

TV-110024-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	\$ 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 - 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

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): Sean T. Brooks Company Name: Sean T. Brooks

Cardholder's Signature: Sean Brooks Date: 12-22-2010

FOR OFFICIAL USE ONLY

Date Filed:	DOL/SOS:	ID: <u>6252</u>	Permit Issued: THG-
Staff Assigned:	Insurance:	Inspection:	
			Docket #

Reception #: 111-0268-207-02 \$550.00 111-0268-207-01 111-0268-013-20

Auth # 03509C VI

→ Reception # 0029785

BUSINESS INFORMATION

Name of Applicant

Sean T. Brooks *STB*

(must be individual, partners of a partnership or corporation)

Trade Name, if applicable

~~Sean T Brooks~~ N/A

Physical Address

5574 N. Greenwood Blvd Spokane wa 99205

Mailing Address

5574 N. Greenwood Blvd Spokane Wa, 99205

Telephone Number (509)

328-9790

Fax Number (509)

328-1080

UBI #:

601-770-109 0001

Email:

SeanTsuzieM@yahoo.com

USDOT #:

2104859 *STB*

(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. NONE

(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
(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

Sean T. Brooks

owner.

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:

Pack, Move, un pack Senior People in and out of Retirement Communities + Distribute passes to Family Members
Also Inhouse Move's @ Retirement Communities

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

I have moved people in retirement Communities from one room to another + also from home's to Retirement Communities - I have always worked as a labor service for the past 20 years

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# 210 4859 (210 4859)

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	\$ 24,000. ^{ac}	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 6700. ^{oe}	Accounts Payable	\$ 0
Investments - CD's	\$ 170,000. ^{oe}	Notes Payable	\$ 0
Other Current Assets	\$	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$ 450,000. ^{oe}	NET WORTH	0
Trucks and Trailers	\$ 10,000. ^{oe}	Preferred Stock	\$ 0
Office Furniture	\$ 1,000. ^{oe}	Common Stock	\$ 0
Other Equipment	\$ 1,000. ^{oe}	Retained Earnings	\$ 0
Other Assets ^{Cars} _{Boat} _{Motor}	\$ 72,000. ^{oe}	Capital	\$ 0
TOTAL ASSETS	\$ 734,700. ^{oe}	TOTAL LIABILITIES & NET WORTH	\$

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number VIN #	Gross Vehicle Weight
1985	Chev 1Ton	B81827 C	2GB4G31M7F4168140	10,000.
1995	G.M. (3/4 Ton) (Model 2500) Sierra	A39237 U	2GTFK29K4S1523677	(3/4 Ton) 8500 GVW

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:

Sean T. Brooks

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: Sean T. Brooks	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: Sean T. Brooks	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.

<u>Sean T. Brooks</u> Print name of applicant	<u>Sean T. Brooks</u> Signature of Applicant	<u>12-21-2010</u> 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: Sean T. Brooks

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Cathy L Hall Business Manager EVERGREEN FOUNTAINS LLC

Address (include street address, mailing address, city, state, zip, and county):
1201 N. EVERGREEN RD.
SPOKANE VALLEY, WA 99216, SPOKANE COUNTY

Phone Number: 509-922-3100

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
HELP NEW SENIOR RESIDENTS PACK, MOVE AND UNPACK

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:
HELP NEW SENIOR RESIDENTS PACK, MOVE AND UNPACK.

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 consider Sean an excellent person of character; honest, caring and above all sincere in his approach to business

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
We are very confident in recommending Sean to our residents

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
Cathy L Hall 12-20-10 Spokane Valley WA
Signature of Person Completing Form Date and Location

P.C.
@riverview

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: Sean T. Brooks

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Sean T. Brooks

Address (include street address, mailing address, city, state, zip, and county):
5574 N. Greenwood Blvd.
Spokane, WA. 99205

Phone Number:
(509) 991-6550 (509) 328-9790

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs: I am the moving coordinator for a large retirement community. I frequently need to recommend / arrange for moving services for my residents.

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:
As above.

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 have used Sean Brooks many times to move my residents in most of my facility. His services are extremely reliable, with excellent customer service & a great record for taking good care of their items.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Sean has a great personal & professional work ethic. I have never had a complaint regarding his services, & receive many compliments from grateful families & residents.

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

Christie Q. Hoffman 12/21/10 Riverview Retirement Community.
 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:

Sean T. Brooks

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Jeffrey P. Bove, Executive Director, Waterforden South Hill

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

2929 S. Watertad Dr 99203

Phone Number:

(509) 536-2929

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

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

Regular moving of apartment contents internally & moving residents from community home to the Waterford.

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 as described above

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:

Many current providers are larger national businesses not as flexible w/ the smaller area time moves in Retirement Business

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

Sean Brooks is a responsive, reputable person in my experience.

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

12-21-10 Spokane

Date and Location

CHRISTINE O. GREGOIRE
Governor



JOHN R. BATISTE
Chief

STATE OF WASHINGTON
WASHINGTON STATE PATROL

PO Box 42614 • Olympia, Washington 98504-2614 • www.wsp.wa.gov

December 21, 2010

Sean T. Brooks
5574 N. Greenwood Blvd
Spokane, WA 99205

Dear Motor Carrier:

The following Washington State Patrol Intrastate U.S. Department of Transportation (USDOT) number has been assigned to the carrier shown above.

USDOT# 2104859

Procedure for marking the vehicle/s:

- (1) Appear on both sides of the self propelled commercial motor vehicle;
- (2) Be in letters and numbers that contrast sharply in color with the background on which they are placed;
- (3) Be readily legible, during daylight hours, from a distance of 50 feet while the commercial motor vehicle is stationary; and
- (4) Be kept and maintained in a manner that retains the legibility;
- (5) Markings may be painted on the commercial motor vehicle or may consist of a removable device.

If you have any further questions, please contact Mr. Kevin Zeller at (360) 596-3816.

Sincerely,

Captain Darrin T. Grondel
Commercial Vehicle Division