

TV-111144-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 checked="" 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

Amount: <u>550.00</u>	Expiration Date: _____		
<p><b>CERTIFICATION:</b> 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.</p>			
Name (printed): <u>Dana D Parker Jr</u>	Company Name: <u>Always Able Moving Service</u>		
Cardholder's Signature: _____	Date: <u>10-16-2011</u>		
FOR OFFICIAL USE ONLY			
Date Filed: <u>0-17-11</u>	DOB/SOS: <u>[Signature]</u>	ID: <u>6504</u>	Permit Issued: THG- <u>04338</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection: _____	Docket # <u>TV111144</u>
Reception #: <u>033051</u>	111-0268-207-01	111-0268-013-20	

MasterCard

Posted

RMS

X

BUSINESS INFORMATION

Name of Applicant DANA DEAN PARKER JR <sup>N/A</sup>  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Always Able Moving Service, LLC

Physical Address 102 5th Ave 1-103 Milton, WA 98354

Mailing Address 102 5th Ave 1-103 Milton WA, 98354

Telephone Number (206) 802-5009 Fax Number ( )

UBI #: 603115785 Email: dana@aluxysablemoving.com

USDOT #: 2164046 (If you currently don't have one, you can go online at [www.fmcsa.dot.gov/online-registration](http://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. 214,381-00 (required if you have employees.)

Have you registered with the Employment Security Department?  No  Yes  
 ESD No. 432782-001 (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 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
<u>DANA PARKER</u>	<u>owner</u>	<u>100%</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:

I want to move peoples belongings from one location to another. I will enhance custom choice by going to more locations in WA for a lower price.

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

I have worked for a moving company in the past and I am always helping friends and family move.

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	\$ 0	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Investments	\$ 1,500	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 1,500	<b>TOTAL LIABILITIES</b>	<b>\$ 0</b>
Land and Buildings	\$ 0	<b>NET WORTH</b>	<b>0</b>
Trucks and Trailers	\$ 4,000	Preferred Stock	\$ 0
Office Furniture	\$ 0	Common Stock	\$ 0
Other Equipment	\$ 500	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
<b>TOTAL ASSETS</b>	<b>\$ 7,500</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ 0</b>

### EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1991	ISUZU	B668395	JALH6AIN4M3101742	10840

## 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:

**DANA PARKER**

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: <b>DANA PARKER</b>	Position: <b>owner</b>
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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: <b>DANA PARKER</b>	Position: <b>owner</b>
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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.

**DANA D PARKER JR**  
Print name of applicant

  
Signature of Applicant

**0-15-11 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: DANA D PARKER JR

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Vincent Cushen

Address (include street address, mailing address, city, state, zip, and county): 27326 110th Ave SE Kent, WA 98030

Phone Number: 253-344-7165

Do you currently need the services of a residential household goods moving company? [X] Yes If yes, please describe your current moving needs: I need a storage unit (10x12) full of tools/furniture moved to port orchard from kent wa

Do you anticipate a future need for the services of a residential household goods moving company? [X] Yes If yes, please describe your future moving needs: move household goods

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: we need reliable, trustworthy companies in this field

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? This company has been very responsive.

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: Vincent Cushen

Date and Location: 6/15/11 Kent, WA

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name:

DANA D PARKER JR

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Janice Schwarz

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

1620 S 37TH CT  
Federal Way WA 98003

Phone Number:

253-874-6329

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:

Some furniture and appliances

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:

We need a company that is dependable and trustworthy in the moving business

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

The last company that helped me move was very unorganized and took a lot longer than the move should have. I believe this company would have worked

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

Janice Schwarz  
Signature of Person Completing Form

06/16/11 Federal Way, WA  
Date and Location

out better for me



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: DANA D PARKER JR

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Kim Dolhau

Address (include street address, mailing address, city, state, zip, and county): 4109 SO 292ND PL. AUBURN WA 98001

Phone Number: 253-529-4021

Do you currently need the services of a residential household goods moving company? [X] 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 [X] Yes If yes, please describe your future moving needs: I will need to move all household goods.

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 will have a reliable moving company that will make my move stress free as possible

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? The last movers I used were not organized, they were late. I was stressed out. I believe this company will be able to better suit my needs

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. Kim R Dolhau 6/15/11 Federal Way WA. Signature of Person Completing Form Date and Location

Form E  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATE OF INSURANCE**  
(Executed in Triplicate)

\$750,000.00

Filed with WA Utilities & Trans. Comm. (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the National Casualty Company  
(Name of Company)

(hereinafter called Company) of 8877 N. Gainey Center Drive, Scottsdale, AZ 85258  
(Home Office Address of Company)

has issued to ALWAYS ABLE MOVING LLC of 102 - 5 AVE #1-103, MILTON, WA 98354  
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from June 14, 2011 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

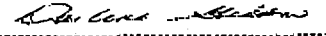
Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 8877 N. Gainey Center Drive Scottsdale AZ 85258  
(Street Address) (City) (State) (Zip Code)

this 14 day of June 2011

Insurance Company File No. CA00239197  
(Policy Number)

  
(Authorized Company Representative)