

TV-120120-CT

2012 JAN 24 AM 11:02



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			
<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: <u>12/13</u>
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): <u>RICHARD WORRELL</u>		Company Name: <u>A-AAA Rich's Reliable Movers</u>	
Cardholder's Signature: <u>Richard O. Worrell</u>		Date: <u>1-11-12</u>	
FOR OFFICIAL USE ONLY			
Date Filed: <u>1/12</u>	DOL/SOS:	ID: <u>6805</u>	Permit Issued: THG-
Staff Assigned: <u>Alle</u>	Insurance:	Inspection:	Docket #
Reception #: <u>111-0268-207-02 550.00</u>		<u>111-0268-207-01</u> <u>111-0268-013-20</u>	

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### BUSINESS INFORMATION

Name of Applicant Richard D Worrell  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable A-AAA Richs Reliable WBUCA S

Physical Address 710 140th pl SW Lynnwood, WA 98087

Mailing Address 710 140th pl SW Lynnwood, WA 98087

Telephone Number (425) 787-3444 Fax Number ( ) \_\_\_\_\_

UBI #: 601 768-316 Email: Richard33@gmail.com

USDOT #: 2263477 (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 360-596-3810 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

### 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
N/A		

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:

At Rich's Reliable movers we keep everything simple for the customer. No hidden charges. The customer up front know about every charge we have. We also give a free follow up for our senior citizens and repeat customer

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

I have been a mover for 22 years I specialize in management and staff supervision. I have worked and or managed warehouses for many moving agencies. I am ~~an~~ certified estimator.

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:

when I was 18 I was convicted for shoplifting (26 years ago)

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	\$ 400 <sup>00</sup>	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ _____	Accounts Payable	\$ _____
Investments	\$ _____	Notes Payable	\$ _____
Other Current Assets	\$ _____	Mortgages Payable	\$ _____
Prepaid Expenses	\$ _____	<b>TOTAL LIABILITIES</b>	\$ 0
Land and Buildings	\$ _____	<b>NET WORTH</b>	
Trucks and Trailers	\$ 15000	Preferred Stock	\$ _____
Office Furniture	\$ 200 <sup>00</sup>	Common Stock	\$ _____
Other Equipment	\$ 700 <sup>00</sup>	Retained Earnings	\$ _____
Other Assets	\$ _____	Capital	\$ _____
<b>TOTAL ASSETS</b>	\$ 6300 <sup>00</sup>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 0

**EQUIPMENT LIST**

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1991	International	B03014T	1HTSCNK M0MH364930	24,000

**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: *Richard O. Worrell*

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: Richard D. Worrell 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: Richard D. Worrell 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.

Richard D. Worrell      Richard D. Worrell      1-11-12  
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: Richard Worrell

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

Name, Title, and Business Name: Dawn Connor, homeowner

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

723 E. Vernon Ave  
Burlington, WA 98233  
Skagit Co.

Phone Number: 425 870-5942

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 my home into my fiancée's.

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:

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 providing a permit to Rich's Reliable Movers, it will provide me with a licensed mover that I trust and can afford. The community benefits by having business owned and operated locally.

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 Rich's reliable movers in the past to move a safe; they were professional and provided me with a needed service which I feel they deserve to be licensed.

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

Dawn Connor  
Signature of Person Completing Form

Jan 26<sup>th</sup> 2012  
Date and Location

**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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Applicant Name: Richard Worrell

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

Name, Title, and Business Name: Phillip Selfe - Homeowner

Address (include street address, mailing address, city, state, zip, and county):  
15630 57th Pl W  
Edmonds, WA 98026

Phone Number: 425-971-6515

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: In the near future I plan on emptying several storage units, moving the contents to a newly built shed.

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 have used Rich's Reliable Movers several times over the last two years. They provide exceptional service at reasonable rates. Additionally, I have recommended them to friends & coworkers - all report similar experiences.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
The owner is extremely experienced, friendly, & efficient. Our region could use more companies like Rich's Reliable.

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: 1-20-2012



**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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Applicant Name: Richard Worrell

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

Name, Title, and Business Name: Stephanie Walsh / owner Max Home Staging

Address (include street address, mailing address, city, state, zip, and county):  
10712 12th Ave NW Seattle, WA 98177 / KING

Phone Number: 206-856-7970

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 a home stager I furnish homes for resale. I need movers to deliver + remove furniture to the homes I stage.

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, I depend on Rich and his crew monthly for moves in and out of properties.

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 have soley used Rich and his crew for over the last four years. They are dependable, timely, professional. They are a part of my (over)

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I have been in business for seven years and I have had poor relationship with past movers. My business would suffer without Rich's moving company (over)

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.  
Stephanie Walsh 1/21/12  
Signature of Person Completing Form Date and Location





National Indemnity group of insurance companies  
 3024 Harney Street  
 Omaha, NE 68131

# Commercial Auto Insurance Binder

RICHARD WORRELL  
 710 140TH PL SW  
 LYNNWOOD, WA 98087

Policy Term: 01/19/2012 10:49 AM to 01/19/2013 12:01 AM  
 Policy Number: 71TRG00600701  
 Minimum Earned Premium: \$0  
 Business Description: Moving Company

Total Policy Premium: \$4,188.00

Issued by: GEICO Insurance Agency, Inc. (Fredericksburg, VA)

**THIS BINDER IS A TEMPORARY CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE BOTTOM OF THIS FORM.**  
 Thank you for your recent order for coverage. We are pleased to bind coverage (FOR 30 DAYS) effective 01/19/2012 10:49 AM with Columbia Insurance Company.

### Coverage Information

#### Coverage

- Liability (BI & PD)  
 Liability applies to scheduled autos only.
- Underinsured Motorist (BI & PD)
- Personal Injury Protection
  - Medical & Hospital Expense
  - Funeral Expense
  - Income Continuation
  - Loss of Services
- Physical Damage
- Cargo

#### Limit

- \$750,000 Combined Single Limit
- \$750,000 Combined Single Limit (BI/PD)
- \$10,000
- \$2,000
- \$10,000 subject to max. of \$200 per week
- \$5,000 subject to max. of \$40 per day not to exceed \$200 per week
- See Vehicle Information. Only covered if a value and deductibles are listed.
- See Vehicle Information. Only covered if a value and deductible are listed.

### Vehicle Information

1. 1991 INTERNATIONAL 4700  
 Cargo Limit: \$20,000

VIN: 1HTSCNKM0MH364930  
 Cargo Deductible: \$1,000

with UMPD

#### Special Conditions:

This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

*n/r*

M-8444 (01/2010)

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

(EXECUTED IN TRIPLICATE)

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the Columbia Insurance Company  
(Name of Company)

(hereinafter called Company) of 3024 Harney Street, Omaha, NE 68131  
(Home Office Address of Company)

has issued to RICHARD WORRELL  
(Name of Motor Carrier)

of 710 140TH PL SW, LYNNWOOD, WA 98087  
(Address of Motor Carrier)

a policy or policies of insurance effective from 01/20/2012 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 Commissioner.

Countersigned at 3024 Harney Street Omaha NE 68131  
(Street Address) (City) (State) (ZIP Code)

this 19th day of January, 20 12

  
\_\_\_\_\_  
Authorized Representative

Insurance Company File No. 71TRG006007-01  
(Policy Number)

750,000 CSL