

TV-100812-CT



**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): ADELA RODRIGUEZ Company Name: ELMER'S EXPRESS DELIVERY

Cardholder's Signa: _____ Date: 05/02/10

FOR OFFICIAL USE ONLY

Date Filed: <u>5/10/10</u>	DOB/SOS: <u>OK/N/A</u>	ID: <u>5985</u>	Permit Issued: THG-
Staff Assigned: <u>[Signature]</u>	Insurance:	Inspection:	Docket #
Reception #: <u>111-0268-207-02</u>	<u>550.00</u>	<u>0020680</u>	<u>20680</u>

BUSINESS INFORMATION

Name of Applicant Elmer M. Rodriguez
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Elmer's Express Delivery

Physical Address 514 Date Ave # A

Mailing Address 514 Date Ave # A

Telephone Number (360) 863-2528 Fax Number (360) 863-2499

UBI #: 002917558 Email: ElmersExpress@comcast.net

USDOT #: 2025911 (If you currently don't have one, you can go online at www.fincsa.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. 174,392-00 (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
BSD No. 575466 00 0 (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
ELMER MAIDO RODRIGUEZ	OWNER	100%

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 ARE FURNITURE DELIVERY COMPANY & THE SERVICE WE PROVIDE IS NEEDED BY FURNITURE & MATTRESS RETAIL STORES TO DELIVER THEIR SOLD GOODS TO THEIR CUSTOMERS, & BY HOME STAGING PROFESSIONALS TO DELIVER THEIR FURNITURE TO MODEL HOMES & ONCE IN A WHILE WE PERFORM SMALL HOUSEHOLD MOVES - LOAD, DELIVER & UNLOAD - NO PACKING OR UNPACKING OR SUPPLIES. WE FEEL THAT FURNITURE DELIVERY LACKS SERVICE PROVIDERS & WE ARE PROVIDING EXCEL SERVICE

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

OUR EXPERIENCE IN DELIVERIES COMES FROM MY EMPLOYMENT AS A "WAREHOUSE OPERATIONS MANAGER" WITH A FURNITURE STORE, & HOME DELIVERY WAS JUST ONE OF MY RESPONSIBILITIES & IT WAS I, WHO SUGGESTED MY EMPLOYER TO PERFORM DELIVERIES OURSELVES RATHER THAN HIRED. MY DELIVERY PROCEDURE WAS A BIG SUCCESS AND CUSTOMERS WERE ALWAYS SATISFIED. I DEVELOPED A SUCCESSFUL DELIVER METHOD.

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

DJ

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	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ SEE ATTACHED	TOTAL LIABILITIES & NET WORTH	\$ SEE ATTACHED

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1997	ISUZU NPR	B87304G	4KLB4B1R2VJ00481	12000
1991	ISUZU FSR	A71397E	JALH0A1N7M3102898	23500
1997	ISUZU FTR	B18988L	4GTJ7C123VJ600805	25950

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: *Elmer M. Rodriguez*

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: Elmer M. Rodriguez

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: Adela Rodriguez

Position: Office Manager/Accounting

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.

Elmer M. Rodriguez
Print name of applicant

Elmer M. Rodriguez
Signature of Applicant

5/02/10 Sultan, WA
Date and Location

3:20 PM

05/03/10

Cash Basis

ELMER'S EXPRESS DELIVERY
Balance Sheet
 As of December 31, 2009

	Dec 31, 09
ASSETS	
Current Assets	
Checking/Savings	
checking BofA Elmer's Express	4,469.23
Petti Cash	199.68
Savings BofA Elmer's Express	3,502.37
Total Checking/Savings	8,171.28
Other Current Assets	
Undeposited Funds	410.00
Total Other Current Assets	410.00
Total Current Assets	8,581.28
Fixed Assets	
Furniture and Equipment	
Vehicles	655.95
Cost	14,978.60
Total Vehicles	14,978.60
Total Fixed Assets	15,634.55
TOTAL ASSETS	24,215.83
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	-5.00
Total Accounts Payable	-5.00
Credit Cards	
Discover	1,495.09
Total Credit Cards	1,495.09
Other Current Liabilities	
Payroll Liabilities	2,349.76
Total Other Current Liabilities	2,349.76
Total Current Liabilities	3,839.85
Long Term Liabilities	
Delivery Truck #3 Loan	5,452.40
Total Long Term Liabilities	5,452.40
Total Liabilities	9,292.25
Equity	
Opening Balance Equity	100.00
Owners Contribution	6,672.63
Owners Draw	-34,817.82
Net Income	42,968.77
Total Equity	14,923.58
TOTAL LIABILITIES & EQUITY	24,215.83

