TV-110805-CT



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



	Type of Household Goods Authority Requested - Check one	Fee Required
٥	Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 6 and Attachment E	\$ 50
	Temporary authority (to meet a short-term need) - Complete pages 2 - 6 and Attachment A	\$ 250
英	Permanent authority (at least six months must be served on a temporary provisional basis) — Complete pages 2 - 6 and Attachment A	\$ 550
	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 - 6 and Attachment B	\$ 550
O	Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-335 - Complete pages 2 - 6 and Attachments B & C	\$ 250
	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
Q	Name Change - Complete pages 2 - 3 and Attachment D	\$ 35
	Extension of authority - Complete pages 2 - 6 and Attachment A	\$ 550

TYPE	OF PAYMENT 1
Check Money Order Amex	Mastercard Visa WO 1538
Amount: <u>\$550</u>	Expiration Date: 05/14
CERTIFICATION: I, the undersigned, under penalty for fathat I am authorized to execute and file this document on be	lse statement, certify that the following information is true and correct.
Name (printed): (\wan (well	Company Name:
Cardholder's Signature: Ch. J.	Date: 41611
FOR OF	VICIAL USE ONLY
Date 19 dd 2 DOL/SOS: ID:	Permit Issued: THG-
Staff Assigned: Insurance: Inspec	ction:
	Docket #
Reception #: 111-0268-207-02 5.50. 111-0268-202-01	111-0268-013-20

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Page 2 of 12

BUSINESS INFORMATION
Name of Applicant (must be individual, partners of a partnership of corporation) Trade Name, if applicable Olymfic Ventines Physical Address Score Mailing Address Score
Telephone Number (800) 917 - 7977 Fax Number ()
TYPE OF BUSINESS STRUCTURE
☐ Individual ☐ Partnership

	ne of the following for the territory in which you wish to operate: counties in the State of Washington
□ The	e following named counties only:
Describ	be the services you wish to provide. Explain how your services will enhance customer promote competition, or fill an unmet need for service:
	house hold good moving services
Briefly	describe your experience in the transportation/household goods moving industry:
	I used to work for a moving company
	for or frem years
Do you	ngton? □ No □ Yes If yes, please explain
-	operate interstate as an agent of another company? XNo Yes If yes, what is the of the company?
Do you Washi	ngton, or in any other state? A No Yes If yes, please explain:
Have y	you ever been convicted of a crime? XNo □ Yes If yes, please explain:
	you been cited for violation of state laws or Commission rules? X No Tyes If yes, explain:
111111111111111	VADUATE:

FINANCIAL STATEMENT

You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

Asset	S	Liabilities		
Cash in Bank	s 10 K	Salaries/Wages Payable	s 4,000 end	Right
Notes Receivable	s 3K	Accounts Payable	<u>s</u> 0	78 70 - 3
Investments	s O	Notes Payable	s <i>O</i>	
Other Current Assets	\$ 0	Mortgages Payable	s O	
Prepaid Expenses	\$ 0	TOTAL LIABLITIES	s AK	
Land and Buildings	s ()	NET WORTH	*	
Trucks and Trailers	s 5 K	Preferred Stock	5	
Office Furniture	\$ 1,000	Common Stock	5	
Other Equipment	\$ 3.K	Retained Earnings	\$ \	
Other Assets	\$ ()	Capital	\$ 10 Cash to	MA
TOTAL ASSETS	s 21K	TOTAL LIABILITIES & NET WORTH	\$	

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight	
2000	internations		1HTSCAHBH67H229000	26,000/18	

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).

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ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving services. 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 Nam	
Name Title a	The following must be completed by the Supporter of the applicant at Business Name:
Je	an Smith CSR VICTORT TACKAGING
Address (inclu	de Business Name: AN SWITH CSR ULCHNIT PACKAGING de street inddress, mailing address, city, state, zip, and county): 42-4 ST NE, AUDIEN, WA 98002
Phone Number	253-520-2992
Do you curren	ly need the services of a residential household goods moving company?
No. Yes	If yes, please describe your current moving needs:
	If yes, please describe your future moving needs:
State will ben	he how granting this company a permit to provide household goods moving services in Washington fit you, your business, and/or your community:
The-	purchase golds from us
Is there anyth	ng else the Commission should consider when making a determination about this company's ra household goods permit?
approactor is	None
1 certify (or d and correct.	eclare) under penalty of perjury under the laws of the state of Washington that the foregoing is true
MY	Man 4-6-11 Auburn, W
Signature of	erson Completing Form Date and Location

AHVALVIATT TRIBO 702-414-TABI

From: Chani Green commigreen@yahoo.com>

Onte: Missan 2, 5771 1 35.32 PM PDT

1 Amarinnest, 593 KB

Subject:

To: alathank@gmail.com

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Robert R Davis II Rental Management Traince

Pensite Truck Leasing Authorized Truck Rental Agent Fex 253 973 9997 Tacoma, WA 98421

robert davist@penskn.com GoPenske.com



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 services. These forms may be copied by you as needed. Applicant Na

Signature of Person Completing Form The American Location	Transition (value)		
Name, Title, and Business Name: Address (Include street address, mailing address, city, state, zip, and county). Address (Include street address, mailing address, city, state, zip, and county). Address (Include street address, mailing address, city, state, zip, and county). Address (Include street address, mailing address, city, state, zip, and county). Address (Include street address, mailing address, city, state, zip, and county). Address (Include street address, mailing address, city, state, zip, and county). Address (Include street address, mailing address, city, state, zip, and county). Phone Number 253 572-0075 Dayou currently need the services of a residential household goods moving company? No Tes If yes, please describe your future moving needs: No Yes If yes, please describe your future moving needs: Bedefy describe how granting this omergany a pential to provide household goods moving services in Washington State with henceft you, rour husiness, and/or year commentity. De Tovide Lucks Commission should consider when making a determination about this company's inplication for a household goods permit? I certify (or dectars) under penalty of pectury under the laws of the state of Washington that the foreguing is true and correct. Address (Include street address Name and Person Completing Form Dates of Person Completing Form Experimental Completing Form Dates of Person Completing Form Dates of Person Completing Form	Teuske	LYCK /	en sin
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