for many years, and believe customers would like having a choice. We perform local and long distance moves I offer packing, moving, loading & unloading of trucks & pods.

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

I have worked with other household goods moving companies and enjoyed a good working relationship with all. moving and packing is what I do - providing quality service for all my customers.

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	\$ 23	Salaries/Wages Payable	\$ 3446
Notes Receivable	\$	Accounts Payable	\$ 882
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	<b>\$</b>
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$ 5,000	Common Stock	\$
Other Equipment	\$ 2,500	Retained Earnings	\$ 3195
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	<b>\$ 7523.00</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ 7523</b>

### EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1998	Ford Box 24ft	B42281K	1F0NF70D1WVAB3101	20,000 GVW

## 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:

*Michelle Maest*

Position:

*President*

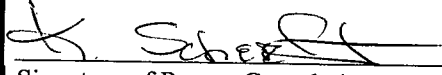
## ATTACHMENT A

### 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: MAJESTIC MOVING & PACKING, LLC
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#### The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: KAREL SCHERFF	
Address (include street address, mailing address, city, state, zip, and county): 834 NW 96th ST SEATTLE, WA 98117 (KING COUNTY)	
Phone Number: (206) 795-5424	
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: PREVIOUSLY MOVED FROM 2 BR HOUSE TO 2 BR APT. QUALITY OF MOVE WAS EXCELLENT - MOVERS WERE ON TIME, VERY COURTEOUS & PROFESSIONAL & FAST	
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: PACK & MOVE TO STORAGE IN ANTICIPATION OF MOVE INTO 3 BR HOUSE IN OCTOBER '09	
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: WITH MOVES PERFORMED AS ABOVE, WE HAVE REFERRED MANY FRIENDS TO THIS COMPANY, WHOM HAVE MOVED BY ABOVE & THEY TOO ARE VERY HAPPY - GOOD FOR INDUSTRY, ECONOMY & BUSINESS	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? (WE DEFINITELY RECOMMEND THEIR PERMIT APPLICATION BE ACCEPTED QUALITY & PROFESSIONALISM CANNOT BE BEAT.	
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	8/6/09 (King County) Date and Location

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Applicant Name:

*MAJESTIC Moving & Packing*

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

Name, Title, and Business Name:

*Marsha ERICKSON*

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

*754 N. 103 rd se*

*Seattle, WA 98133 - King County*

Phone Number:

*206-783-5640*

Do you currently need the services of a residential household goods moving company?

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

*USED COMPANY TO MOVE BUSINESS AND 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:

*down sizing - MOVE item to STORAGE.  
AND NEW HOME*

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:

*USED, THERE SERVICES TO MOVE MY BUSINESS + HOME.  
HONEST dependable SERVICE WOMAN OWNS  
LIKE'D PERSONAL TOUCHES FROM HER*

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

*Followed thru on all there commitment  
Very Professional.*

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

*Marsha Erickson*

Signature of Person Completing Form

*8/11/09 (Seattle)*

Date and Location

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Applicant Name: MAJESTIC MOVING & PACKING INC

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

Name, Title, and Business Name: Herb Sprute

Address (include street address, mailing address, city, state, zip, and county):  
4714 BALLARD Avenue NW PMB# 308  
Seattle, WA 98107-4850

Phone Number: (206) 200-3705

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:  
WASHINGTON STATE needs a good, efficient, honest moving company AND I will recommend Majestic

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I have used Majestic Moving and their service was superior. I will recommend Majestic to my friends, neighbors and business associates.

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

Herb Sprute 8/11/09  
Signature of Person Completing Form Date and Location