

TV-101179-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 L	\$ 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  Amcx  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): Wei Li Company Name: Speedy Moving LLC

Cardholder's Signature: \_\_\_\_\_ Date: 6/30/2010

**FOR OFFICIAL USE ONLY**

Date Filed: <u>6/10</u>	DOI(SOE): <u>OK</u>	IP: <u>6068</u>	Permit Issued: <u>TIIG-</u>
Staff Assigned: <u>[Signature]</u>	Insurance: _____	Inspection: _____	Docket # _____
Reception #: <u>0025140</u>	111-0268-207-02 <u>550.00</u>	111-0268-202-01	111-0268-013-20

Auth 092050

# Speedy Moving LLC., U.S.A.

## BUSINESS INFORMATION

per UBI #

Name of Applicant Wei Li and Lishu Cui  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Speedy Moving LLC N/A

Physical Address 4316 W.LK. Sammamish Pkwy SE A301

Mailing Address ISSAQUAH WA 98027

Telephone Number (425) 802-6985 Fax Number (425) 223-5933

UBI #: 603018234 Email: liweili88@comcast.net

USDOT #: 2045727 (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 I. & 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 (P, 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
Wei Li	Owner/Manager	51%
Lishu Cui	Owner/Member	49%

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: King, Pierce, Snohomish

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 wish to provide the household moving service with total care of customers, establish the customer service based on honest, safe and fair to serve the community.

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

I have been a delivery truck driver for 5 years and 3 years experience working for a moving company in Puget Sound area.

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	\$ 50,000.00	Salaries/Wages Payable	\$ 330.70/month
Notes Receivable	\$ 0	Accounts Payable	\$ 320/month
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 1390/month
Prepaid Expenses	\$ 2000.00	<b>TOTAL LIABILITIES</b>	<b>\$ 2040.70/month</b>
Land and Buildings	\$ 0	<b>NET WORTH</b>	<b>\$ 5011.60</b>
Trucks and Trailers	\$ 29500.00	Preferred Stock	\$
Office Furniture	\$ 500.00	Common Stock	\$
Other Equipment	\$ 1600.00	Retained Earnings	\$
Other Assets	\$ 0	Capital	\$
<b>TOTAL ASSETS</b>	<b>\$ 74600.00</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ 5011.60</b>

### EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2006	Freightliner	B27041P	1FVACWDC24HM 66141	26000 LB

**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: *Walter Li*

Position: *Owner/Manager*

**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: <u>Wei Li</u>	Position: <u>Owner/Manager</u>
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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: <u>Wei Li</u>	Position: <u>Owner/Manager</u>
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**DECLARATION OF APPLICANT**

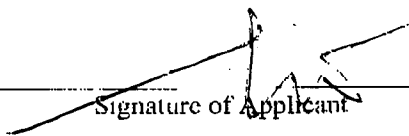
I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.

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.

<u>Wei Li</u>		<u>6/29/2010</u>
Print name of applicant	Signature of Applicant	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: **SPEEDY MOVING LLC**

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

Name, Title, and Business Name: **RAYMOND WONG**

Address (include street address, mailing address, city, state, zip, and county):  
**3121 181ST AVE NE, REDMOND, WA 98052**

Phone Number: **(425) 891-8600**

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

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:  
**MOVE HOUSEHOLD ITEMS BACK FROM STORAGE**

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:  
**PROVIDES GOOD SERVICE AT A GOOD PRICE.**

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
**THE OPERATORS/OWNERS ARE PEOPLE OF GOOD CHARACTER & BUSINESS SENSES.**

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

**Raymond Wong**  
 Signature of Person Completing Form

**6/17/2010 REDMOND, WA**  
 Date and Location

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Applicant Name: Speedy Moving LLC.

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

Name, Title, and Business Name: Frank Li, Owner, Mulan Foot SPA Inc.

Address (include street address, mailing address, city, state, zip, and county):  
15230 NE 24th ST Suite J, Redmond, WA, 98052

Phone Number: 425-644-8988

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
We are planning expanding more locations and need to move some equipments and furniture.

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 do need a good reliable moving company for my next new home purchase.

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:  
Granting a safe, liable moving company will definitely benefits the local business and households in our community.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
No.

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: 6/18/2010 Redmond, WA



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Applicant Name: Speedy Moving LLC.

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

Name, Title, and Business Name:  
Angela Zhang, Individual

Address (include street address, mailing address, city, state, zip, and county):  
23708 NE 25<sup>th</sup> Way, Sammamish, WA 98074

Phone Number: 425-213-0968

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
I just bought a new house and need a mover.

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:  
Possibly my relatives also need moving service in the future.

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:  
I believe that this company will provide safe, fast, and affordable moving services that will greatly benefit the local economy.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
No.

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

Jan Zhang  
Signature of Person Completing Form

6/17/10 Sammamish, WA  
Date and Location