



### BUSINESS INFORMATION

Name of Applicant Musie Kidane  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Sonic Moving Company

Physical Address 1303 Central Ave S. Suite I, Kent, WA 98032

Mailing Address 1303 Central Ave S. Suite I, Kent, WA 98032

Telephone Number (206) 641-0500 Fax Number ( )

UBI #: 603198735 Email: musie.kdn@gmail.com

USDOT #: 2304306 (If you currently don't have one, you can go online at [www.fincsa.dot.gov/online-registration](http://www.fincsa.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. 237,076-00

Have you registered with the Employment Security Department?  No  Yes  
ESD No. 454768-000

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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>Musie Kidane</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: \_\_\_\_\_

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

I plan on providing customers with household goods a competitive option to relocate. I will not be storing goods at my warehouse and do not have too much overhead so they will get a good deal. I will also provide packing, unpacking and if they choose boxes for sale.

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

I have worked in the moving industry for three years for various companies. I started with household moves and later worked with an office moving company. I have experience giving estimates for moves and driving up to 24 foot box trucks.

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	\$ 8,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$ 5,000	Mortgages Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$ 0
Land and Buildings	\$	<b>NET WORTH</b>	30,884
Trucks and Trailers	\$ 16,000	Preferred Stock	\$
Office Furniture	\$ 300	Common Stock	\$
Other Equipment	\$ 1,584	Retained Earnings	\$
Other Assets	\$	Capital	\$ 5,500
<b>TOTAL ASSETS</b>	\$ 30,884	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 30,884

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2003	International 4200	A10598Z	1HTMPAFM584592646	26,000

**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: Musie Khidane	Position: Owner / Manager
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### 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: Musie Kidane	Position: Owner/Manager
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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: Musie Kidane	Position: Owner/Manager
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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.

<u>Musie Kidane</u>	<u>Musie Kidane</u>	<u>06/13/12 Kent, WA</u>
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: Musie Kidane

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

Name, Title, and Business Name: BEIAN MENDOZA

Address (include street address, mailing address, city, state, zip, and county):  
4643 SOUTH 166TH STREET  
SEA-TAC, WA. 98148

Phone Number: 206-915-2553

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:  
ALWAYS IN NEED OF MOVING SERVICES.

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.

[Signature] 4-9-12  
Signature of Person Completing Form Date and Location

# ATTACHMENT A

## HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: Musie Kidane

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

Name, Title, and Business Name: MICHELE LONG-MOODY

Address (include street address, mailing address, city, state, zip, and county):  
15222 10TH AVE SW  
BURIAL, WASH 98166

Phone Number: (206) 769-9984

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:  
WHEN BUYING 3RD HOME

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:  
GIVING THE COMMUNITY A CHOICE TO WORK WITH AN UPSTANDING INDIVIDUAL AND COMPANY

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

MICHELE LONG-MOODY 4-11-12 (SEATTLE WASH)  
Signature of Person Completing Form 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: MUSIC MIDANE

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

Name, Title, and Business Name: Cesar Banta

Address (include street address, mailing address, city, state, zip, and county):  
2000 E. SENECA ST. APT 6 SEATTLE, WA 98122

Phone Number: (206) 841-5830

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
MOVING FROM ONE BEDROOM APT TO A THREE BEDROOM

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:  
IF IN THE FUTURE I NEED TO MOVE FROM APT TO HOUSE

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:  
ONE WAY THIS COMPANY ASSISTS THE COMMUNITY BY HELPING THOSE THAT ARE NOT ABLE TO MOVE THEMSELVES

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

THIS APPLICANT HAS YEARS OF EXPERIENCE IN THIS INDUSTRY

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

Cesar Banta  
Signature of Person Completing Form

4-11-2012 / Seattle  
Date and Location

ANDERSON & BLACK INS  
1511 3RD AVE STE 700  
SEATTLE, WA 98101

**PROGRESSIVE**

Named insured

**Policy number: 01671621-0**

Underwritten by:  
United Financial Casualty Company  
June 14, 2012  
Policy Period: Jun 12, 2012 - Jun 12, 2013  
Page 1 of 2

MUSIE A KIDANE  
SONIC MOVING COMPANY  
5028 25TH AVE SW  
SEATTLE, WA 98106

**progressiveagent.com**

**Online Service**

Make payments, check billing activity, print policy documents, or check the status of a claim.

**1-206-464-5720**

**ANDERSON & BLACK INS**

Contact your agent for personalized service.

**1-800-444-4487**

For customer service if your agent is unavailable or to report a claim.

# Commercial Auto Insurance Coverage Summary

## This is your Declarations Page

Your coverage began the later of June 12, 2012 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on June 12, 2013 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (03/05). The contract is modified by forms 2852WA (09/05), 1652WA (09/05), Z434WA (06/08), 4852WA (09/05), 4881WA (09/05), Z228 (07/05) and Z435 (12/06).

The named insured organization type is a sole proprietorship.

### Outline of coverage

#### Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$4,900
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Underinsured Motorist Bodily Injury	\$750,000 combined single limit		180
Underinsured Motorist Property Damage	\$10,000 each accident	\$100	13
		\$300 hit & run	
Personal Injury Protection	\$10,000 each person		174
<b>Subtotal policy premium</b>			<b>\$5,267</b>

#### Motor Truck Cargo coverage part

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$25,000	\$500	\$1,111
<b>Subtotal policy premium</b>			<b>\$1,111</b>
<b>Total 12 month policy premium</b>			<b>\$6,378</b>

### Rated driver

1. MUSIE A KIDANE

### Rated commodities

1. OTHER CONSUMER GOODS

**325 Washington Ave S  
Kent, WA 98032  
(253)854-7377 tel  
(253)854-5401 fax**



**Mon-Fri 8:00 am - 7:00 pm  
Sat 9:00 am - 5:00 pm  
Closed Sunday**

# FAX COVER

To: UTC Fax #: 360-586-1181

From: Mosie Kidlane Phone #: 206-641-0500

Date: 6/2/12

Number of Pages: 11

Subject: Household moving permit application

Notes: