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APR 05 2010

TV-100550

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 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): _____ Company Name: _____

Cardholder's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Date Filed: 4/5/10	DOL/SOS:	ID: 5926	Permit Issued: THG-
Staff Assigned: [Signature]	Insurance:	Inspection:	Docket #
Reception #: 111-0268-207-02 590.00	111-0268-202-01	111-0268-013-20	

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BUSINESS INFORMATION

Name of Applicant JOHN ALEX LUTZ
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable N/A PROFESSIONAL MOVING CO., LLC

Physical Address 14928 19TH AVE. W LYNNWOOD WA 98057

Mailing Address SAME AS ABOVE

Telephone Number (206) 446-3009 Fax Number () N/A

UBI #: 602-951-104 Email: professional.moving.co@gmail.com

USDOT #: 201 56 94 (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. 138, 311-00 (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
ESD No. _____ (required if you have employees) *→ OPERATING BUSINESS WITH TWO PEOPLE →
my partner and myself, both OWNERS/
MEMBERS of the LLC*

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>JOHN ALEX LUTZ</u>	<u>MEMBER</u>	<u>50%</u>
<u>JOHN J. DONOGHUE</u>	<u>MEMBER</u>	<u>50%</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:

We will be a household moving company based out of Lynnwood catering towards senior citizens. I feel with our neat and clean-cut images along with our excellent customer service we will provide senior citizens with the best moving experience at a competitive rate as we will (my partner and I) be doing the work ourselves; therefore, keeping our overhead lower. I know this is a growing industry and there is a strong need for our service.

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

I once worked for a moving company out of high school and another time after I graduated from the U of Washington to gain experience in ^{the} field before I went to Mexico for a year to teach English

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	\$ 3,000.00	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$ 2,500.00	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 7,000.00	TOTAL LIABILITIES & NET WORTH	\$

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1989	FORD BOX TRUCK	B43583C	IFDKE37G8KHA34041	3,000

TWO-WHEEL DOLLIES, FOUR-WHEEL DOLLIES, BOXES (VARIOUS SIZES), FURNITURE PADS, SHRINK WRAP, LARGE BANDS, TAPE, VARIOUS TOOLS + POWER DRILL

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:

JOHN ALEX LUTZ



Position:

MEMBER, 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: JOHN ALEX LUTZ <i>John A. Lutz</i>	Position: MEMBER, OWNER
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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: JOHN ALEX LUTZ <i>John A. Lutz</i>	Position: MEMBER, OWNER
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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.

JOHN ALEX LUTZ

Print name of applicant

John A. Lutz

Signature of Applicant

3/30/10 LYNNWOOD, 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:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: ANDREW J. SHEPPARD EXECUTIVE DIRECTOR

Address (include street address, mailing address, city, state, zip, and county): SUNRISE OF EDMONDS
750 EDMONDS WAY
EDMONDS WA 98020

Phone Number: 425 673 9700


Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs: RESIDENT CENSUS
INTERVAL MOVES, RESIDENT MOVE INS

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: POTENTIAL MOVES
FOR INCOMING RESIDENTS & MONTHLY INTERVAL
MOVES FOR EXISTING RESIDENTS

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: HAVING ACCESS TO SERVICES
TO ALLOW US TO MOVE RESIDENTS IN NEED OF
CARE TO MOVE FROM OUT OF STATE IS BENEFICIAL

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? EXCELLENT SERVICE HAS BEEN
PROVIDED IN THE PAST, ALL PAST RESIDENTS
HAVE BEEN VERY HAPPY WITH SERVICES

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

 ANDREW SHEPPARD
EXECUTIVE DIRECTOR
SUNRISE OF EDMONDS
Date and Location: 4/1/10 EDMONDS WA

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Applicant Name:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Sharon Howell, Community Relations Director - The Gardens at Town Square

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

*933 - 111th Ave NE
Bellevue, WA
98004*

Phone Number:

425-688-1900

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

No Yes If yes, please describe your current moving needs: *moving model furniture and accessories. Refer movers to residents and families.*

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: *same as above*

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: *It is important that I have dependable, honest and hard working movers available for our needs and the needs of our clients.*

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? *PMC Movers has been a great company to work with. The feedback I have received is always positive.*

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

Sharon Howell
Signature of Person Completing Form

4/1/10 Bellevue, WA
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:

JAKE SANDBERG, GUEST SERVICES MANAGER, FAIRWINDS BRIGHTON COURT

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

6520 196TH ST SW
LYNNWOOD, WA 98036
SNOHOMISH

Phone Number:

425-775-4440

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

No Yes If yes, please describe your current moving needs: WE ARE A RETIREMENT COMMUNITY AND WE HAVE MULTIPLE MOVE INS AND MOVE OUTS EACH MONTH. IT IS WONDERFUL TO HAVE A GREAT COMPANY TO PROVIDE MOVING SERVICES TO OUR CUSTOMERS.

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: SAME AS ABOVE.

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: IT IS A GREAT MARKETING TOOL TO

HAVE MOVING SERVICES AVAILABLE TO OUR PROSPECTS SHOULD THEY CHOOSE US.

Is there anything else the Commission should consider when making a determination about this company's

application for a household goods permit? THEY OFFER A GREAT SERVICE AT GREAT RATES!

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

4/11/10 FAIRWINDS BRIGHTON COURT
Date and Location

Victoria
INSURANCE

WASHINGTON EVIDENCE OF MOTOR
VEHICLE LIABILITY INSURANCE

Victoria Fire & Casualty Company
PROFESSIONAL MOVING CO., LLC
14928 19TH AVE W WA
LYNNWOOD WA 98087

POLICY NUMBER	YEAR\MAKE\MODEL
8887495	1989 FORD E350
EFFECTIVE DATE	VEHICLE ID NUMBER
02/10/2010	1FDKE37G8KHA34041
EXPIRATION DATE	
02/10/2011	

THIS CARD MUST BE CARRIED IN THE INSURED
MOTOR VEHICLE FOR PRODUCTION UPON DEMAND



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with **NO BROKER FEE** for over 20 years!
1-888-411-AUTO (2936)
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P.O. Box 2648
19410 36th Ave. W #12
Lynnwood, WA 98036
local 425-778-1133
fax 425-776-4220

Shylah Guzman
Manager
shylah@americaninsureall.com
www.americaninsureall.com

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licensed operators
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involvement. At su
as to whether or :

Real People. Real Savings.

WHAT YOU SHOULD DO IN CASE OF AN ACCIDENT

(1) Do not leave the scene of the accident - Notify Police

(2) Do NOT discuss the accident with anyone except a properly identified and authorized representative of Victoria or with police authorities.

(3) Secure names of parties involved and witnesses.

(4) Make no commitments.

(5) Immediately report the accident to Victoria.

Victoria Fire & Casualty Company
5915 Landerbrook Dr.
Cleveland, Ohio 44124

Toll Free Numbers
To Report a Claim: 1-800-926-3168
Customer Service: 1-800-888-8424