

TV-111782-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 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    # 0926237

Amount: \$ 550.00

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): Bryson Black

Company Name: Moving Savers

Cardholder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

|                             |              |             |                     |
|-----------------------------|--------------|-------------|---------------------|
| Date Filed: 10-7-11         | DOL/SOS: N/A | ID: 6680    | Permit Issued: THG- |
| Staff Assigned: [Signature] | Insurance:   | Inspection: | Docket #            |

Reception #/ 033217  
 111-0268-207-02 \$550.00 111-0268-207-01 111-0268-013-20

VISA

## BUSINESS INFORMATION

Name of Applicant Bryson Black  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Moving Savers

Physical Address 12327 28<sup>th</sup> Ave. NE #B Seattle WA 98125

Mailing Address 12327 28<sup>th</sup> Ave. NE #B Seattle WA 98125

Telephone Number (206) 250-9279 Fax Number ( ) \_\_\_\_\_

UBI #: 602327668 Email: bryson@movingsavers.net

USDOT #: 2196373 (If you currently don't have one, you can go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.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. 053,988-01

Have you registered with the Employment Security Department?  No  Yes  
ESD No. 241414-01-2

Have you registered your business with the Department of Revenue?  No  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 |
|--------------|-------|--|
| Bryson Black | Owner | 100%                                       |
|              |       |  |
|              |       |  |
|              |       |  |
|              |       |  |

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: King, Snohomish

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

There are many prospective customers in the marketplace who have yet to realize the level of convenience, satisfaction and savings associated with hiring a quality professional to help them move. My background in marketing is going to promote the industry as a whole in this factor. In addition, being in a down economy my interests as the owner of a moving company is that of simply making an honest living and having the bulk of my business come from referrals, I do not want to gouge the customer and thus, will not contribute to the sour of the industry. These two will make me an asset to the customer and thus the industry in Washington State as a whole.

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

For over 20 years I've assisted friends, family and acquaintances in moving their households. Due to this process and in moving a public market possessing their own truck, I've become a professional in the industry.

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#\_USDOT # 2196373\_

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: I had encountered financial troubles in my prior business and had a few financial judgments against me. I was forced into a very regrettable bankruptcy, left with a Federal Tax and an L&I balance of which I am anxious to bring both to a 0 balance on. I will never allow myself to dig that type of situation again as it was and is still, very uncomfortable. I have grown immensely from that experience.

Have you ever been convicted of a crime?  No  Yes If yes, please explain:  
 I was late on a traffic ticket payment in 2005. I was unaware that my license was suspended, pulled over by an officer and given a ticket for driving while my license was suspended. The issue is resolved and my license has been free and clear for years. I also have a negligent driving in the 2<sup>nd</sup> degree which is a misdemeanor (not a gross misdemeanor). This issue is resolved as well.

Have you been cited for violation of state laws or Commission rules?  No  Yes If yes, please explain: I'm not sure if this has anything to do with the aforementioned, if not then no I have not. I have never been in any transportation related industry before in the USA so I believe the answer is NO.

- NO -

**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         | \$ 1,050.00 | Salaries/Wages Payable                   | \$ 1,750 /mnh vrble |
| Notes Receivable     | \$ 120.00   | Accounts Payable                         | \$ 1,565 / mnh fixd |
| Investments          | \$ 0.00     | Notes Payable                            | \$ 0.00             |
| Other Current Assets | \$ 0.00     | Mortgages Payable                        | \$ 0.00             |
| Prepaid Expenses     | \$          | <b>TOTAL LIABLITIES</b>                  | \$ 3,315.00         |
| Land and Buildings   | \$ 0.00     | <b>NET WORTH</b>                         |                     |
| Trucks and Trailers  | \$ 3,400.00 | Preferred Stock                          | \$ 0.00             |
| Office Furniture     | \$ 2,000.00 | Common Stock                             | \$ 0.00             |
| Other Equipment      | \$ 700.00   | Retained Earnings                        | \$ 0.00             |
| Other Assets         | \$ 800.00   | Capital                                  | \$ 0.00             |
| <b>TOTAL ASSETS</b>  | \$ 8,070.00 | <b>TOTAL LIABILITIES &amp; NET WORTH</b> | \$ -3,315 month     |

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

| Year | Make | License Number | Vehicle ID Number | Gross Vehicle Weight |
|------|------|----------------|-------------------|----------------------|
|------|------|----------------|-------------------|----------------------|

|      |     |  |                   |             |
|------|-----|--|-------------------|-------------|
| 1993 | GMC |  | 1GDE6H1P7PJ513759 | 18,000 LBS. |
|      |     |  |                   |             |
|      |     |  |                   |             |
|      |     |  |                   |             |
|      |     |  |                   |             |

**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: Bryson Black | 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: Bryson Black | 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: Bryson Black

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.

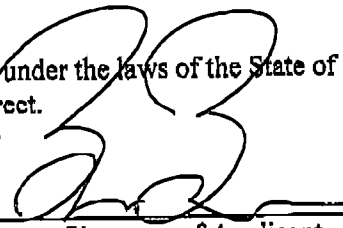
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 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.

