

TV-100867-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 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): Shaun Gomness     Company Name: A-1 Premium Moving LLC

Cardholder's Signature: [Signature]     Date: 5/15/2010

#### FOR OFFICIAL USE ONLY

Date Filed: <u>5/20/10</u>	DOL/SOS:	ID: <u>6003</u>	Permit Issued: THG-
Staff Assigned: <u>[Signature]</u>	Insurance:	Inspection:	
Reception #:			Docket #

111-0268-207-02 550.00     111-0268-202-01     111-0268-013-20

# 4119

**21167**

RECEIVED

MAY 19 2010

WASHINGTON



# HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

UTILITIES AND TRANSPORTATION  
COMMISSION

This application packet contains the following information:

- Application Form and Attachments
- WAC 480-15 – Rules Relating to Household Goods Carriers
- “Your Guide to a Satisfactory Safety Rating”

**You must have a permit from the commission before operating as a household goods moving (HHG) company in Washington State. You must also obtain a USDOT number before your HHG permit can be issued.**

### Insurance Requirements

You must file and maintain Public Liability and Property Damage Insurance (Form E) with the commission covering all vehicles operating under your household goods permit. You must also file a copy of your cargo insurance for each vehicle you operate. You must also keep proof of coverage at your main office and have it available for inspection by commission staff. Insurance minimum limits are:

Vehicles under 10,000 GVWR	\$300,000 combined single limit of public liability and property damage insurance (Form E) <b>AND</b> \$10,000 cargo insurance
Vehicles 10,000 GVWR and more	\$750,000 combined single limit of public liability and property damage insurance (Form E) <b>AND</b> \$20,000 cargo insurance

### Commission Contacts:

You may contact our Licensing Services staff for assistance at 360-664-1222. The commission has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133 or TTY 360-586-8203 or 1-800-416-5289

Please submit the application forms, appropriate attachments and proof of insurance to the address below:

**Washington Utilities and Transportation Commission**  
**1300 S. Evergreen Park Drive S.W.**  
**P.O. Box 47250**  
**Olympia, Washington 98504-7250**

If paying by credit card, you may fax your application to: 360-586-1181

**BUSINESS INFORMATION**

Name of Applicant Shaun Gomez A-1 Premium Moving LLC  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable N/A

Physical Address 3409 NE 62nd Ave #74 Vancouver, WA 98661

Mailing Address 3409 NE 62nd Ave #74

Telephone Number (360) 433-8480 Fax Number ( )

UBI #: 602 865 979 01 Email: premiummoving@comcast.net

USDOT #: 2033832 (If you currently don't have one, you can go online at [www.fmcsa.dot.gov/online-registration](http://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 (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

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:

I wish to pack & relocate people in the NW. I plan to provide a professional service, competitive rates, and an unmet customer service within the NW.

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

I have been in the industry for 8+ yrs. I have worked for United Van Lines, North American Van Lines, Atlas, I am experienced in packing, loading, unloading, bidding, etc.

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:

Disorderly Conduct (Misdemeanor) Possession of Dangerous Weapon (Brass Knuckles/also a misdemeanor)

Have you been cited for violation of state laws or Commission rules?  No  Yes If yes, please explain: was issued a ticket

## 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	\$ 1,000	Salaries/Wages Payable	\$ <del>0</del>
Notes Receivable	\$ <del>0</del>	Accounts Payable	\$ <del>0</del>
Investments	\$ <del>0</del>	Notes Payable	\$ <del>0</del>
Other Current Assets	\$ <del>0</del>	Mortgages Payable	\$ <del>0</del>
Prepaid Expenses	\$ <del>0</del>	TOTAL LIABILITIES	\$ <del>0</del>
Land and Buildings	\$ <del>0</del>	NET WORTH	
Trucks and Trailers	\$ 3,000	Preferred Stock	\$ <del>0</del>
Office Furniture	\$ 2,000	Common Stock	\$ <del>0</del>
Other Equipment	\$ <del>0</del>	Retained Earnings	\$ <del>0</del>
Other Assets	\$ <del>0</del>	Capital	\$ <del>0</del>
TOTAL ASSETS	\$ 6,000	TOTAL LIABILITIES & NET WORTH	\$ <del>0</del>

## EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1998	Dodge Dakota	B13407L	1B7GL22X4WS742930	0-10,000

## 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:

Shaun Gomness

Position:

Owner



# CERTIFICATE OF LIABILITY INSURANCE

OP ID JA  
A1PRE-1

DATE (MM/DD/YYYY)

04/23/10

<b>PRODUCER</b> Biggs Insurance Services P.O. Box 189 916 Main Street Vancouver WA 98666 Phone: 360-695-3301 Fax: 360-696-2232		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURED</b>  A1 Premium Moving, LLC 3409 NE 62nd Ave Apt H74 Vancouver WA 98661		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: Western National Assurance Co	24465
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

### COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
A		<b>GENERAL LIABILITY</b>	CPP1024004	04/20/10	04/20/11	EACH OCCURRENCE	\$ 1,000,000	
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000	
						PERSONAL & ADV INJURY	\$ 1,000,000	
						GENERAL AGGREGATE	\$ 2,000,000	
						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
						GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		
X		<b>AUTOMOBILE LIABILITY</b>	CPP1023575	04/20/10	04/20/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$	
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$	
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$ 100,000	
		<input type="checkbox"/> HIRED AUTOS						
		<input type="checkbox"/> NON-OWNED AUTOS						
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$	
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$	
						AGG	\$	
		<b>EXCESS / UMBRELLA LIABILITY</b>				EACH OCCURRENCE	\$	
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$	
		<input type="checkbox"/> DEDUCTIBLE					\$	
		<input type="checkbox"/> RETENTION \$					\$	
							\$	
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS	OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below					E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A		<b>OTHER</b>						
		<b>CARGO LIABILITY</b>	CPP1024005	04/20/10	04/20/11	CARGO	20,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

### CERTIFICATE HOLDER

WASH023

Washington Utilities & Transportation Commission  
 1300 Evergreen Park Drive So  
 Olympia WA 98504

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE