



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



TV-091598-CT

Table with 2 columns: Type of Household Goods Authority Requested - Check one, Fee Required. Rows include Emergency temporary authority (\$50), Temporary authority (\$250), Permanent authority (various types, \$35 to \$550), and Extension of authority (\$550).

TYPE OF PAYMENT section with checkboxes for Check, Money Order, Amex, Mastercard, and checked Visa.

Amount: \$550, Expiration Date: 3/12, CERTIFICATION: I, the undersigned... Name (printed): Adi Barzilai, Company Name: First USA VAN LINES, Cardholder's Signature, Date: 10/12

FOR OFFICIAL USE ONLY section with fields for Date Filed (10/6/09), DOL/SOS, ID (5745), Permit Issued: THG-, Staff Assigned, Insurance, Inspection, Docket #, Reception #: 111-0268-207-02 0019459 111-0268-202-01 111-0268-013-20

550.00

### BUSINESS INFORMATION

Name of Applicant First USA Van Lines, LLC  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable \_\_\_\_\_

Physical Address 54 North 45<sup>th</sup> Ave, Suite F Phx, Az 85043

Mailing Address 54 North 45<sup>th</sup> Ave, Suite F Phx, Az 85043

Telephone Number (602) 272-1710 Fax Number (602) 513-7077

UBI #: 602-944-236 Email: nitchil@firstusamovers.com

USDOT #: 1463484 (If you currently don't have one, you can go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.dot.gov/online-registration) to apply for one or call 360-596-3816 or 360-596-3803 for assistance.)

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

Have you registered with the Employment Security Department?  No  Yes  
ESD No. \_\_\_\_\_ (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>Adi Barzilai</u>	<u>Manager</u>	<u>50%</u>
<u>Lior Oren</u>	<u>Manager</u>	<u>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: \_\_\_\_\_

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

We would like to provide local & long distance moving services to a customer base residing in Washington state. Our existing network of long distance carriers will provide customers choosing to move out of state with lower pricing & fast service.

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

Long distance moving service since 2006. We currently have moving company outlets in Denver, CO, Phoenix, AZ & Portland, OR.

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

MC# 552894 and USDOT# 1463484

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	\$ 50,000	Salaries/Wages Payable	\$ 40,000
Notes Receivable	\$ 10,000	Accounts Payable	\$ 5,000
Investments	\$	Notes Payable	\$
Other Current Assets	\$ <del>10,000</del>	Mortgages Payable	\$
Prepaid Expenses	\$ <del>10,000</del>	<b>TOTAL LIABILITIES</b>	<b>\$ 45,000</b>
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$ 90,000	Preferred Stock	\$
Office Furniture	\$ 5,000	Common Stock	\$
Other Equipment	\$ 10,000	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	<b>\$ 160,000</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ 115,000</b>

### EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
06	Kentucky			80,000
06	ARAPX			80,000
00	Kentucky			80,000
94	Kentucky			80,000
95	Kentucky			80,000

**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: Adi Barziki

Position: Manager

### 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>Adi Barzilai</u>	Position: <u>Manager</u>
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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>Adi Barzilai</u>	Position: <u>Manager</u>
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### DECLARATION OF APPLICANT

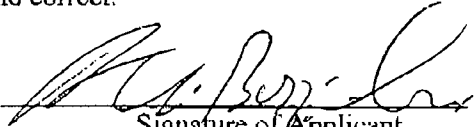
I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.

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.

<u>ADI BARZILAI</u> Print name of applicant	 Signature of Applicant	<u>7/30/09 Phoenix, AZ</u> Date and Location
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**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 these services. These forms may be copied by you as needed.

Applicant Name: First USA Van Lines

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Laura Kantrowitsch Edo Trucking

Address (include street address, mailing address, city, state, zip, and county):  
10100 n wenas Rd  
Selah WA 98942

Phone Number: 509-697-9126

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
We load and deliver jobs for this company.

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:  
This company with others fills our trailers to be delivered cross country. With out them we also lose business

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:  
They are an honest company. They provide a great service, and help keep us in bussiness.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? We have been working with this company in AZ for a long time it is wonder ful that they will now also be local.

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

Laura Kantrowitsch 09/30/09  
Signature of Person Completing Form Date and Location

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Applicant Name: First USA VAN LINES

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

Name, Title, and Business Name: Public Storage P.M. - Carole Holland  
Address (Include street address, mailing address, city, state, zip, and county):  
1401 NE 134th St  
Vancouver Washington 98685

Phone Number: 360-573-0619

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:  
They use our storage units

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.  
Carole Holland 8/24/09  
Signature of Person Completing Form Date and Location  
OK ed By Greg Colleen



**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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Applicant Name: First USA VAN Lines

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Timothy Connor / T+K Sales & Services

Address (include street address, mailing address, city, state, zip, and county):  
15020 NW 1ST AVE  
VANCOUVER WA 98685

Phone Number: 509-834-3265

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs: Currently I am in need of a moving company to move me locally and have clients that need moving services

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: A lot of our clients move regularly and need more options on the industry for competitive pricing

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: More options for customers will grant more competitive pricing options

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? After reviewing this company's credentials in comparison to other companies in Washington, they would be a good asset to the state

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  
8-24-09 / Vancouver WA  
Date and Location  
98685