



**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: _____ 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): Gina Brown Company Name: _____

Cardholder's Signature: Callin tofs 1/22/2010 Date: _____

FOR OFFICIAL USE ONLY

Date Filed: <u>1/25/10</u>	DOI/SOS: <u>OK/N/A</u>	ID: <u>4876</u>	Permit Issued: THG-
Staff Assigned: <u>[Signature]</u>	Insurance: <u>50.00</u>	Inspection:	Docket #
Reception #: <u>0019765</u>	111-0268-202-01	111-0268-013-20	

BUSINESS INFORMATION

Name of Applicant Boubacar Zida
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Zida Labor

Physical Address 4525 1164th St SW #DD 101 Lynnwood 98087

Mailing Address Same

Telephone Number 206 355-2199 Fax Number ()

UBI #: 602771690 Email: zidalabor@gmail.com

USDOT #: 1986948 (If you currently don't have one, you can go online at 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.)

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>Boubacar Zida</u>	<u>Owner</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:

Household goods moving, large item moves, loading & unloading. Customers will be able to choose an affordable moving company over renting a Uhaul and moving themselves.

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

We have been previously permitted as household goods movers and, as such, have performed many moves and had many satisfied 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

THG-63175

cancelled
11/4/08
lack of
insurance

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: Permit was suspended

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	\$ 1000	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 8000	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$ 400	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 9400	TOTAL LIABILITIES & NET WORTH	\$ 0

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1990	Ford International	AB01149	1HTSUZRKXK1H624560	20,000
1994	Ford E350	B31032F	1FDKE37M9RHA7994	
1994	Ford E350	B03513G	1FDKE37M1RHA78995	

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: *Boubacar Zida*

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: Boubacar Zida

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: Boubacar Zida

Position: Owner

DECLARATION OF APPLICANT

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

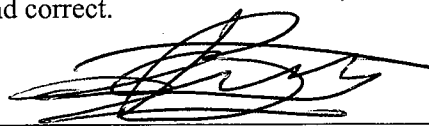
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

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.

Boubacar Zida
Print name of applicant


Signature of Applicant

Jan 15/2010
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: Boubacar Zida

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: JASON MERVIN (GM) CITY DISCOUNT APPLIANCE

Address (include street address, mailing address, city, state, zip, and county):
7806 AURORA AVE N.
SEATTLE WA 98103

Phone Number: (206) 524-4611

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs: APPLIANCES Delivery

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: WE SELL REFRUBISHED APPLIANCES DAILY

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: WE Deliver 5-10 stops per DAY on Household APPLIANCES

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.

Signature of Person Completing Form: [Signature] Date and Location: 1-21-10

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Applicant Name: Boubacar Zida

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: John HARRIS City Discount online.

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

Phone Number: 425-343-5797

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Delivery

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:
Delivery

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:
affordable service, Increase sales.

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.
[Signature] 1-21-10 SEATTLE WA.
Signature of Person Completing Form Date and Location

ATTACHMENT A

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Applicant Name: Boubacar Zida

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

BRITANNY HAMBY

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

14428 88th Ave NE
Bothell WA 98011

Phone Number:

425 968 5028

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

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

I am moving in a couple months and will need a mover to help with large furniture.

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:

I rent so I move frequently when my lease is up.

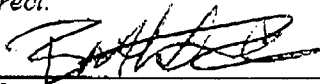
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

I would feel comfortable with Boubacar moving my things since he is strong enough and reliable.

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

Boubacar is very hard working and is determined to make his moving business successful.

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

Jan 21/2010

Date and Location

INSURANCE IDENTIFICATION CARD

WA (STATE)

COMPANY NUMBER

COMPANY

Victoria Insurance



COMMERCIAL



PERSONAL

POLICY NUMBER

8843609

EFFECTIVE DATE

01/22/2010

EXPIRATION DATE

01/22/2011

YEAR

1989

MAKE/MODEL

International S Series

VEHICLE IDENTIFICATION NUMBER

1HTJUZRKXKH624560

AGENCY/COMPANY ISSUING CARD

INSURANCE CENTS

13201 AURORA AVE N

SEATTLE, WA 98133

INSURED

ZIDA LABOR
4625 164TH ST SW APT DD101
LYNNWOOD WA 98087

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.