

TV-101704-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 - 7 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) - Complete pages 2 - 7 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 - 7 and Attachment A	<u>\$ 550</u>
<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 - 7 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 - 7 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 - 7 and Attachment A	\$ 550

TYPE OF PAYMENT

Check
 Money Order
 Amex
 Mastercard
 Visa

V130303

Amount: \$ 550.00 Expiration Date: 06/14

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): Lethia Angelique Gardner - maggett Company Name: Abrahadabra Movers

Cardholder's Signature: Lethia Gardner Date: 9/2/2010

FOR OFFICIAL USE ONLY

Date Filed: <u>10-14-10</u>	DOL/SOS:	ID:	Permit Issued: THG-
Staff Assigned: <u>(Signature)</u>	Insurance:	Inspection:	Docket #
Reception #: <u>0226163</u>	<u>550.00</u>	111-0268-202-01	111-0268-013-20

BUSINESS INFORMATION

Name of Applicant Pierse Maggitt & Letitia Gardner-Maggitt
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Abracadabra Movers

Physical Address 909 89th St SE Everett, WA 98208

Mailing Address Same as above

Telephone Number (425) 513 0452 Fax Number ()

UBI #: 602540997 Email: info@BEZmovers.com

USDOT #: 2057235 (If you currently don't have one, you can go online at www.fmcsca.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 ^{Spouse} 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>Pierse Maggitt</u>	<u>Sole Proprietor</u>	<u>N/A</u>
<u>Letitia Gardner Maggitt</u>	<u>Spouse</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:

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 provide packing and moving services as well as moving box kits for sale. We also sell packing supplies such as tape, paper, bubble wrap, shrink wrap. We are fully licensed and own our trucks.

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

For the past 12 years I have been working as a laborer in the household goods moving field. I am a licensed CDL CLASS A DRIVER. I have owned a household moving business for 6 years in which I provided labor services for customers providing their own transportation.

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:
Conviction in 1989 for Burglary of Private Home for Theft

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	\$ 30,000	Salaries/Wages Payable	\$ 30,000
Notes Receivable	\$	Accounts Payable	\$ 0
Investments	\$	Notes Payable	\$ 0
Other Current Assets	\$	Mortgages Payable	\$ 0
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 30,000
Land and Buildings	\$	NET WORTH	21,000
Trucks and Trailers	\$ 10,000.00	Preferred Stock	\$ 0
Office Furniture	\$ 5,000.00	Common Stock	\$ 0
Other Equipment	\$ 6,000.00	Retained Earnings	\$ 0
Other Assets	\$	Capital	\$ 0
TOTAL ASSETS	\$ 51,000	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
1993	GMC	B88400N	1GDE6HIPA514041	18,000

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:

Pierre maggitt

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: <i>Lethia Gardner-Maggitt</i>	Position: <i>owner/spouse</i>
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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: <i>Lethia Gardner-Maggitt</i>	Position: <i>owner/spouse</i>
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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.

<i>Frees MAGGITT</i> <i>Frees C. Maggitt</i>	<i>Frees C. Maggitt</i>	<i>9/07/2010/ Everett</i>
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:

AbraCadabra Movers / Pierre Maggitt

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

CINDY L. MARTIN

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

9414 28th St NE
Lake Stevens, Wa
98258

Phone Number:

425-870-2742

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

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

RESIDENTIAL LOCAL MOVE

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:

GOOD WORKERS, QUICKLY and a benefit to have a
GOOD MOVERS.

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.

Cindy L. Martin
Signature of Person Completing Form

9/30/10 Everett, Wa 98201
Date and Location

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Applicant Name:

Abracadabra Movers / Pierre Maggitt

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Heather Andreini - managing broker - John L Scott

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

8131 116th Ave NE
Kirkland WA 98033

Phone Number:

425 508 4291

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

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

moving furniture for model ~~apart~~ homes
& client moves

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:

same

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:

continue to provide quality, dependable moving services

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

satisfaction of past clients

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



9/15/10 mill creek, WA

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Applicant Name:

Abracadabra Movers / Pierre Maggitt

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Ann Aljets

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

8823 10th Dr. S.E.
Everett, WA 98208

Phone Number:

(425) 353-3380 (unpublished)

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: Pierre of Abracadabra Movers fills just the right niche, one that is local and is able to be flexible with local needs. Pierre takes great care in doing his job well - as a small, local company does. We are grateful we found him to fill our needs.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Pierre provided a great service to us in moving furniture so we could upgrade our home. He and his helper were professional and friendly, treating our furniture and piano carefully and storing them neatly. They were exactly what we needed. When it came time to put the furniture back, they put each piece back in the proper place.

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

Ann Aljets

Signature of Person Completing Form

10-6-2010

Date and Location

Everett, WA