

TV-110061-CT



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



Table with 2 columns: Type of Household Goods Authority Requested - Check one, Fee Required. Rows include Emergency temporary authority, Temporary authority, Permanent authority (checked), Permanent authority to transfer or acquire control, Permanent authority to transfer or acquire control under exceptions, Reinstatement of permit, Name Change, and Extension of authority.

TYPE OF PAYMENT section with checkboxes for Check, Money Order, Amex, Mastercard, and Visa (checked). Includes handwritten number #006282.

Amount: 550.00, Expiration Date: [blank], CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct. Name (printed): Diane DeAutremont, Company Name: American Movers, LLC, Cardholder's Signature: Nicole A. DeAutremont, Date: 20 December 2010.

FOR OFFICIAL USE ONLY section with fields for Date Filed (1/4/11), DOL/SOS, ID (6258), Permit Issued (THG-), Staff Assigned (Diane Bender), Insurance, Inspection, Reception # (0030366), and Docket #.

VISA

BUSINESS INFORMATION

Name of Applicant American Movers LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable ^{N/A} (wholly owned subsidiary of Life Intl. Cos.)

Physical Address 8010 SW Pepple Street #200, Tigard OR 97223

Mailing Address _____

Telephone Number (503) 726-4800 Fax Number (503) 726-4893

UBI #: 603-069496 Email: Diane.NeAubremont@lik.net

USDOT #: 074520 00 (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
(All reporting is done on a consolidated basis with Life)

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other LLC
(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>Life International Companies</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:

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

State wide transportation of household goods
restricted to moves performed under contract with
the U.S. Federal Government. American Movers is a
wholly owned subsidiary of Life International Companies
which is not currently certified by Dept. of Defense to
Briefly describe your experience in the transportation/household goods moving industry: perform
American Movers was established as a dba of such services
Life Intl Cos. in 1984 and became a wholly owned subsidiary
of Life in 2006. Life has been in the long moving business
since 1959 with multiple locations in Washington.

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 Interstate Only

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# 129420 and USDOT# 074520

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.

As of December 31, 2009 Assets		Liabilities	
Cash in Bank	\$ 147,001	Salaries/Wages Payable	\$ 5,300
Notes Receivable	\$	Accounts Payable	\$ 7,766
Investments	\$	Notes Payable	\$
Other Current Assets	\$ 1,248,243	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 13,066
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$ 772,177
Other Assets	\$	Capital	\$ 10,000
TOTAL ASSETS	\$ 795,243	TOTAL LIABILITIES & NET WORTH	\$ 795,243

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
	All equipment to be leased from			
	Life International Companies			

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: Donal Connelly Megan Rutz	Position: military and Vice President, Government Affairs Director of Human Resources
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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: <u>Vanessa Rimby</u>	Position: <u>Vice President of Finance</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>Vanessa Rimby</u>	Position: <u>Vice President of Finance</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>American Movers LLC</u>	<u>Diane DeAutremont</u>	<u>29 December 2010</u>
Print name of applicant	Signature of Applicant	Date and Location
		<u>Tigard, OR</u>

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 these services. These forms may be copied by you as needed.

Applicant Name: American Movers, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Chad O'Brien, Contract Specialist, US General Services Administration

Address (include street address, mailing address, city, state, zip, and county):
400 15th St SW
Auburn, WA 98001
King County

Phone Number: 253-931-7157

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:

GSA would not need residential moving, since we only move federal tenants in commercial spaces. However, Lile has a GSA Schedule contract that other agencies use to order services. Some of these agencies (such as DOD), do have a need for residential moving.

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

Lile completed a very large, complex, and quick move of commercial office space for GSA. They performed very well. Assuming they bring the same expertise to household goods, I would use them for that also.

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

12/22/10 Auburn, WA
Date and Location

Leipski, Tina (UTC)

From: Diane DeAutremont <Diane.DeAutremont@lile.net>
Sent: Thursday, December 30, 2010 1:02 PM
To: Leipski, Tina (UTC)
Subject: American Movers LLC
Attachments: SKMBT_C35210122916351.pdf

Tina: You may remember that we spoke last week about an application for intrastate household goods authority we were planning to submit and which is attached. Our conversation surrounded the fact that we wish to obtain this authority in order to file rates and perform services solely related to household goods moves for Department of Defense (DoD) members. By way of further explanation and because I'm not certain how much information I provided when we spoke, American Movers LLC is a wholly owned subsidiary of Lile International Companies which currently holds Washington intrastate household goods authority under certificate # HG12233. The additional authority we are seeking is intended to provide our company with the opportunity to secure intrastate DOD business, which American Movers performs for Department of Defense on an interstate basis under USDOT# 074520. Due to a technical change made by the Department of Defense a few years ago, Lile International lost certification for purposes of performing intrastate relocations (American Movers was then a dba of Lile and DoD refused to recognize 2 distinct SCAC codes for what was essentially 1 entity). American Movers was "Spun off" as a separate entity a couple years ago however because DoD has not reopened their certification to "new" entrants we have been unable to obtain the requisite certification for Lile to be able to perform these moves. By submitting this application to you we are hoping to obtain the authority necessary for American Movers, a certified DoD carrier, to provide these services at least until such time as we are able to recertify Lile.

You indicated when we spoke that because of the of the limited nature of our request for authority (which you discussed with your supervisor David Pratt) you would review with 1 instead of the required 3 Statements of Support. Since DoD will not provide this type of information, we asked a contact at the GSA to complete and return to us and so that 1 statement is included in our application package.

As I reviewed the application packet I noted that new carriers are first issued temporary authority which I think will not be a problem for us. However there also seems to be some mandatory "waiting period" between the filing of the application and the granting of the temporary authority. Since it was initially our hope to be able to file the rates with DoD during the next cycle and because recertification of American Movers must occur by January 15, I am wondering if you can advise if there is any possibility of your department reviewing and providing us with confirmation on the application by that deadline. Realize this may be asking a lot, but would ask that you advise.

Copies of the application documents are attached. Originals will follow in Monday's overnight mail to you.

Thanking you for your assistance – Please let me know if you have questions, comments or a need for additional information.

Diane DeAutremont
American Movers LLC
Lile International Companies
8060 SW Pfaffle Street, Suite 200
Tigard OR 97223
(503) 726-4810