



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

This application packet contains the following information:

- Application Form and Attachments
- WAC 480-15 – Rules Relating to Household Goods Carriers
- “Your Guide to a Satisfactory Safety Rating”

You must have a permit from the commission before operating as a household goods moving (HHG) company in Washington State. You must also obtain a USDOT number before your HHG permit can be issued.

Insurance Requirements

You must file and maintain Public Liability and Property Damage Insurance (Form E) with the commission covering all vehicles operating under your household goods permit. You must also file a copy of your cargo insurance for each vehicle you operate. You must also keep proof of coverage at your main office and have it available for inspection by commission staff. Insurance minimum limits are:

Vehicles under 10,000 GVWR	\$300,000 combined single limit of public liability and property damage insurance (Form E) AND \$10,000 cargo insurance
Vehicles 10,000 GVWR and more	\$750,000 combined single limit of public liability and property damage insurance (Form E) AND \$20,000 cargo insurance

Commission Contacts:

You may contact our Licensing Services staff for assistance at 360-664-1222. The commission has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133 or TTY 360-586-8203 or 1-800-416-5289

Please submit the application forms, appropriate attachments and proof of insurance to the address below:

**Washington Utilities and Transportation Commission
 1300 S. Evergreen Park Drive S.W.
 P.O. Box 47250
 Olympia, Washington 98504-7250**

If paying by credit card, you may fax your application to: 360-586-1181

BUSINESS INFORMATION

Name of Applicant Titan Moving Titan Moving & Hauling LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Titan Moving for UBT*

Physical Address 17747 2nd Pl NE Shoreline, WA 98155

Mailing Address 17747 2nd Pl NE Shoreline, WA 98155

Telephone Number (206) 962-0989 Fax Number ()

UBI #: 1003 092 102 Email: titanmovers@live.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 360-596-3810 for assistance.)

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

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

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

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
<u>Niko Jones</u>	<u>President</u>	<u>90%</u>
<u>Sarah Cotton</u>	<u>Manager</u>	<u>10%</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:

*Residential & commercial moving & moving consulting.
We strive to help customers receive a quality move
& save money wherever possible*

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

*20 years of residential & commercial moves.
Class B driver.*

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. *see attachment*

Assets		Liabilities	
Cash in Bank	\$	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	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	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
<i>n/a - we currently rent our vehicles.</i>				

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.

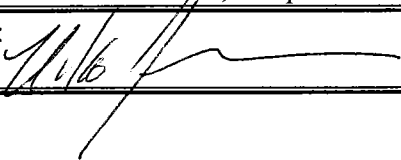
CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program.

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:




Position:


President

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: 	Position: <i>President</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, Internal Revenue Service (taxes); and Employment Security.

Name: 	Position: <i>President</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.

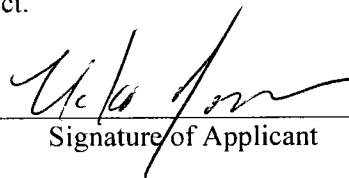
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

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.

Niko Jones
Print name of applicant


Signature of Applicant

6/15/11 Shoreline, 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:	<i>Titan Moving</i>
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The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	
Address (include street address, mailing address, city, state, zip, and county):	
Phone Number:	
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe your future moving needs:	
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:	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	
<i>I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>	
_____ Signature of Person Completing Form	_____ Date and Location

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Applicant Name: Titan Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

MARY LINDSEY, OWNER LINDSEY'S LANE

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

17747 2ND PL NE
SHORELINE, WA 98155

Phone Number:

(206) 484-1848

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:

MOVING BUSINESS MERCHANDISE & FURNISHINGS TO/FROM RETAIL LOCATIONS

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:

By granting this permit, this will allow small small business local residents the option to have moving services close to their area.

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

This would help create a new legal small business that will contribute to the tax base in the community; create new jobs and possibly help the economy

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

Mary Lindsey
Signature of Person Completing Form

6/15/11 Shoreline, WA
Date and Location

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

Name:	Position
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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.

Print name of applicant	Signature of Applicant	Date and Location
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Applicant Name: Titan Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Jean M. Benedict RN

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

5401 143rd PL SW
Edmonds, WA 98026

Phone Number: 425-418-0729

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: There is a possibility I may be relocating with my family per my career.

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 would benefit me because the company is local and I would know they are trustworthy. For the community having a local company to use.

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

This company could help the community by providing local jobs thus boosting the economy.

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

Jean M Benedict
Signature of Person Completing Form

6/16/11 Edmonds, WA
Date and Location

OPERATIONAL RESPONSIBILITIES

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Name:	Position:
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Name:	Position
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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.