BRYSON BLACK

Print name of applicant



Signature of Applicant

10/6/11 SEATTLE WA

Date and Location

## 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: Bryson Black

### The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Karla Butler

Address (include street address, mailing address, city, state, zip, and county): 4795 #13, 35<sup>th</sup> Avenue South, Seattle, WA 98118

Phone Number: 206.234.1086

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

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

The applicant helped me move house two weeks ago. He is a friend and so was able to assist me. I can highly recommend him.

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:

As I have moved house, I will require some new furniture and would certainly call on the applicant to help me.

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 believe that the applicant has impeccable experience and would be able to offer a very reasonably priced service for those wanting to move. He is extremely accommodating and has a fantastic work ethic. He would strive to get the job done no matter what. In terms of moving services, this company would be extremely personable and would ensure that the clients are well looked after.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? The applicant has a good knowledge of moving heavy household items. He would make sure that my valuables were well maintained throughout the move. His company would make sure that the client would have peace of mind throughout the moving process. I think this is extremely important given how stressful it can be to move house.



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

Robert D. [Signature]  
Signature of Person Completing Form

10/04/11, Seattle, WA.  
Date and Location

## HOUSEHOLD GOODS STATEMENT OF SUPPORT

Applicant Name: Bryson Black

### The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Paul Glick

Address (include street address, mailing address, city, state, zip, and county):  
4250 34<sup>th</sup> Ave W  
Seattle, WA 98199

Phone Number: (206) 351-9234

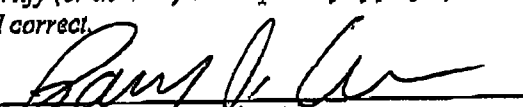
Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs: I will be needing to move a new couch set in the future. Not sure when exactly but when I do I'll need someone to move it.

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 move from time to time and require a large moving truck and assistance. As opposed to doing everything myself I like to hire the services of a moving company. They have all the equipment and vehicles necessary to complete the job expeditiously.

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 Bryson Black and have been familiar with his work ethic, values and physical abilities. I would not think of hiring anyone other than Bryson Black and Moving Savers to do my next move. I am very excited for him and have the upmost faith that his business savvy, strong moral and ethical values and motivation will propel him to help me and every one of his future customers in their moving process.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
Bryson Black comes from the business world and has been a great business owner before, building a client base of thousands of happy customers. I expect him to really make a mark in exceptional service in this industry as well. He will be an absolute asset to the greater Seattle area if given the opportunity. I look forward to him moving me on my next move.

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

10/5/11 Seattle, WA  
Date and Location

## 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: Bryson Black

### The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Forrest DeWitt, CSR I, Puget Sound Energy

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

631 Bell St #4  
Edmonds WA 98020

Phone Number: 206-979-6562

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

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

I am disabled, therefore in need of this particular assistance.

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:

due to disability

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 believe the applicant has the desirable qualities to be an outstanding business owner in this particular field, i.e. fast efficient service with a zeal for the utmost customer satisfaction.

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

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

Forrest DeWitt  
Signature of Person Completing Form

10/6/11 Edmonds WA  
Date and Location

HULL & COMPANY, INC. (PORTLAND)  
6443 SW BEAVERTON-HILLSDALE HWY  
Portland, OR 97221

WASHINGTON UTILITIES & TRANSPORTATION  
COMMISSION  
P.O. Box 47250  
Olympia, WA 98504

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

Docket No.  
**2196373**

Filed with WASHINGTON UTILITIES & TRANSPORTATION COMMISSION (hereinafter called Commission)  
(NAME OF COMMISSION)

This is to certify, that the ARGONAUT MIDWEST INSURANCE COMPANY  
(NAME OF COMPANY)  
(hereinafter called Company) of 10101 REUNION PLACE, SUITE 500 San Antonio, TX 78216  
(HOME OFFICE ADDRESS OF THE COMPANY)

has issued to BRYSON BLACK  
(NAME OF THE MOTOR CARRIER)  
of 12327 28th Ave NE Seattle, WA 98125  
(ADDRESS OF THE MOTOR CARRIER)

a policy or policies of insurance effective from 10/04/2011, 12:01 A.M., standard time at the address of the insured stated in said policy or policies and continuing until canceled 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.

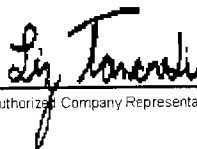
Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled 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 the notice is actually received in the office of the Commission.

Countersigned at 8450 East Crescent Parkway Greenwood Village CO 80111  
(Street Address) (City) (State) (Zip Code)

this 7TH day of October 2011

Insurance Company File No. BA8061101  
(Policy Number)

  
(Authorized Company Representative)

This form determined by the National Association of Railroad and Utilities Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of section 202(b)(2) of the Interstate Commerce Act (49 U.S.C. sec 302(b)(2)).