

BUSINESS INFORMATION

Name of Applicant Steven Nava Jr.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Mover's For the Baby Boomers

Physical Address 506 125th Str. NE Tukula WA 98271

Mailing Address Same as above

Telephone Number (425) 350-0442 Fax Number (---) ---

UBI #: 603 016 588 Email: Stevenavajr@yahoo.com

USDOT #: 2277912 (If you currently don't have one, you can go online at 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. _____

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
<u>Steven Nava Jr.</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: Snohomish County

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

Full moving services to include: packing, moving, unloading, down sizing, and organizing of living space. I have a very personalized approach with clients, take much more time to put those needed special touches on such as cleaning of furniture, follow up visits to ensure clients move was successful.

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

I have 20yrs experience working in moving company. I drive trucks for 30yrs for a large moving company. I have background in equipment and safe moving techniques and skills.

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 2277912

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	\$ 60,000	Salaries/Wages Payable	\$ —
Notes Receivable	\$ —	Accounts Payable	\$ —
Investments	\$ —	Notes Payable	\$ —
Other Current Assets	\$	Mortgages Payable	\$ —
Prepaid Expenses	\$ —	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$ —	NET WORTH	0
Trucks and Trailers	\$	Preferred Stock	\$ —
Office Furniture	\$	Common Stock	\$ —
Other Equipment	\$ ^{FOUR WIRELESS} PAYS, HAND TRUCK _{SPARE ENGINES}	Retained Earnings	\$ —
Other Assets	\$ 5,000	Capital	\$
TOTAL ASSETS	\$ 65,000.00	TOTAL LIABILITIES & NET WORTH	\$ 0

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2006	DODGE / TRAILER	B16415E	1D78U18226556 7185	8,500.00

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: *Steven Nove Jr*

Position: *Owner / Operator*

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: Steven Nova Jr.	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: Steven Nova Jr.	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.

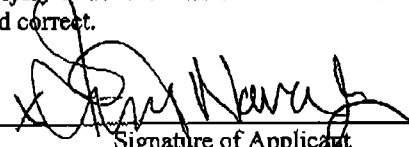
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330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

Steven Nova Jr.

Print name of applicant



Signature of Applicant

2-28-12 - Marysville

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: Steven Nava Jr. - movers For the Babyboomers

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Everett Care and Rehab Social worker

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

1919 112th Str. SW
Everett WA 98204, Snohomish County

Phone Number: 425 513-1600

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

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

Many of our clients have to move to another place due to care needs of clients. Most have no family to move them.

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 discharge about 5 to 8 people a week and majority of them need moving services.

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:

will benefit my clients by assisting them to move their belongings. Steven's rates are very reasonable.

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

movers For the Baby Boomers are very professional, rates seem very fair and they are very good with elderly clients.

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

[Signature]
Signature of Person Completing Form

3-2-12
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: Stephen NAVA - Movers For the Babyboomers

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Registered Nurse Assessments, INC

Address (include street address, mailing address, city, state, zip, and county):
11906 11th Pl SW
Seattle WA 98146 King County

Phone Number: 206-799-0901

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:

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:
 Because I assist SV's in moving to APN, ALF & They need full packing, moving & arranging assistance ie. A mover.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
 This gentleman is very professional & Helpful.

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: Michael Clark-Adamo Date and Location: 3-7-12 Seattle WA
 REGISTERED NURSE ASSESSMENTS

To: Fax #360-586-1181

Washington State Utilities and Transportation Commission

From:

Mover's for the Babyboomers Owner Steven Nava Jr.

Here is my application for the Household Goods Moving Company Permit

Thank You

Steve Nava Jr.
425-350-0442