

TU-101079-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 (checked) (\$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, and checked Visa.

Amount: \$550, Expiration Date: 04/14, CERTIFICATION: I, the undersigned, under penalty for false information, certify that the following information is true and correct... Name (printed): Wade Taylor, Company Name: Professional Relocation Service, Cardholder's Signature, Date: 6/11/2010

FOR OFFICIAL USE ONLY section with fields for Date Filed (6/11/10), DOCSOS (OK NA), ID (6039), Permit Issued (THG-), Staff Assigned, Insurance, Inspection, Docket #, Reception # (0024438), and phone numbers (111-0268-207-02, 111-0268-202-01, 111-0268-013-20).

550.00 Auth 041363

### BUSINESS INFORMATION

Name of Applicant Wade Taylor  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Professional Relocation Service *ok*

Physical Address 2827 Alder St Bremerton Wa 98310

Mailing Address Same as above

Telephone Number (360) 536-0467 Fax Number ( )

UBI #: 602-829-540 Email: quality/reloc@ymoo.com

USDOT #: 2025629  
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  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

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:

*Household goods packing & relocation. As a small business as opposed to a national vendor, I will provide superior customized service at a discounted rate.*

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

*I have over 7 years full time furniture moving experience. I have a commercial Drivers License, and warehouse experience. 4 years Truck driving experience. (CDL)*

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# 712128 and USDOT# 2025629

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:

*Mind infractions as a younger person - theft, alcohol infractions.*

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	\$ 4,500	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	<b>TOTAL LIABILITIES</b>	<b>\$ 0</b>
Land and Buildings	\$ 0	<b>NET WORTH</b>	
Trucks and Trailers	\$ 6,500	Preferred Stock	\$ 0
Office Furniture	\$ 1,000	Common Stock	\$ 0
Other Equipment	\$ 1,000	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
<b>TOTAL ASSETS</b>	<b>\$ 13,000</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ 0</b>

### EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1991	I202U	B51837L	JALHGANN2M3101660	11040165

## 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:

*Robert Taylor*

Position:

*Owner*

**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: Wade Taylor

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

Name, Title, and Business Name: Daniel Bradford

Address (include street address, mailing address, city, state, zip, and county):  
632 N Charleston Ave #2 Bremerton 98312

Phone Number: (360) 479-3672

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:  
I am currently in the process of purchasing a home and will need the services of a local mover.

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: Professional Relocation Services will provide superior customer service as it will focus on local moves and the community it's based in.

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: Dan Bradford  
Date and Location: 6/7/10 Bremerton, wa

**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: Wade Taylor / Professional Relocation Services

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

Name, Title, and Business Name: Paul Billings

Address (include street address, mailing address, city, state, zip, and county):  
2538 Sanders Bremerton WA 98310 Kitsap County

Phone Number: (360) 286-0931

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
I need a grand piano moved to the new owners house after its sale.

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:  
Eventually this home will be sold in order to downsize my estate and make it more manageable.

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:  
Professional will be able to give me a more affordable price because they only offer local moves.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
Wade has a unique business plan and I believe it will benefit my community.

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: Paul Billings Date and Location: 6-3-10 Bremerton WA

**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: Amber Anderson Wade Taylor

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

Name, Title, and Business Name:

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

13387 Seabeek Hwy NW / P.O. Box 141  
Seabeek, Wa. 98380 / Seabeek, Wa. 98380, USA

Phone Number: (360) 689-3712

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

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

Not currently.

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:

In the next year or so I plan to move from Seabeek to the Seattle area.

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's nice to have smaller, local businesses in our community that are affordable, and are based on making their customers happy.

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.

Amber Anderson  
Signature of Person Completing Form

6/1/2010  
Date and Location



Dear Sir or Madam,

Please find included my completed permit application and payment information. My plan is to start business July 1 but would like to have a UIC permit as soon as possible for advertising purposes. If you need any additional information or if there is any way I can expedite the process please do not hesitate to call me directly at (360) 536-0467.

Thank you,  
Wade Taylor  
Professional Relocation Services

My Insurance company will file my proof of coverage to you directly.