Print name of applicant	Signature of Applicant	Date and Location
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Applicant Name: <i>Titan Moving</i>	
The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: <i>Melody Harless Teacher</i>	
Address (include street address, mailing address, city, state, zip, and county): <i>11700 NE 144th PL Kirkland WA 98034 King</i>	
Phone Number: <i>206 963-4733</i>	
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe your future moving needs: <i>But will use this Moving company if I do.</i>	
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>The people running this company are trustworthy and care about their clients.</i>	
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.	
<i>Melody Harless</i> Signature of Person Completing Form	<i>6/16/11 Kirkland, WA</i> Date and Location

ATTACHMENT A

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Applicant Name:

Titan Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Sandra Daley

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

*11700 NE 144th Pl
Kirkland, WA 98034*

Phone Number:

(206) 963-4732

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 into my own place and have no vehicle to move myself and physically can't do it

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 know them personally and trust them completely and would refer them to anyone I know

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.

Sandra Daley
Signature of Person Completing Form

6/16/11 Kirkland, WA
Date and Location

Business and Personal Summary

**Cash Flow Projection
Year_2011**

Notes	Starting Position	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
CASH on Hand	0	22	294	586	878	1170	1462	1754	2046	2338	2630	2922	3214	17,000
Personal Expenses (Owner's Draw)														
BUSINESS ENDING CASH BALANCE	3,322	3,594	3,866	4,138	4,410	4,682	4,954	5,226	5,498	5,770	6,042	6,314	6,586	
TOTAL CASH	22	294	586	878	1170	1462	1754	2046	2338	2630	2922	3214	3506	26,619

Niko Jones / Sarah Cotton
Personal Expenses
Year_2011

Notes	Starting Position	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
	Niko													0
Food/Personal Care/Household														0
Rent/Water					3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	27,000
Utilities					75	75	75	75	75	75	75	75	75	675
Auto loan payment					450									450
Telephone					40	40	40	40	40	40	40	40	40	360
	Sarah													
Food/Personal Care/Household														
Rent/Water					1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	9,900
Utilities					100	100	100	100	100	100	100	100	100	900
Auto loan payment					-	-	-	-	-	-	-	-	-	0
Telephone					90	90	90	90	90	90	90	90	90	810
Additional Owners Draw														0
														9,900
Total Personal Expenses					4,565	4,305	4,485	4,405	4,305	4,405	4,405	4,405	4,405	35,085

BUSINESSPRO™ POLICY COMMON DECLARATIONS

NAMED INSURED TITAN MOVING & HAULING, LLC

AND ADDRESS: 17747 2ND PL NE
SEATTLE, WA 98186

IN RETURN FOR PAYMENT OF THE
PREMIUM, AND SUBJECT TO ALL
TERMS OF THIS POLICY, WE AGREE
WITH YOU TO PROVIDE THE INSURANCE
AS STATED IN THIS POLICY.

AGENT'S NAME AND ADDRESS:
DML INSURANCE SERVICES, INC
4005 20TH AVE W STE 132
SEATTLE, WA 98199 1290

Insurance is afforded by the Company named below, a Capital Stock Corporation,
GREAT AMERICAN INSURANCE COMPANY OF NEW YORK

POLICY PERIOD: From 06/22/2011 To 06/22/2012
12:01 A.M. Standard Time at the address of the Named Insured

This policy consists of the following Coverage Parts for which a premium is indicated. This premium may be subject to adjustment.

	Premium
Commercial Property	
Commercial General Liability	
Commercial Crime and Fidelity	
Commercial Inland Marine	
Commercial Equipment Breakdown	\$1,500.00
Commercial Auto	
Commercial Umbrella	
TOTAL	\$1,500.00

FORMS AND ENDORSEMENTS applicable to all Coverage Parts and made part of this Policy at time of issue are listed on the attached Forms and Endorsement Schedule, IL 88 01 (11/85).

Countersigned July 2011
Date

By Dene Z
Authorized Representative

Named Insured & Mailing Address

11 MAIN STREET & FAULCONER, ETC.
1777 1/2ND FL NE
ENCLINE, WA 98155

Agent Mailing Address & Phone No.

(206) 848-8877
DML INSURANCE SERVICES INC
4000 20TH AVE, W APT 110
SHALLEN, WA 98158

Named Insured In: LIMITED LIABILITY COMPANY

Named Insured Business In: Moving Company

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

COVERAGE PARTS

This policy consists of one or more Policy Declarations page, Common Policy Conditions, Coverage Parts (which consist of coverage forms and other applicable forms and endorsements, if any, issued to form a part of cover) and any other forms and endorsements issued on the part of this policy.

COVERAGE PART	CHARGE
Commercial General Liability	6696.00

Total Charges for all of the above coverage parts: \$696.00
Certified Act of Exclusion Coverage: \$4.00
(Included)

Note: This is not a bill

INSURED'S SIGNATURE

This policy is auditable. Please refer to the conditions of the policy for details or contact your agent.

Servicing Office and Issue Date LIBERTY NORTHWEST-WEST WA-AK 06/22/2011

Dir 2
Authorized Representative

To report a claim, call your Agent or 1-800-289-0930

DS 70 21 01 08