



### BUSINESS INFORMATION

Name of Applicant Randy Leavitt  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Help-U-Move

Physical Address 527 Costley Lane, Asotin, Wa. 99402

Mailing Address P.O. Box 651 Asotin, Wa. 99402

Telephone Number (509) 243-1268 Fax Number ( )

UBI #: 603051137 Email: localmovers@yahoo.com

USDOT #: 20807660 (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. PROCESSING (required if you have employees.)

Have you registered with the Employment Security Department?  No  Yes  
ESD No. PROCESSING (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
<u>Randy Leavitt</u>	<u>owner</u>	<u>100%</u>

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: Asotin, Garfield, Whitman

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

Wish to provide service to local area only. Most of our requests for moves are across the Snake River in Lewiston, Idaho BUT we want to provide the same Honest HomeTown service to this County(s) ALSO - NO local moves here at all.

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

Worked for many years in the Trucking and Goods Transportation for Formerly (West's Best Trucking) and then Swift Corp. Worked with Drivers, Parrell Office, Logistics, Tariffs 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: \_\_\_\_\_

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	\$ 10,000. <sup>00</sup>	Salaries/Wages Payable	\$ X
Notes Receivable	\$ 0	Accounts Payable	\$ X
Investments	\$ 0	Notes Payable	\$ X
Other Current Assets	\$ 6,000. <sup>00</sup>	Mortgages Payable	\$ 117,000. <sup>00</sup>
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 117,000. <sup>00</sup>
Land and Buildings	\$ 225,000. <sup>00</sup>	NET WORTH	
Trucks and Trailers	\$ 26,000. <sup>00</sup>	Preferred Stock	\$
Office Furniture	\$ 3,000. <sup>00</sup>	Common Stock	\$
Other Equipment	\$ 8,000. <sup>00</sup>	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 278,000. <sup>00</sup>	TOTAL LIABILITIES & NET WORTH	\$ 161,000. <sup>00</sup>

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1989	Ford F 380	B45417C	1F0KE37M3KH- A83783	14,000

## 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:

Randy Leavitt

Position:

owner

### 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>Randy Leavitt</u>	Position: <u>owner</u>
----------------------------	------------------------

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>Randy Leavitt</u>	Position: <u>owner</u>
----------------------------	------------------------

### DECLARATION OF APPLICANT

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

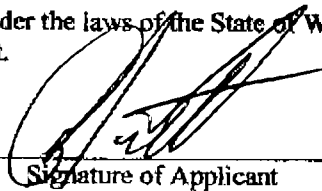
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

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.

Randy Leavitt  
Print name of applicant

  
Signature of Applicant

10-11-2010 Asotin  
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: Randy Leavitt (DBA) Help-u-move

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

Name, Title, and Business Name: Gregory D. Van Kirk

Address (include street address, mailing address, city, state, zip, and county):  
823 CEDAR AVE  
LEWISTON, IDAHO 83501

Phone Number: 208-413-6255

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
I WILL BE MOVING MY SON OUT TO A COLLEGE APARTMENT.

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 WILL BE MOVING THINGS FROM MY STORAGE UNIT TO MY NEW SHOP.

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:  
THERE IS A SERIOUS LACK OF SMALL / NON-FRANCHISE MOVING IN THE AREA.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
I'VE USED THEM IN THE PAST & HAVE ALWAYS BEEN VERY SATISFIED

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

[Signature] 10/7/10 Lewiston, IDAHO  
 Signature of Person Completing Form 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:  
*Bandt Leavitt (DBA) Help-u-move*

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

Name, Title, and Business Name:  
*Rozella Wood*

Address (include street address, mailing address, city, state, zip, and county):  
*305 Jefferson  
P.O. Box 702 Asotin, WA 99402*

Phone Number:  
*509 243-4047*

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:

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 hard to find a local moving company*

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
*Help-u-move is a dependable business they are very professional.*

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.  
*Rozella Wood*  
Signature of Person Completing Form  
*10/8/10 Asotin*  
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: Randy Lewis, II DBA Help-o-move 10-07-10

