

RECEIVED

JUN 08 2011

TV-111032-CT



WASH. UT. & TP COMM 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 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): Matt Collins Company Name: All Ready Moving LLC

Cardholder's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Date Filed: <u>6/8/11</u>	DOL/SOS: <u>SD/DK</u>	ID: <u>M43806</u>	Permit Issued: THG-
Staff Assigned: <u>[Signature]</u>	Insurance:	Inspection:	Docket #

Reception #: 032967
 111-0268-207-02 550 111-0268-207-01 111-0268-013-20

Check # 1001

BUSINESS INFORMATION

Name of Applicant Matt Collins + Mark Collins
(must be individual, partners of a partnership or corporation)
Trade Name, if applicable All Ready Moving LLC
Physical Address 2020 Summit Lake Shore Rd NW Olympia, WA
Mailing Address "Same" 98502
Telephone Number (360) 507-2447 Fax Number () _____
UBI #: 602341394 Email: OlympiaMovers@6mail.com
USDOT #: 2083124 (If you currently don't have one, you can go online at www.fmcsa.dot.gov/online-registration to apply for one or call 360-596-3810 for assistance.)

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
 No Yes L & I Account No. No Employees

Have you registered with the Employment Security Department? No Yes
ESD No. _____

Have you registered your business with the Department of Revenue? No Yes

TYPE OF BUSINESS STRUCTURE

Individual	Partnership	<input checked="" type="radio"/> Corporation (LP, LLP, LLC)	Other _____
List the name, title and percentage of partner's share or stock distribution for major stockholders:			
<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>	
<u>Matt Collins</u>	<u>owner</u>	<u>99%</u>	
<u>Mark Collins</u>	<u>Partner</u>	<u>1%</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:

All COUNTIES OF WA

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

Household Goods Moving - Packing, Loading, Unloading & Moving
All Ready Moving LLC Plans to cater to the growing Senior Market
in Thurston County. Assisting our local seniors with their moving
needs by providing assistance with moving/packing/assembly of these goods

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

All Ready Moving LLC has been providing this service for a number
of years now and would like to take it a step further now and
transport these goods to their new locations.

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?

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? Yes If yes, please explain _____

Do you currently operate interstate? No Yes If yes, please indicate your MC# _____ and USDOT# 2083124

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	\$ 16,000	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 1200 ^e
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 2100 ^e
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 3300^e
Land and Buildings	\$ 800,000	NET WORTH	
Trucks and Trailers	\$ 55,000	Preferred Stock	\$ 0
Office Furniture	\$ 4,000	Common Stock	\$ 0
Other Equipment	\$ 2,000	Retained Earnings	\$ 9000 ^e
Other Assets	\$ 0	Capital	\$ 10,000
TOTAL ASSETS	\$ 877,000	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
2000	GMC	B45398K	J80B4B14617013556	16,000

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: *Math Collins*

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: *Matt Collins*

Position: *OWNER*

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, Internal Revenue Service (taxes); and Employment Security.

Name: *Matt Collins*

Position: *OWNER*

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.

Matt Collins
Print name of applicant

[Signature]
Signature of Applicant

6-6-11 Olympia
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: All Ready Moving LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Laura Thompson

Address (include street address, mailing address, city, state, zip, and county):
829 Israel Rd SW # B2
TUMWATER WA 98501

Phone Number: (360) 584-5115

Do you currently need the services of a residential household goods moving company?
No Yes If yes, please describe your current moving needs:
I will be moving from an apartment to a house the end of September

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:
Yes, as a single mom I need these services

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 service that people greatly need and depend on

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
I have used this company in the past and they are very careful and trustworthy

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

Laura Thompson
Signature of Person Completing Form

9/16/10 Olympia, WA
Date and Location

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Applicant Name:

All Ready Moving LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Travis Smith

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

P.O. Box 11592 Olympia WA 98508

Phone Number:

253-350-4871

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

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

Planning a move when I'm able to get into a house.

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 have friends that I will recommend this company to who are moving in the near future.

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 is a good, honest, straight-forward company with a committed team of movers that care about each customer they serve.

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

I believe this company to be the only affordable, reliable moving company in the Greater Olympia area.

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

Date and Location

9-17-10 Olympia, 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: All Ready Moving LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: AUTO MALL MINI STORAGE (Manager-APRIL)

Address (include street address, mailing address, city, state, zip, and county):
1825 COOPER POINT ROAD SW. OLYMPIA, WA 98502

Phone Number: 360-352-8055

Do you currently need the services of a residential household goods moving company?
No Yes If yes, please describe your current moving needs:
I have many clients that need help with loading/unloading services.

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 always have clients seeking assistance with their moves for upcoming moves and future moves.

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 will benefit the community by aiding our growing senior population with moving services.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? All Ready Moving has done a lot of loading and unloading services for my clients and they have all been extremely satisfied.

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: [Signature] Date and Location: 9/17/10 Olympia, WA



June 6, 2011
Matt Collins
Owner
All Ready Moving LLC
2020 Summit Lake Shore Rd Nw
Olympia, WA 98502

Dear U.T.C

All Ready Moving LLC plans to cater to the growing senior market in Thurston county. Assisting our local seniors with there moving needs by providing assistance with Moving/packing and assembly and disassembly of there household goods.

All ready moving llc has been providing this service for a number of years now and would like to take it a step further now and transport there goods to there new locations.

Sincerely,

Matt Collins

All Ready Moving LLC

(360)-507-2447



CERTIFICATE OF LIABILITY INSURANCE

OP ID: BS

DATE (MM/DD/YYYY)

06/03/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Nicholson & Associates 1802 Black Lake Blvd. SW Olympia, WA 98512 Billie Jo Stuart	360-352-8444	CONTACT NAME:	
	360-943-9712	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #: ALLRE-1	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED All Ready Moving, LLC 2020 Summit Lake Shore Rd NW Olympia, WA 98502	INSURER A : Nautilus Ins Co.		
	INSURER B : United Financial Casualty Comp		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			NN049688	08/12/10	08/12/11	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ Included
	GEN'L AGGREGATE LIMIT APPLIES PER:							\$
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC					\$
B	AUTOMOBILE LIABILITY			08029389-0	06/02/11	06/02/12	COMBINED SINGLE LIMIT (Ea accident)	\$ 750,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$	
							\$	
	UMBRELLA LIAB		OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
B	Motor Cargo			08029389-0	06/02/11	06/02/12	Limit	25,000
							Ded	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Washington Utilities and Transportation Commission P.O. Box 47250 Olympia, WA 98504-7250 UTIL-1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 