

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



	Type of Household Goods Authority Requested - Check one	Fee Required
0	Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 6 and Attachment E	\$.50
0	Temporary authority (to meet a short-term need) - Complete pages 2 - 6 and Attachment A	\$ 250
X	Permanent authority (at least six months must be served on a temporary provisional basis) — Complete pages 2 - 6 and Attachment A	\$ 550
	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
	Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-335 - Complete pages 2 - 6 and Attachments B & C	\$ 250
	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
a	Name Change - Complete pages 2 - 3 and Attachment D	\$35
0	Extension of authority - Complete pages 2 - 6 and Attachment A	\$ 550

TYPE OF PAYMENT						
☐ Check ☐ Money Order ☐ Amex ☐ Mastercard 🗶 Visa						
Amount: <u>\$ 550</u>	and the second second second	xpiration Date: 1113				
that I am authorized to execute and file this documer	nt on behalf of the application	ify that the following information is true and correct, and that all information on file is current and valid.				
Name (printed): (hana Grees	Company N	lame: CEG Marketing				
Cardholder's Signature		Date:				
	ROFFICIAL USE	ONLY				
Date Files 26 10 POL/SOS:	1D: 6016	Permit Issued: THG-				
Staff Assigned: Insurance:	Inspection:	Docket #				
Reception #: 111-0268-207-02 111-0268-2	02-01	111-0268-013-20				

4550.00 Auth 611135

BUSINESS INFORMATION					
C.E.G. Marketing DBA C.E.G MARKETING					
Name of Applicant CEG Marketing Inc. (must be individual, partners of a partnership or corporation)					
per were and the per were the p					
Trade Name, if applicable Y					
Physical Address 3250 Victor 5t TA Santa Clara					
Mailing Address					
Telephone Number (916) 273 4494 Fax Number (408) 521 3906					
UBI#: 603-014-451 Email:					
USDOT #: 202 9078 (If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to a, ply 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? XNo 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 ☐ Other (LP, LLC)					
List the name, title and percentage of partner's share or stock distribution for major stockholders:					
Name <u>Title</u> <u>Stock Distribution or Percentage of Shares</u>					

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 cust	omer
choice, promote competition, or fill an unmet need for service:	
House hold good Moving Services	· ************************************
Briefly describe your experience in the transportation/household goods moving industry	7:
I Usedante managing a moving confiny for	

	Source
Do you currently hold, or have you ever held, a permit to operate as a motor carrier of p	roperty
No XYes If yes, please indicate your permit number 2029028	
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Have you ever applied for and been denied a permit to operate as a motor carrier of proj	
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Have you ever applied for and been denied a permit to operate as a motor carrier of proj	
Have you ever applied for and been denied a permit to operate as a motor carrier of proposal washington? No □ Yes If yes, please explain Do you currently operate interstate? No □ Yes If yes, please indicate your and USDOT#	perty ir
Have you ever applied for and been denied a permit to operate as a motor carrier of programment of the Washington? No Pes If yes, please explain Do you currently operate interstate? No Pes If yes, please indicate your mand USDOT# Do you operate interstate as an agent of another company? No Pes If yes, what	perty in
Have you ever applied for and been denied a permit to operate as a motor carrier of proposal washington? No Pes If yes, please explain Do you currently operate interstate? No Pes If yes, please indicate your MC# and USDOT# Do you operate interstate as an agent of another company? No Pes If yes, what name of the company?	perty ir
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Revised 07-09

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	\$ 5000	Salaries/Wages Payable	8 Zoed
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$ 2000	TOTAL LIABLITIES	\$ 2000
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 2000	Preferred Stock	\$
Office Furniture	\$ 1500	Common Stock	\$
Other Equipment	\$ 5000	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 13500	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
98	GMC	7540100	16-DJ6H1C3WJ850973)

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).

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