

TU-100515-CT

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

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 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: ~~\$250~~ \$150

Expiration Date: 01/13

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): MELISSA HARLEY Company Name: HARLEY and Son Relocation Services LTD

Cardholder's Signature: [Signature] Date: 3/29/10

FOR OFFICIAL USE ONLY

Date Filed: 3/31/10	DOB/SOS: OK/N/A	ID: 5921	Permit Issued: THG-
Staff Assigned: [Signature]	Insurance: OK	Inspection:	
Reception #:			Docket #

111-0268-207-02 111-0268-202-01 111-0268-202-20 150.00

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V016030

Revised 07-09

pd \$550 - \$400 cash \$150 credit card

BUSINESS INFORMATION

Name of Applicant Melissa Harley
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Harley and Son Restoration Services LTD "HSMRERS"

Physical Address 8740 Vesuvius Ln SE Renton WA 98367

Mailing Address _____

Telephone Number (360) 551-9293 Fax Number (360) 602-0200

UBI #: 602 923 389 a Email: Melissa@hsmrers.com

USDOT #: 201160 a (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?
 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

Will hire temp employees for moves

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>Melissa Harley</u>	<u>Owner</u>	<u>100% Owner</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:

At H5 movers we offer All Relocation Services that is needed. To enhance customer choices by providing services for those relocations. Offer help in organizing all moving needs, packing, loading, unloading all those items plus cleaning services

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

I have many years of experience in Relocation due to doing it all my life every 3 yrs. Also, I've worked side by side & operating a cleaning company & have been a Realtor since 2005.

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	\$ 1,500 ⁰⁰	Salaries/Wages Payable	\$ —
Notes Receivable	\$ —	Accounts Payable	\$ —
Investments	\$ —	Notes Payable	\$ —
Other Current Assets	\$ —	Mortgages Payable	\$ —
Prepaid Expenses	\$ —	TOTAL LIABILITIES	\$ —
Land and Buildings	\$ —	NET WORTH	—
Trucks and Trailers	\$ 5,000	Preferred Stock	\$ —
Office Furniture	\$ 1,000	Common Stock	\$ —
Other Equipment	\$ 5,000	Retained Earnings	\$ —
Other Assets	\$ —	Capital	\$ —
TOTAL ASSETS	\$ 12,500⁰⁰	TOTAL LIABILITIES & NET WORTH	\$ Zero

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1995	Ford "14ft Box"	AD-62665	1FDJF37993UB14880	7540

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:

Melissa Harley

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:

Melissa HARLEY

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:

Melissa HARLEY

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.

Melissa HARLEY
Print name of applicant


Signature of Applicant

March 29, 2010
Date and Location

KHSAD
Cantel

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:

MELISSA HARVEY

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

MISTY MICHALAK

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

11675 Fry Ave
Port Orchard WA 98367

Phone Number:

(203) 2787554

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

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

move from house to storage,

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:

move from storage

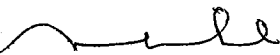
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

moving, unloading, loading, and packing services
through one company makes it easier to move

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

Friendly service provider, very professional

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

03 27 10 Kitsap County

Date and Location

Applicant Name: _____

The following Must be completed by the Supported of the applicant

Name: Wilburn O Jones

Address: 6034 Osprey Circle Bremerton, WA 98312

Phone Number: 360 710-6541

#1 No

Not at present but a need could develop at any time and when it does I like to have a large group of potential providers to choose from in order to obtain the highest quality service at the lowest cost.

#2 Yes

Possibly I have been considering relocating to a smaller place or at least relocate some thing to suitable storage.

#3

Look at the current economic situation. The Commission should be encouraging and supporting this and all new business. New businesses are needed in order to create jobs to stimulate the economy and provide consumers with new viable choices and lower cost alternatives. In addition by providing a permit as the company grows and becomes successful so does the State and local community with increased tax revenue. Also in a Military community where providers and choices are limited the military families who do self moves and the US military that pays for these moves at a disadvantage. On the other hand if more viable choices were available these customers could evaluate potential providers and then choose a provider that best fits their limited budget. The more choices the greater chance of receiving high quality services at a reduced cost this means a potential savings for the consumer.

#4

All new Small Businesses face challenges but, they should be encouraged to strive for the American dream. By the Commission providing this permit they will be encouraging and aiding in the success of this small business. In turn this business will generate tax revenue as well as providing the local customer base an additional provider to choose from to meet their needs.



Signature of Person Completing Form

29 Mar 2010
Date and Location

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Applicant Name:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Wilbur D Jones

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

6034 OSPREY CIR

Remerton WA 98312

Phone Number:

360-710-6541

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

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

See #1 on BACK

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:

See #2 on BACK

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:

See #3 on BACK

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

See #4 on BACK

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

Wilbur D Jones
Signature of Person Completing Form

29 MAR 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: HARLEY and JIM Relocation Services LTD. "H5MOVERS"

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Trevor Michael Braugher

Address (include street address, mailing address, city, state, zip, and county):
1659 Ginger Pl E, Port Orchard, WA, 98366

Phone Number: 360 871-2365

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

No Yes If yes, please describe your current moving needs:
I'm moving out because of starting a family.

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:
Due to going into the Army

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:

By providing professional services at a price I can afford.

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

wish there was more companies like H5 movers

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

Trevor Braugher

Signature of Person Completing Form

3-29-10

Date and Location