

TV-110530-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): Princess Brown

Company Name: 3rd Generation Moving & Hauling

Cardholder's Signature: [Signature]

Date: 3/21/2011

**FOR OFFICIAL USE ONLY**

Date Filed: 3/24/11

DOL/SOS:

ID: 0389

Permit Issued: THG-

Staff Assigned: [Signature]

Insurance:

Inspection:

Docket #

Reception #: 0031125

111-0268-207-02

111-0268-207-01

111-0268-013-20

**BUSINESS INFORMATION**

Name of Applicant 3rd. Generation Moving & Hauling **Movers per UBI**  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable \_\_\_\_\_

Physical Address 2103 S. Kent-Des Moines Rd. Seattle, WA. 98198

Mailing Address Same as above

Telephone Number (206) 501-0113 Fax Number ( ) \_\_\_\_\_

UBI #: 602984001 Email: Chris.the.mover@3rdgenerationmovers.com  
Chris.the.mover@yaho.com

USDOT #: 2116638 (If you currently don't have one, you can go online at [www.fmcsca.dot.gov/online-registration](http://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 **ON**

**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
Acey Wells	Owner	40%
Christopher H. Watkins/Wells	Owner	40%
Princess A. Brown	Owner/Administrator	20%

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: King, Pierce, Snohomish

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

3rd Generation moving & hauling will provide moving, hauling, debris cleanup, lawn maintenance and other miscellaneous services needed by the community. We serve all communities as well as businesses and specialize in helping low income families and the elderly.

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

Acey & Cheis (Father & Son) have been moving & hauling goods in Seattle & Spokane for about 30 years. They have moved residential homes, companies, cooperatives, small & large businesses and have moved items such as debris, garbage, lawn debris, furniture, Appliances 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 \_\_\_\_\_

not this company, 3rd Generation moving & hauling have only been operating since 1/2010

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	\$ $\emptyset$	Salaries/Wages Payable	\$ $\emptyset$
Notes Receivable	\$ $\emptyset$	Accounts Payable	\$ $\emptyset$
Investments	\$ $\emptyset$	Notes Payable	\$ $\emptyset$
Other Current Assets	\$ $\emptyset$	Mortgages Payable	\$ $\emptyset$
Prepaid Expenses	\$ $\emptyset$	TOTAL LIABILITIES	\$ $\emptyset$
Land and Buildings	\$ $\emptyset$	NET WORTH	$\emptyset$
Trucks and Trailers	\$ 4,700	Preferred Stock	\$ $\emptyset$
Office Furniture	\$ $\emptyset$	Common Stock	\$ $\emptyset$
Other Equipment	\$ 700	Retained Earnings	\$ $\emptyset$
Other Assets	\$ $\emptyset$	Capital	\$ $\emptyset$
TOTAL ASSETS	\$ 5400	TOTAL LIABILITIES & NET WORTH	\$ $\emptyset$

### EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1999	Chevy Van	B22425C	16B5631R0X1004976	12,000 lbs

## 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:

*Princess Brown*

Position:

*Owner/Administrator*

**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>Princess Brown</i>	Position: <i>Owner/Administrator</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>Princess Brown</i>	Position: <i>Owner/Administrator</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>Dominic Ben</i>	<i>Princess Brown</i>	<i>3/21/2011 Seattle, WA</i>
Print name of applicant	Signature of Applicant	Date and Location

**ATTACHMENT A**  
**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

Applicant Name: **3<sup>rd</sup> GENERATION MOVING AND HAULING**

**Supporter of the Applicant:**

Name: Versia M. Harrison  
 Washington State Resident

Mailing Address: 15031 Military Rd S, #B145  
 City/State/Zip: Seatac, WA 98188  
 County: King

Phone Number: (206) 612-1111

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

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

*My current moving needs include: Moving furniture, appliances and/or household items to and from storage, and pickup and delivery of furniture, appliances and/or household items from retailers.*

Do you anticipate a future need for services of a residential household goods moving company?

No  Yes If yes, please describe your future moving needs.

*My future moving needs will include: Packing, Moving and Delivery of furniture, appliances and household items from storage to a residential home; and pickup and delivery of furniture, appliances and/or household items from retailers to my home. My needs may also include moving and hauling of items for donation, recycling and/or dumping.*

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:

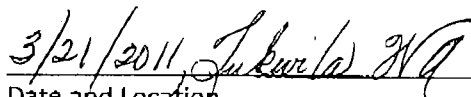
*Granting this company a permit would benefit me, my family, friends and community by having a moving service that we can trust to get our belongings moved safely at an affordable price.*

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

*This company will provide needed services to the community that is convenient, affordable and cost efficient. Having this service will fill the need of having an available truck, driver and work crew to assist in moving and hauling without having to rent a truck to do it yourself. This service would be of special benefit to senior citizens, the disabled, low to moderate income citizens and the organizations that serve them. It would also be of benefit to small businesses, renters and the general community.*

I 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:

3rd. Generation Moving & Hauling

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

Name, Title, and Business Name:

ARTHUR DAVIS

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

24619 102<sup>ND</sup> PL. S.E. KENT, WA. 98030

Phone Number:

253-277-0849

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

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

WE FREQUENTLY DONATE CLOTHES AND OLD FURNITURE  
BIKES, OLD T.V. AND MISCELLANEOUS ITEMS.

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 REASONS 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:

MOST MOVING COMPANIES ONLY PROVIDE A TRUCK  
(THIS ONE PROVIDES A TRUCK AND HELPERS).

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

THEY ALWAYS REMOVE YOUR TRASH  
AND STUFF AT A VERY REASONABLE PRICE.

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

Arthur Davis

Signature of Person Completing Form

03-21-11

Date and Location

Kent, WA.



# 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: 3rd. Generation Moving & Hauling

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

Name, Title, and Business Name: Abdul owner of A1-Custom, A1 Custom

Address (include street address, mailing address, city, state, zip, and county):  
1201 Lind AVE SW Renton WA, 98057

Phone Number: 253.334.4363

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
I own a Tire company and routinely need old and new tires hauled away and delivered to and from my company location.

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 need my tires delivered routinely, at least twice/month. I will need them and have needed them moved this month. (more)

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 company will benefit me my business and my community because with their hauling away and picking up tires for me at an affordable price produces my business income and helps me provide the community with new and used tires.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? This is a great, respectable company that I really need and who would highly recommend. They are affordable, convenient, local and professional as well as very hard working.

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

J. adn  
Signature of Person Completing Form 3-18-2011 Renton, WA.  
Date and Location