

TV-110613-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 (\$50), Temporary authority (\$250), Permanent authority (checked) (\$550), Permanent authority to transfer or acquire control (\$550), Permanent authority to transfer or acquire control under exceptions (\$250), Reinstatement of permit (\$250), Name Change (\$35), Extension of authority (\$550).

TYPE OF PAYMENT section with checkboxes for Check, Money Order, Amex, Mastercard (checked), Visa. Includes handwritten number 071216.

Amount: \$550.00, Expiration Date: blank. 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): Daniel M Poetz, Company Name: MOTIVATED MOVERS, Cardholder's Signature: blank, Date: 3-11-11.

FOR OFFICIAL USE ONLY section. Fields include Date Filed (4/1/11), DOL/SOS, ID: 5225, Permit Issued: THG-, Staff Assigned, Insurance, Inspection, Docket #, Reception #: 0031655, 111-0268-207-02, 111-0268-202-01, 111-0268-013-20.

Master Card Receipt # 0031655

BUSINESS INFORMATION

Name of Applicant Daniel M Poetz Motivated Movers, Inc
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 2215 N 145TH ST Seattle, Wa 98133

Mailing Address Same ↑

Telephone Number (206) 799-0358

Fax Number () N/A

UBI #: 602 567 294

Email: dannyPoetz@yahoo.com

USDOT #: _____ (If you currently don't have one, you can go online at www.fmcsa.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. 38227-006 (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
<u>Daniel M Poetz</u>	<u>owner</u>	<u>100% (D)</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:

Moving house hold goods - pack, estimate, move, transport goods to new office, home, or Apt.

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

Worked for Bellard Preferred for YEARS and have had my BUSINESS for 5 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 Don't know

THE 63467
cancel
6/5/09

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 Was dropped BECAUSE LACK of

Insurance.

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:

2000 was arrested for DWI and dropped to A Neg 1 - It ~~is~~ WAS Dropped in 2002.

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	\$ 7,000. ⁰⁰	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 5,400. ⁰⁰	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$ 1,000. ⁰⁰	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 13,400.⁰⁰	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
1994	ford	B96420x	1FDKE37M9RHA41693	8500

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:

Daniel M Puetz

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: DANIEL M. PRITZ	Position: Owner
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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: Daniel M Pritz	Position: OWNER
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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.

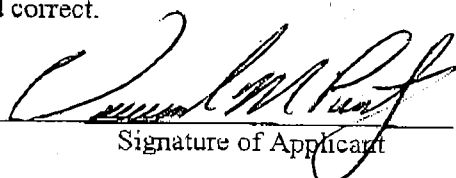
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

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.

Daniel M Pritz
Print name of applicant


Signature of Applicant

3-10-11 Seattle, 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: MOTIVATED MOVERS

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: MIKE LARSON

Address (include street address, mailing address, city, state, zip, and county):
4253 7th AVE NE APT 101, SEATTLE, WA 98105

Phone Number: 206 257-9405

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: My wife and I ARE THE APT MANAGERS AND ALWAYS NEED MOVING HELP.

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: Danny is a friend and he is a hard worker as well as a professional at everything he does.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? HE IS HONEST AND HAS A GOOD HEART.

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

Mike Larson
Signature of Person Completing Form

3-11-11 Seattle
Date and Location

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Applicant Name: Daniel Puetz - Motivated Movers

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Tambi Cork

Address (include street address, mailing address, city, state, zip, and county):
121 Vine Street #605
Seattle, WA 98121 USA
King County

Phone Number: 206.919.4524

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 a two bed room condo to Bellevue and another (not yet purchased) location in Seattle sometime this summer.

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: It is important to me to be moved by a company that values its employees and the community it is a part of. Motivated movers has always provided fast and friendly service at a very reasonable price, and has those values.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Given the economy, I think it is very important to support small, locally owned businesses that are really feeling the economic downturn. Motivated movers is a great company, run by a great man that does everything he can to help on his customers.

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

Tambi Cork 3/9/11 Seattle, 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: Danny Puetz Motivated Movers

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Peter Cochran

Address (include street address, mailing address, city, state, zip, and county):
225 N 45th St.
Seattle, WA 98133

Phone Number: 206 734-0171

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: move alot and I know lots of people who need help moving

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: Because I sometimes work for Danny and he does good work

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.

Peter Cochran 3-17-11 Seattle, WA
Signature of Person Completing Form Date and Location