



**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 480-15-335 – 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: \$ 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): Grant Farrell      Company Name: Farrell Moving Co.

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

**FOR OFFICIAL USE ONLY**

Date Filed: <u>1/9/10</u>	DOL/SO: <u>OK/N/A</u>	ID: <u>5829</u>	Permit Issued: THG-
Staff Assigned: <u>[Signature]</u>	Insurance:	Inspection:	
Reception #: <u>550.00</u>			Docket #

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

Cash **0019735**

**BUSINESS INFORMATION**

Name of Applicant Grant Farrell  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Farrell Moving Co.

Physical Address 5705 Littlerock rd. SW. Tumwater, WA. 98512

Mailing Address same ↑

Telephone Number (860) 250-3493 Fax Number ( ) N/A

UBI #: 602811728 Email: farrellmoving@gmail.com

USDOT #: \_\_\_\_\_ (If you currently don't have one, you can go online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.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.)  
*± use temp from Remedy.*

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:

<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:

I would like to move household goods because im good at what I do,  
I like what I do, the money is good, and Im a leader, not a follower.  
I offer great rates to customers, and offer great customer service.

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

I have moved for local and large moving Co. for over 10 yrs.  
as a lead man, laborer, lumberer, warehouseer, driver,  
and business owner.

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:

A background check will show details.

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	\$ /	Salaries/Wages Payable	\$ /
Notes Receivable	\$ /	Accounts Payable	\$ /
Investments	\$ /	Notes Payable	\$ /
Other Current Assets	\$ /	Mortgages Payable	\$ /
Prepaid Expenses	\$ /	TOTAL LIABILITIES	\$ <del>0</del>
Land and Buildings	\$ /	NET WORTH	/
Trucks and Trailers	\$ 2500	Preferred Stock	\$ /
Office Furniture	\$ 5000	Common Stock	\$ /
Other Equipment	\$ 2000	Retained Earnings	\$ /
Other Assets	\$ /	Capital	\$ /
<b>TOTAL ASSETS</b>	<b>\$ 9500</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ <del>0</del></b>

## EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1987	GMC		1GDU7D1BXH V 515055	20,000

## 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:

Grant Farrell

Position:

owner/operator

## 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>Grant Farrell</u>	Position: <u>owner/operator</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>Grant Farrell</u>	Position: <u>owner/operator</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.

Grant Farrell  
Print name of applicant

[Signature]  
Signature of Applicant

U.T.C./01/15/10  
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:

*GRANT Farrell*

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

Name, Title, and Business Name:

*William H. Cain, Manager, Allinor Carriage Estates*

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

*5705 Little Rock Rd SW #41  
Tomwater, Wa 98512*

Phone Number:

*360-701-0176*

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: *GRANT moved my mother-in-law from Colonial Estates to Olympics West Retirement Home. He did an outstanding job and was a pleasure to do business with. His fees are reasonable and there is a definite need for quality moving services.*

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? *GRANT Farrell is a fine young man and deserves an opportunity to make a living!*

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

Date and Location

*JAN 18, 2010, Tomwater Wa.*

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Applicant Name: Grant Farrell

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

Name, Title, and Business Name:

Grant Farrell Moving Co.

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

5705 Little Rock Rd SW      Thurston County  
Olympia, Wa 98512

Phone Number:

360-250-3493

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:

Grant helped in moving my friends, this is a need in the community for dependable and reasonable rates. Quality work -

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

The owner desire is to be successful and provide service in the community plus be able to make a living.

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

Deboa Ingram  
Signature of Person Completing Form

1-20-2010      Olympia, Wa  
Date and Location      Thurston Co.



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Applicant Name:  
*Grant Farrell*

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

Name, Title, and Business Name:  
*Farrell Moving Co.*

Address (include street address, mailing address, city, state, zip, and county):  
*5705 Littlerock Rd SW Thurston County  
Olympia WA 98512*

Phone Number:  
*(360) 250-3493*

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: *Small business sales and service are the backbone of our community and regional commerce within the state. This small company will provide a valuable community and regional based service to citizens.*

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? *The owner desires to be successful and to provide quality service which will help him to build his company and be a contributing member within the business community.*

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

*Marnis L. Barclift* *1-19-10 Tumwater*  
Signature of Person Completing Form Date and Location *Thurston County*