



### BUSINESS INFORMATION

Name of Applicant Jamal Vanderbrug  
(must be individual, partners of a partnership or corporation)

NW part UBI

Trade Name, if applicable Modern Moving Solutions LLC

Physical Address 918 S. Horton St, Seattle WA 98134 unit 902

Mailing Address 918 S. Horton St, Seattle WA 98134 unit 902

Telephone Number (206) 371 82-84 Fax Number ( )

UBI # ~~2074398~~ <sup>UBI: 602-969-663</sup> Email: JamalVanderbrug@gmail.com

USDOT # 2074398 (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. 185,316-00 (required if you have employees.)

Have you registered with the Employment Security Department? No  Yes   
ESD No. 601-360-001 (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
Jamal Vanderbrug	owner	100%

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, Snohomish, Pierce

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service:

My company, Moving Solutions, will provide superior moving service by establishing extensive miles of contract for warehouse, etc. We have only worked with a few carriers, service is fast & labor experienced. An extensive list of jobs, some of which are hard to get done.

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

My father started a moving business in 1992, and I worked over 10 years with him as a driver.

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: 1999: Possession of alcohol in Puget (King County) 2004: Possession of a (small) amount of \_\_\_\_\_

Have you been cited for violation of state laws or Commission rules?  No  Yes If yes, please explain: \_\_\_\_\_

Jamal Vanderbruy

### 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	\$ 300.00	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 700.00
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	<b>TOTAL LIABILITIES</b>	\$ 700
Land and Buildings	\$ 0	<b>NET WORTH</b>	
Trucks and Trailers	\$ 15,000.00	Preferred Stock	\$ 0
Office Furniture	\$ 200.00	Common Stock	\$ 0
Other Equipment	\$ 4,000.00	Retained Earnings	\$ 0
Other Assets	\$ 2,000.00	Capital	\$ 2,000
<b>TOTAL ASSETS</b>	\$ 20,500.00	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 20,500

### EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2008	International 4300	B96552L	1-HTMMAAMX5H676- 473	19,000 LB or less

NOT LOANED TO YOU  
MUST BE RETURNED TO YOU

## 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: <u>Jamal Vanderhorst</u>	Position: <u>owner / Driver</u>
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## 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: Samal Vanderbruy Position: Owner

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: Samal Vanderbruy Position: Owner

## 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.

Samal Vanderbruy  
Print name of applicant

[Signature]  
Signature of Applicant

09-23-10  
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: NATHAN E. ARD? Jamall Vanderbrugg

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: NATHAN ARD, COUNSELLOR/FRIEND

Address (include street address, mailing address, city, state, zip, and county):  
2200 CALIFORNIA AVE SW APT 201  
SEATTLE WA 98116

Phone Number: 206-935-0635

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 MAY BE MOVING TO AN APARTMENT IN A DIFFERENT COUNTRY SOON.

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've known JAMALL FOR MANY YEARS AND HAS ALWAYS BEEN HONEST AND I KNOW HE IS AN HONED WORKER.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
JAMALL HAS TOLD ME ABOUT HIS PLANS FOR HIS BUSINESS AND I'M CONVINCED THAT HE WILL BE ABLE TO SAVE PEOPLE MONEY.

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: 9-23-10

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Applicant Name:

JAMAL VANDERBRUG

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

KAY VANDERBRUG

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

2432A SW Holden St  
SEATTLE, WA 98106

Phone Number:

206 371-8384

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

No  Yes If yes, please describe your current moving needs:  
I have a lot of valuable collectibles in storage, I need to get them out. I have had bad experiences with other local moving companies and I know Jamal will do a good job.

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:  
Will be selling my present home in the next year and moving.

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:

Jamal has had almost 20 years of experience working side by side with his dad. As a result of this experience he is very efficient, has incorporated many unique methods, and subsequently ends up being more economical for his customers.

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

He is honest, hard working with great integrity. He has learned from past mistakes and does not repeat them.

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

K. Vanderbrug  
Signature of Person Completing Form

9-22-10 SEATTLE, WA  
Date and Location