

RECEIVED

TV-091714-CT

NOV 03 2009

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

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 checked="" type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 2 - 6 and Attachment A	\$ 250
<input type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 6 and Attachment A <i>need addtl \$300</i>	\$ 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

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: 11/3/09	DOL/SOS: DL/NA	ID: 5765	Permit Issued: THG-
Staff Assigned:	Insurance:	Inspection:	
Reception # 0019509			Docket #

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

250.00

ck# 10005

BUSINESS INFORMATION

Name of Applicant: Christopher R. Hood *CRH*
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable: A2B Moving *AM*

Physical Address: 12659 SE 161st Street, Renton WA 98058

Mailing Address: PO Box 58661, Renton WA 98058

Telephone Number: (206) 419-5748 Fax Number (): _____

UBI #: 602723025 *CRH* Email: a2bmoving@comcast.net

USDOT #: 1941425 (If you currently don't have one, you can go online at 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?
X No Yes L & I Account No. _____ (required if you have employees.)

Have you registered with the Employment Security Department? X No Yes
ESD No. _____ (required if you have employees)

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

TYPE OF BUSINESS STRUCTURE

X Individual Partnership Corporation Other _____
(LP, LLP, LLC)

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: Our focus will be retirement communities, often times, this group only needs small moves done and are on a fixed income. We can provide a better quality move and competitive bid at a competitive price. No job too small.

Briefly describe your experience in the transportation/household goods moving industry: I started in 1989 as a lumper. In 1998 I completed my CDL Class A training through Bates Technical College. I know all aspects of a move, including bidding jobs, driving the truck, packing, loading/unloading. Completes all paperwork and abides by all WUTC regulations. I know how to take care of customers items and I take great pride in doing a good job.

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# _____ and USDOT# _____

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	\$ 22,000	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Investments	\$ 15,000	Notes Payable	\$ 0
Other Current Assets	\$ 10,000	Mortgages Payable	\$ 230,000
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 230,000
Land and Buildings	\$ 375,000	NET WORTH	270,000
Trucks and Trailers	\$ 45,000	Preferred Stock	\$
Office Furniture	\$ 3,000	Common Stock	\$
Other Equipment	\$ 10,000	Retained Earnings	\$
Other Assets	\$ 20,000	Capital	\$
TOTAL ASSETS	\$ 500,000	TOTAL LIABILITIES & NET WORTH	\$ 500,000

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1997	International	A87426Z	1HTSLAAK2VH467423	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: Christopher R. Hood

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: Christopher R. Hood

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: Christopher R. Hood

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.

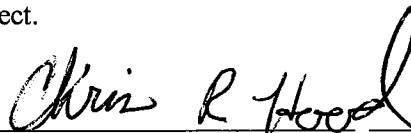
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 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.

Christopher R. Hood

Print name of applicant



Signature of Applicant

10-26-09

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: Chris Hood A2B Moving

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: <u>JN Moreno Construction</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>9016 Avondale Rd NE Redmond, WA. 98052</u>	
Phone Number: <u>(425) 968-8662</u>	
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: <u>I have customers who need services to move back into their remodeled Homes.</u>	
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: <u>It will benefit not only my company a lot, making it easier for my clients to move back into their homes in a timely manner but help complete my part of the job too</u>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>Chris Hood for this type of business based on all years of experience + hard working and very dependable.</u>	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<u>Anelia Moreno</u> Signature of Person Completing Form	<u>10/20/09 Redmond</u> 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:

Chris Hood.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

STEVEN G. CAMPAU, OWNER, RENTON COIN SHOP

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

229 WELLS AVE S
RENTON WA 98057
KING

Phone Number:

425-226 3890

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

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

WE ANTICIPATE A MOVE AS EARLY AS DECEMBER 2009

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:

1. POSSIBLE TEMPORARY MOVE ASSISTANCE DUE TO GREEN RIVER FLOOD ISSUES
2. LONG TERM, A MOVE MAY BE NEEDED TO A MORE PERMANENT

SITE

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:

A VIABLE & RESPONSIBLE SMALL BUSINESS CAN ADD ALTERNATIVE CHOICES, GROWTH OPPORTUNITY & JOBS

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

CHRIS HOOD HAS ALSO MOVED COMMERCIAL SAFES FOR RENTON COIN SHOP. I WHOLEHEARTEDLY ENDORSE HIS COMPANY

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

10-15-2009 Renton
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:
Chris Hood, A2B Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Linda Kouba

Address (include street address, mailing address, city, state, zip, and county):
15536 156th CT SE
Renton WA 98058

Phone Number: 425-228-4076

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: **There needs to be more competition in the moving business. Too many big corporate companies that don't really care about the consumer. We need to promote small business and provide competition at reasonable rates.**

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? **Mr. Hood has been a mover for many years. His experience working on the trucks, running a crew and his dependable work ethic would make him an excellent business owner. I am confident that he would run a great company.**

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

10.21.09
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:
Chris Hood (A2B Moving)

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Karalyn Pellegrini, Owner – KP Cleaning

Address (include street address, mailing address, city, state, zip, and county):
12727 SE 172nd Street
Renton WA 98058

Phone Number: 425-235-4810

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: **Yes, my clients would benefit from having a moving co. to be able to return their items in their homes where they belong after a big cleaning job.**

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 have customers that would benefit from this moving company's services. They are local, have reasonable rates and the owner is friendly and willing to do even small jobs.**

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? **A good, dependable company with an honest owner who knows the business. We need to support our local, small businesses during these hard economic times.**

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

10-22-09 Renton, 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: Christopher Hood A2B Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Kathleen Goodwin L.M.P. A Better Massage

Address (include street address, mailing address, city, state, zip, and county):
P.O. Box 965
Maple Valley, WA. 98038

Phone Number: 206-478-7730

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:
When I move into a 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:
If my neighbors, fellow businessmen + myself need to move.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
He is an individual with a good character and high integrity.

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

Kathleen Goodwin
Signature of Person Completing Form

10-20-09
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:

Chris Hood

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Eileen Ehlert

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

*6304 SE 2nd PL
Renton, WA 98059 King*

Phone Number:

425-271-4170

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:

*My plan will be to sell &
move to a different place.*

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:

*Corporate company has high overhead.
This company will be more competitive
on price. Locally owned company.*

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

*Will take care of my things.
Honest & reliable. Lots of experience
in moving industry.*

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

Eileen Ehlert

Signature of Person Completing Form

10/22/09 Renton, 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: Chris Hood

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Diane Battenham

Address (include street address, mailing address, city, state, zip, and county):
55 Williams Ave S #102
Renton WA 98057 King County

Phone Number: 425-306-7903

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:
Every community needs knowledgeable, responsible movers to provide security and stability

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? While at Mayflower, Chris Hood was the lead man on my last 3 residential moves. I have been most impressed by his skills and (over)

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

Diane Battenham
Signature of Person Completing Form

10-24-2009 Renton, WA
Date and Location