



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	
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Amex <input checked="" type="checkbox"/> Mastercard <input type="checkbox"/> Visa	#043617
Amount: <u>\$ 550</u>	Expiration Date: <u>07/14</u>
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): <u>Michelle L. Rasmussen</u> Company Name: <u>Manarch Moving LLC</u>	
Cardholder's Signature: <u>[Signature]</u> Date: <u>2/14/11</u>	
FOR OFFICIAL USE ONLY	
Date Filed: <u>2/16/11</u>	Permit Issued: THG-
DOL # OS: <u>[Signature]</u>	ID: <u>0325</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>0030970</u>
Inspection:	Docket #
Reception #: 111-0268-207-02 <u>550.00</u> 111-0268-207-01 111-0268-013-20	

BUSINESS INFORMATION

Name of Applicant Monarch Moving LLC
~~Michelle L. Rasmussen~~
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable N/A
~~Monarch Moving LLC~~

Physical Address 3819 92nd AVE NE, Bellevue, WA 98004

Mailing Address Same

Telephone Number (425) 269-8589 Fax Number () _____

UBI #: 603-081-018 Email: MonarchMoving@live.com

USDOT #: 2115170 (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. 207,471-00-4 (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
 ESD No. 629273-001 (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
Michelle L. Rasmussen	Member	100% <u>al</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~~ I am going to provide quality moving services of household goods. With my experienced and enthusiastic staff we will provide excellent customer service and help people achieve a stress-free and seamless moving experience.

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

My driver has more than seven years of transportation and moving of household goods. He worked for several different moving companies and has skills in moving a variety of large objects.

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	\$ 5,000	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 8,000	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$ 0	NET WORTH	27,822
Trucks and Trailers	\$ 12,872	Preferred Stock	\$ 0
Office Furniture	\$ 350	Common Stock	\$ 0
Other Equipment	\$ 1,600	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
TOTAL ASSETS	\$ 27,822	TOTAL LIABILITIES & NET WORTH	\$ 27,822

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2001	Freightliner FL70	B30121F	1FVABSALS1HS13078	26,000

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: Michelle Rasmussen

Position: Member

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>Michelle Rasmussen</u>	Position: <u>member</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>Michelle Rasmussen</u>	Position: <u>Member</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.

Michelle Rasmussen Michelle Rasmussen 1127111 WA
 Print name of applicant Signature of Applicant Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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.

Monarch Moving LLC

Applicant Name: *Michelle L. Rasmussen*

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: <i>Allison Gordon - front office Manager - Companion animal Hospital</i>	
Address (include street address, mailing address, city, state, zip, and county): <i>12226 NE 90th St Kirkland, WA 98033</i>	
Phone Number: <i>(253) 569-0321</i>	
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: <i>may move to a larger house/property</i>	
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>I trust that this will be a reputable company that I feel comfortable moving my belongings</i>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <i>Michelle Rasmussen is a dedicated, hardworking, trustworthy individual.</i>	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<i>A Gordon</i> Signature of Person Completing Form	<i>1/31/11</i> <i>12226 NE 90th St</i> Date and Location <i>Kirkland, WA 98033</i>

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: Michelle L. Rasmussen Monarch

Moving LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Neil Fodeman Curator 113 Galleries

Address (include street address, mailing address, city, state, zip, and county):
240 S 152nd St
Burien, WA 98148

Phone Number: 206/244-3947

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
water damage requires new furniture

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: Competition is good. We need another quality company.

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.

[Signature]
Signature of Person Completing Form

2/7/2010 Burien, WA
Date and Location 98148

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.

Monarch Moving LLC

Applicant Name: Michelle L. Rasmussen

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Kent Lines

Address (include street address, mailing address, city, state, zip, and county):
10029 Fay Rd NE

Phone Number: 425 788 7353

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:
A needed service by an energetic-responsible-life time local.

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.
Kent Lines 2/11/11 Kent, WA
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: Michelle L. Rasmussen

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Buell Ish

Address (include street address, mailing address, city, state, zip, and county):
10922 W. Lake Joy Dr. NE
Carnation, WA 98014

Phone Number: 425-788-9069

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:
Children moving to apartment.
Parents moving to assisted living.

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: This is a conscientious individual who will run a good business.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I have known this person for many years.

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

Buell Ish
Signature of Person Completing Form

2-7-2011 Kent, WA
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: Michelle L. Rasmussen

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: HILARY LEMASTER, OWNER, DARING DONUTS LLC

Address (include street address, mailing address, city, state, zip, and county):
PO BOX 805
DUVALL, WA 98019

Phone Number: 206-300-0078

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:
Personal home moving within greater Seattle. I have moved 4 times in 4 years. Also business moving to a new kitchen.

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: Providing a reliable moving service for my family and my business.

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.

Hilary Lemaster
Signature of Person Completing Form

Feb 3/2011 Bellevue WA.
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:

Michelle L. Rasmussen

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Kirk Pease Owner Seattle Movers Inc.

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

8747 18th Ave NW
Seattle WA 98117

Phone Number:

206-728-2440

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 will be moving soon. I have a 3 bedroom home in the Seattle area that I will be relocating to the Eastside.

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:

By granting a household goods permit to this company the community will be benefited by another option for moving services that will be hardworking and dedicated to doing a good job.

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

The applicants Garret Beeler and Michelle Rasmussen will be a good team serving the community.

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

[Signature]

Signature of Person Completing Form

2/9/11 Seattle WA

Date and Location