3:19 PM

05/03/10

Cash Basis

ELMER'S EXPRESS DELIVERY
Profit & Loss
 January through December 2009

	Jan - Dec 09
Ordinary Income/Expense	
Income	
Delivery Service	
Delivery Fees	112,293.85
Moving Fees	6,406.00
Removal/Disposal Fee	650.00
Total Delivery Service	119,349.85
Returned Check Charges	5.00
Services and Labor	12,415.62
Total Income	131,770.47
Gross Profit	131,770.47
Expense	
Advertising and Promotion	2,326.35
Automobile Expense	
Fuel	13,203.25
License & Fees	565.75
Maintenance & Repairs	8,534.86
Road Safety Equipment	271.95
Total Automobile Expense	22,575.81
Bank Service Charges	34.00
Business Liability Expense	1,186.39
Business Licenses and Permits	431.75
Cell Phone	2,181.06
Computer and Internet Expenses	408.38
Dues and Subscriptions	59.99
Dump & Disposal	1,714.84
Equipment Rental	1,142.23
Insurance Expense	9,227.94
Job Expense	
Ferry Fees	641.30
Total Job Expense	641.30
Legal Fees & Fines	140.00
Meals and Entertainment	352.79
Office Supplies	1,235.54
Payments to Nonemployees	3,250.00
Payroll Expenses	34,568.19
Reconciliation Discrepancies	-50.00
Repairs and Maintenance	805.94
Shop Supplies	1,576.54
Small Tools and Equipment	2,915.65
Telephone/Intern. serv Expense	968.13
Uniforms	1,086.25
Write Offs	25.00
Total Expense	88,804.07
Net Ordinary Income	42,966.40
Other Income/Expense	
Other Income	
Interest Earned	2.37
Total Other Income	2.37
Net Other Income	2.37
Net Income	42,968.77

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: ELMER U. RODRIGUEZ dba Elmer's Express Delivery

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Kristy Lamson Store Manager Pier 1 Imports Bellevue Wa

Address (include street address, mailing address, city, state, zip, and county):
905 Bellevue Way
Bellevue wa 98004

Phone Number: 425-491-8002

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

We have several customers that request delivery for items purchased

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 plus we will start to carry larger items

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:

Elmer has been a wonderful resource for us as a company and our customers as well. Also benefits our sales knowing

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

→ We have a reliable resource we can suggest for larger + inconvenient purchases for customers w/out the resource for trucks

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: 4-28-10 Bellevue Pier 1 Moving Company

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: ELMER M. RODRIGUEZ dba Elmer's Express Delivery

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Sue Bowden, Controller, Josh Klueber Hill Furniture, Inc

Address (include street address, mailing address, city, state, zip, and county):
3930 196th St SW
Lynnwood WA 98036

Phone Number: 425 775-7331

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
MANY of our customers need moving services. We enjoy being able to recommend Elmer's Express who also does our deliveries.

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: A good reliable bonded moving company is extremely useful to everyone. Elmer's Express provides exemplary service at a reasonable price.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Elmer's Express is a wonderful company that does quality work. We have worked with Elmer Rodriguez since we opened our doors.

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

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: **ELMER M. RODRIGUEZ dba Elmer's Express Delivery**

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

LILLIAN FISHER OWNER The Sleep Store

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

210 105th AVE NE, Bellevue, WA 98004 King

Phone Number:

425 454-8727

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

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

MOVE ONE STORAGE UNIT TO ANOTHER

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:

**CARE of my goods is
THIS COMPANY HAS EXCELLENT SERVICE & TAKES EXCELLENT**

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

THEY HAVE A FAIR PRICE! & THEY DON'T WASTE TIME.

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

4/27/10 Bellevue

Date and Location