

10 pages

12/29/11

360-586-1181

TV-120035-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
 Debit #

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): Ghassan N. Mansour Company Name: Gus & Jacks Moving Company LLC

Cardholder's Signature

Date: 12/29/11

FOR OFFICIAL USE ONLY

Date Filed: <u>1-3-12</u>	DOL/SOS:	ID: <u>6781</u>	Permit Issued: THG-
Staff Assigned:	Insurance:	Inspection:	Docket #

Reception #: 111-0268-207-02

037119 111-0268-207-01

111-0268-013-20

550 VI 700274

BUSINESS INFORMATION

Name of Applicant Gus Mansour Gus & Jack Moving Company
(must be individual, partners of a partnership or corporation) N/A

Trade Name, if applicable Gus & Jack Moving Company LLC

Physical Address 1216 182nd St. SW, Lynnwood, WA 98037

Mailing Address - SAME -

Telephone Number (206) 919-4678 Fax Number () -

UBI #: 603-104-659 Email: gusmansour@aol.com

OSDOT #: 2256235 (If you currently don't have one, you can go online at www.finesca.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. 212,221-00

Have you registered with the Employment Security Department? No Yes
 ESD No. 429787-002

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

TYPE OF BUSINESS STRUCTURE

- Individual Partnership Corporation (LP, LLP, LLC) Other _____

List the name, title and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or Percentage of Shares
Gus Mansour	Member	51%
Jack Zoulalin	Member	49%

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:

Moving furniture from stores to homes and from homes to homes.

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

All my adult I have assisted family & friends to move their goods & furniture. For the past 2 years I have helped a friend that owns a warehouse to move goods.

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	\$ 1500	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	\$ 8100	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$ 9600
TOTAL ASSETS	\$ 9600	TOTAL LIABILITIES & NET WORTH	\$ 9600

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1995	Ford	B62572S	1FDKF37G5SNB1578	7530
1997	Ford	B21B52T	1FDKE37SOV1B26278	800
1993	GMC	B87259S	1GDEGHIPIR513868	11,300

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: *Gua Mansour*

Position: *Member*

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: *GUS Mansour* Position: *Member*

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 (oversize or overweight permits); Department of Revenue, Internal Revenue Service (taxes); and Employment Security.

Name: *GUS Mansour* Position: *Member*

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.

GUS MANSOUR MANSOUR *[Signature]* *12-14-11*
Print name of applicant Signature of Applicant 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: Gus Morrison "Gus & Jack Moving Co"

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: John Oxson Gen Mgr Costless Furniture South Center

Address (include street address, mailing address, city, state, zip, and county):
1181 Andover PK W Tukwila WA 98188

Phone Number: 206 575 0999

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Delivery + Installation of furniture orders. Interstate transfers

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:
Same as above.

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:
Our company has recently opened another showroom & we need delivery services to keep up with demand.

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.
John S Oxson 12/15/11
Signature of Person Completing Form Date and Location

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Gus Mansour

Applicant Name: ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ *Gus 2 Jack Moving Co.*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ *Lynnwood*

Address (include street address, mailing address, city, state, zip, and county):
*4601 200th ST. SW. # G
Lynnwood, WA- 98036*

Phone Number: *425-977-4900*

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
moving furniture to customers homes.

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 furniture to customers homes

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:
Customer's needs

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
We know Mr Mansour for a several years and he is a hard worker and honest person.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
Alex Khondar *12/15/11* *Lynnwood*
Signature of Person Completing Form Date and Location

ATTACHMENT A

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Applicant Name: *Gus Jack Moving Co. / Gus Mansour*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: *Alan Whipple, owner, Liberty Tax Service*

Address (include street address, mailing address, city, state, zip, and county):
*19610 44th Ave. W. Ste C
Lynnwood, WA 98036*

Phone Number: *425-775-1099*

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:
office move when lease expires

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 prefer to use local businesses (to support the local economy), & this is a local business.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Very honest & hard working owner of

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 _____

wrong name

**Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to GHASSAN MANSOUR of 1216 182ND ST SW, LYNNWOOD, WA 98036 a policy or policies of Insurance effective from 12/28/2011 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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143
this 28th day of December, 2011

Insurance Company File No. CA 07880913
(Policy Number)

(Authorized Company Representative)

MC1633a(08/99)

IRB3539B