**The following must be completed by the Supporter of the**  
Name, Title, and Business Name: Donna Heiner

Address (include street address, mailing address, city, state, zip, and county):  
Move From Lewiston Id To  
P.O. Box 197 Lewiston  
Kendrick Ida 83537

Phone Number: phone # 208-289-3341

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
Move for our Mother  
Ellen Woodruff to Royal  
Idaho

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:  
Lach Hansen  
1407  
S. ~~1407~~ Harry Rd

Briefly describe how granting this company a permit to provide household goods moving services in your State will benefit you, your business, and/or your community:  
Liberty Lake, Wa 99019  
509-255-6818

Is there anything else the Commission should consider when making a determination on your application for a household goods permit?  
Wonderful Job!!  
Very Good Prices!!  
move From Lewiston Id, To Lewiston, ID.

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 \_\_\_\_\_ 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: **Randy Leau, IT Help-U-Move**

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

Name, Title, and Business Name: **ELMER Rupp**

Address (include street address, mailing address, city, state, zip, and county):  
**2555 COSTLY LANE Box 192 ASOTON, Wash.**

Phone Number: **509-343-8905**

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:

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:  
*in very much needed to have good the general public is Randy Leau is honest and we need them in this County*

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
*They are honest wonderful people!*

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

**Elmer R. Rupp** **Oct. 10/2010**  
 Signature of Person Completing Form Date and Location

MARTIN INS INC  
PO BOX 699  
LEWISTON, ID 83501

**PROGRESSIVE**

Named insured

RANDY LEAVITT  
HELP-U-MOVE  
PO BOX 651  
ASOTIN, WA 99402

**Policy number: 05985640-3**

Underwritten by:  
United Financial Casualty Company  
October 7, 2010  
Policy Period: Oct 2, 2010 - Oct 2, 2011  
Page 1 of 2

**progressiveagent.com**

**Online Service**

Make payments, check billing activity, print policy documents, or check the status of a claim.

**208-743-6543**

**MARTIN INS INC**

Contact your agent for personalized service.

**800-444-4487**

For customer service if your agent is unavailable or to report a claim.

# Commercial Auto Insurance Coverage Summary

## This is your Declarations Page

### Your coverage has changed

Your coverage began on October 2, 2010 at 12:01 a.m. This policy expires on October 2, 2011 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (03/05). The contract is modified by forms 2852WA (09/05), 1652WA (09/05), 2434WA (06/08), 4852WA (09/05), 4881WA (09/05), 2228 (07/05) and Z435 (12/06).

The named insured organization type is a sole proprietorship.

#### Policy changes effective October 6, 2010

Premium change:	\$550.00
Changes:	Coverage has been changed on your policy.

The changes shown above will not be effective prior to the time the changes were requested.



**Outline of coverage**

**Auto coverage part**

Description	Limits	Deductible	Premium
Liability To Others			\$860
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Underinsured Motorist Bodily Injury	\$300,000 combined single limit		66
Underinsured Motorist Property Damage	\$300,000 each accident	\$100	26
		\$300 hit & run	
Personal injury Protection	\$10,000 each person		77
Comprehensive			137
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			194
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Subtotal policy premium</b>			<b>\$1,360</b>

**Motor Truck Cargo coverage part**

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$25,000	\$1000	\$556
<b>Subtotal policy premium</b>			<b>\$556</b>
<b>Total 12 month policy premium</b>			<b>\$1,916</b>

**Rated driver**

- RANDY LEAVITT

**Rated commodities**

- FURNITURE (NEW)

**Auto coverage schedule**

- 1989 Ford E350** Stated Amount: \$9,000  
 VIN: 1FDKE37M3KHA83783 Garaging Zip Code: 99402 Radius: 50

Liability Premium	Liability \$860	UIM BI \$66	UIM PD \$26	PIP \$77	
Physical Damage Premium	Comp Deductible \$250	Comp Premium \$137	Collision Deductible \$500	Collision Premium \$194	<b>Auto Total \$1,360</b>

**Premium discounts**

Policy	Discount
05985640-3	Business Experience and Renewal

**Company officers**

*Patricia H. Cowan*  
 Secretary