



**BUSINESS INFORMATION**

Name of Applicant Dottie Thunder  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Thunder Movers LLC

Physical Address 9330 NE HALSEY ST Portland, OR 97220

Mailing Address \_\_\_\_\_

Telephone Number 360 723 0908 Fax Number (503) 256 0786

UBI # \_\_\_\_\_ Email: Management@thundermovers.com

**TYPE OF BUSINESS STRUCTURE**

Individual     Partnership     Corporation     Other LLC  
(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: Household Goods moving, packing, with an exceptionally high level of customer service. Workers will be trained for sensitive situations and to work with people in stressful states, such as moving, or domestic violence escape.

Briefly describe your experience in the transportation/household goods moving industry: I have owned and operated a moving/packing services interstate/oregon (tristate) since 2005. My husband has been in industry for 17 years. I am trained in every aspect of moving service. As well I have several social service degrees and service industry experience.

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: 100299 Oregon

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: DOT# 001750643  
 MC# 640797

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 Class A or B Felony?  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	\$ 17,000	Salaries/Wages Payable	\$ 100,000
Notes Receivable	\$ 2,000	Accounts Payable	\$ 120,000
Accounts Receivable	\$	Notes Payable	\$ 1400
Investments	\$ 33,000	Mortgages Payable	\$ 1650
Other Current Assets	\$ 25,000	Other	\$ 250 50
Prepaid Expenses	\$ 2,000	<b>TOTAL LIABILITIES</b>	\$ 25,050
Land and Buildings	\$ 4,000	<b>NET WORTH</b>	
Trucks and Trailers	\$ 75,000	Preferred Stock	\$
Office Furniture	\$ 8,000	Common Stock	\$
Other Equipment	\$ 12,000	Retained Earnings	\$ 80,000
Other Assets	\$ 4,000	Capital	\$ 15,000
<b>TOTAL ASSETS</b>	\$ 182,000	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 120,000

## EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2001	FRHT	T566494	1FVARSAC01HJ99343	26,000
2003	FRHT	T541915	1FVARSAC61MA901R3	26,000
2006	INTL	T567711	1HTMPAA6S6H175083	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 REQUIREMENTS 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.
- **SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.
- **DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.
- **PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.
- **LIABILITY INSURANCE REQUIREMENTS** (WAC 480-15-530). You must file and maintain proof of public liability and property 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:

Dottie Thunder

Position:

President

### 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: Dottie Thunder

Position: President

**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: Dottie Thunder

Position: president

### 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.

Dottie Thunder

Print name of applicant

Signature of Applicant

1-17-10 Shup/ptk

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: THUNDER MOVERS, LLC

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

Name, Title, and Business Name: Gina Casetta

Address (include street address, mailing address, city, state, zip, and county):  
802 W. 43RD ST  
YANCOUVER, WA 98660

Phone Number: 360.695.2503

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs: Helped my aging father - the employees/staff were so patient and knowledgeable with him he and our family were amazed. It is great to have him happy and feeling safe. That small company/family business way to go.

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: children will graduate and will plan to move and need packing. I know they will give us the service my father received. I have had opportunity to hear Dottie's customer service - Awe inspiring.

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 know the company and owner to be extra caring about customer service - she really cares about how people are treated and offering a fair, good job/service. Plus we can always use more women in business.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? It is awesome to see more women in business, especially in what seems to be a male dominant business. Dottie's husband is Native American - so two

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.  
Gina Casetta 12/16/09 Vancouver Wa 98660  
Signature of Person Completing Form Date and Location

Minimie  
amazing  
opportunity

**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: THUNDER MOVERS

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

Name, Title, and Business Name: George Ernst

Address (include street address, mailing address, city, state, zip, and county):  
807 E. Allison St.  
Seattle, WA 98102

Phone Number: 206-736-5773

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
Using Thunder Moves to move from Portland to Seattle.

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:  
MOVING BACK TO SEATTLE WA

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:  
Great customer service, reliable, fast. Used them twice since I knew I could count on them.

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

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

12/17/09 - Seattle, 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: THUNDER MOVERS

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

Name, Title, and Business Name: Julianne Dean

Address (include street address, mailing address, city, state, zip, and county):  
4415 NE 114th St Vanc WA 98686

Phone Number: 503 201 3228

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
Need to load an overseas container

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 returning back to WA

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 is not another local company that I could find with the experience I trusted to do our job

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
Working with a local company help to support our local economy and I trust them more than a big name moving comp.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.  
Julianne Dean 12/10/09  
Signature of Person Completing Form Date and Location



# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SC  
THUND-3

DATE (MM/DD/YYYY)  
10/05/09

<b>PRODUCER</b> Fournier Group Oregon-OIA 510 SW 5th Avenue Suite 701 Portland OR 97204 Phone: 503-251-2255 Fax: 503-251-9933		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURED</b> Thundermovers LLC Dottie Thunder 9330 NE Halsey Portland OR 97220		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: Scottsdale Insurance Company	
		INSURER B: Canal Insurance Company	
		INSURER C: Fireman's Fund Insurance Co.	
		INSURER D:	
		INSURER E:	

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRC	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CPS1094209	08/29/09	08/29/10	EACH OCCURRENCE	\$ 1000000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
						MED EXP (Any one person)	\$ 5000
						PERSONAL & ADV INJURY	\$ 1000000
						GENERAL AGGREGATE	\$ 2000000
						PRODUCTS - COMP/CP AGG	\$ 2000000
B		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	PIA505074001	08/29/09	08/29/10	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC'S STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
C		Motor Truck Cargo	MZI93010070	08/29/09	08/29/10	Cargo	50000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Re: MC# MC640797, US DOT #1750643

**CERTIFICATE HOLDER**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Stephanie Cole*

Oregon Dept of Transportation  
 550 Capital Street NE  
 Salem OR 97310

---

From: OnlineForms@secstate.wa.gov  
 Subject: Washington Secretary of State Online Filing Status  
 Date: Wed, January 13, 2010 2:34 pm  
 To: management@thundermovers.com

---

Your online application to register a Certificate of Authority -- Limited Liability Company has been received and successfully entered into our system. We will take action on your application in the next few days. Should we require additional information we will be sure to contact you directly. Thank you.

For your reference the application id is: 1629656  
 And the requested Corporation Name: THUNDER MOVERS, LLC  
 Please refer to this Tracking Number when contacting us: 1826876

Sincerely,  
 The Corporations Staff

*and UBT # will be available 1/20/10*

---