

TV-100859-CT



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



Table with 2 columns: Type of Household Goods Authority Requested - Check one, Fee Required. Rows include Emergency temporary authority (\$50), Temporary authority (\$250), Permanent authority (\$550), Permanent authority to transfer or acquire control (\$550), Permanent authority to transfer or acquire control under exceptions (\$250), Reinstatement of permit (\$250), Name Change (\$35), Extension of authority (\$550).

TYPE OF PAYMENT section with checkboxes for Check, Money Order, Amex, Mastercard (checked), and Visa.

Amount: 550.00, Expiration Date: 05/12, 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): Carron S. ChernubiEFF, Company Name: MAMMOTH PIANO INC., Cardholder's Sig: [Signature], Date: 5/14/10

FOR OFFICIAL USE ONLY section with fields: Date Filed: 5/11/10, DOL/DOB: [Signature], ID: 5999, Permit Issued: THG-, Staff Assigned: [Signature], Insurance: [Signature], Inspection: [Signature], Docket #: [Blank], Reception #: 111-0268-207-02 0020934 111-0268-202-01 111-0268-013-20

Auth# 600778

**BUSINESS INFORMATION**

Name of Applicant MAMMOTH PLANO INC<sup>al</sup>  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable \_\_\_\_\_

Physical Address 544 Simons Rd Monroe, WA 98272

Mailing Address Same

Telephone Number (877) 957-4266 Fax Number (360) 794-9290

UBI #: 603-011-619<sup>al</sup> Email: mammothplano@cmcast.net

USDOT #: 2027535<sup>al</sup> (If you currently don't have one, you can go online at [www.fmcsca.dot.gov/online-registration](http://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. 95055701 (required if you have employees.)

Have you registered with the Employment Security Department?  No  Yes  
ESD No. 340448 002 (required if you have employees)

Have you registered your business with the Department of Revenue?  No  Yes

**TYPE OF BUSINESS STRUCTURE**

Individual  Partnership  Corporation (LP, LLP, LLC)  Other \_\_\_\_\_

List the name, title and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or Percentage of Shares
Chris Chernubieff	President	50%
Caron Chernubieff	Secretary	50%

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 provide piano tuning & restoration & moving services & how we are promoting competition & choice is that we synergistically offer these services in packages that no other company does*

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

*I apprenticed with Gabe Martenson piano for 5 years*

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	\$ 1000-	Salaries/Wages Payable	\$ 3000-
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 3000-
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 15,000	Preferred Stock	\$ 1,000-
Office Furniture	\$ 100	Common Stock	\$ 0
Other Equipment	\$ 0	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
<b>TOTAL ASSETS</b>	<b>\$ 16,100</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ 7,000</b>

### EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1998	HINO	A34419L	JHBFB4JG5W1S10174	9630
1998	ISUZU	A91726D	4KLB4B1R3WJ001037	8500

## 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: Carron Chernobieff

Position: Secretary

**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: Carron Chernubieff

Position: Secretary

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: Carron Chernubieff

Position: Secretary

**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.

Carron Chernubieff

Print name of applicant

Carron Chernubieff

Signature of Applicant

5/10/10 Monroe, 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: MAMMOTH PIANO INC

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

Name, Title, and Business Name:

Ed Howard President - Olympic Piano Rebuilders Inc

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

833 Torrey St. SE.  
OLYMPIA WA. 98513

Phone Number:

360 - 438-0643

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

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

piano pick-up & 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:

piano pick-up & 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:

Supporting an experienced piano mover,

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.

Ed Howard  
Signature of Person Completing Form

5-12-2010  
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:

MAMMOTH PIANO INC.

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

Name, Title, and Business Name:

Ken Counter

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

12715 189<sup>th</sup> DR SE  
SNOHOMISH, WA 98290

Phone Number:

360-794-0936

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

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

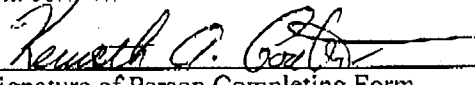
Do you anticipate a future need for the services of a residential household goods moving company?

No  Yes If yes, please describe your future moving needs: If one of my customers need a piano delivered to my shop for refinishing I will highly recommend this company to do the job.

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: Because if they do a good job which I anticipate they will, it will look good on me for recommending them and in turn hopefully tell there friends.

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

5-12-2010, SNOHOMISH, WASH.  
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: Cynthia Cady MAMMOTH PIANO INC.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Cynthia Cady

Address (include street address, mailing address, city, state, zip, and county):  
721 Ave D #4 Snohomish, WA 98290

Phone Number: 406-250-5736

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
I will be moving the weekend of July 4th and need help moving my items from my apt to a Uhaul Truck

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:  
because I have back & neck injuries, and cannot move the items myself. The Company will benefit me.

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

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

Cynthia Cady 5-10-10 Snohomish, WA  
Signature of Person Completing Form Date and Location