

77-10113



**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 checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa							
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): David Marx				Company Name: New World Van Lines of Washington, Inc.							
Cardholder's Signature: <i>[Signature]</i>								Date: 06/28/2012			
FOR OFFICIAL USE ONLY											
Date Filed: 6/28/12	DOI(S): <i>[Signature]</i>	ID: 6965	Permit Issued: THG-								
Staff Assigned: <i>[Signature]</i>	Insurance:	Inspection:	Docket #								
Receipt #: 039296 111-0268-207-02 550.00 111-0268-207-01 111-0268-013-20											

RECEIVED
 RECORDS MANAGER
 2012 JUN -2 AM 10:40
 STATE OF WA
 UTIL. AND TRANSP. COM.

Payment ID# 185619

BUSINESS INFORMATION

Name of Applicant New World Van Lines of Washington, Inc.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 2920 142nd Ave. E, Suite 105, Sumner, WA 98390

Mailing Address 2920 142nd Ave. E, Suite 105, Sumner, WA 98390

Telephone Number (253) 470-0046 Fax Number (703) 662-2965

UBI #: 603187887 Email: dmarx@nwvl.com

USDOT #: 258748 (If you currently don't have one, you can go online at www.fmesca.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. 234117-00

Have you registered with the Employment Security Department? No Yes
ESD No. 453195-004

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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
Please see attachment 1		

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:

New World Van Lines' primary focus is on the niche market of corporate relocation. We offer premium moving services to corporate clients at highly discounted prices, which promotes competition and industry growth.

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

New World Van Lines began as Economy Moving & Storage, a local Chicago moving company, in 1919. New World started 48 state operations in 1982 and currently services corporate clients worldwide via its subsidiary companies.

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# **ICC 162485** and USDOT# **258748**

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

Please see Attachment 2

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2000	Kenworth	IL P466939	1XKTDR9X2YJ834545	70,000lbs
2000	Kenworth	IL P741078	1XKTDR9X8YJ834551	70,000lbs
2012	International	IL P733957	3HAMMAAL0CL456233	25,999lbs

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:

Patrick Nevins

Position:

Safety Director

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 Wilkus	Position: Chief Financial Officer
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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: David Marx	Position: Secretary
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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.

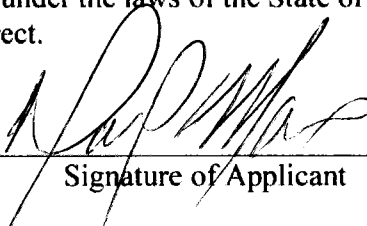
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330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

David Marx

Print name of applicant



Signature of Applicant

06/28 /2012 - Chicago, IL

Date and Location

Business Structure

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

Name: David Marx
Title: Secretary
Percentage of Shares: 16 2/3%

Name: Edward Marx Jr.
Title: President
Percentage of Shares: 16 2/3%

Name: Janet Marx
Title: Executive Vice President
Percentage of Shares: 16 2/3%

Name: Jerome Marx
Title: Chief Operating Officer
Percentage of Shares: 16 2/3%

Name: Michael Marx
Title: Treasurer
Percentage of Shares: 16 2/3%

Name: Quintin Marx
Title: Executive Vice President
Percentage of Shares: 16 2/3%

Attachment 2

New World of Washington
Statement of Income and Expenses
For the Five Months Ending May 31, 2012

	Current Month CY		Current Month LY		Variance Current Month		YTD 2012		YTD 2011		Variance YTD	
	Actual	%	Actual	%	Actual	% Change	Actual	%	Actual	%	Actual	% Change
Move Revenue												
Local		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Intrastate	17,007	0.0%		0.0%	17,007	0.0%	24,147	0.0%	24,147	0.0%	24,147	0.0%
Interstate	689	96.1%		0.0%	689	0.0%	1,414	94.5%	1,414	0.0%	1,414	0.0%
International		3.9%		0.0%		0.0%		5.5%		0.0%		0.0%
Discounts		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Move Revenue After Discounts	17,696	100.0%		0.0%	17,696	0.0%	25,561	100.0%	25,561	0.0%	25,561	0.0%
Accrued Revenue / Other		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Net Move Revenue	17,696	100.0%		0.0%	17,696	0.0%	25,561	100.0%	25,561	0.0%	25,561	0.0%
Expenses												
Commissions		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Salaries and Wages	16,107	91.0%		0.0%	16,107	0.0%	34,589	135.3%	34,589	0.0%	34,589	0.0%
Employee Benefits	2,067	11.7%		0.0%	2,067	0.0%	2,866	11.2%	2,866	0.0%	2,866	0.0%
Transportation Equipment	563	3.2%		0.0%	563	0.0%	3,154	12.3%	3,154	0.0%	3,154	0.0%
Moving Expenses	22,602	127.7%		0.0%	22,602	0.0%	50,811	196.8%	50,811	0.0%	50,811	0.0%
Claims	551	3.1%		0.0%	551	0.0%	551	2.2%	551	0.0%	551	0.0%
Selling Expenses		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Building Expenses	4,307	24.3%		0.0%	4,307	0.0%	7,549	29.5%	7,549	0.0%	7,549	0.0%
General & Administrative	5,656	32.0%		0.0%	5,656	0.0%	20,877	81.7%	20,877	0.0%	20,877	0.0%
Total Operating Costs	51,853	293.0%		0.0%	51,853	0.0%	120,397	471.0%	120,397	0.0%	120,397	0.0%
Operating Income	(34,157)	(193.0%)		0.0%	(34,157)	0.0%	(94,836)	(371.0%)	(94,836)	0.0%	(94,836)	0.0%
Leasing Revenue		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Interest Income / (Expense)		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Discounts Taken / Earned		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Other Income / (Expense)	(300)	(1.7%)		0.0%	(300)	0.0%	(300)	(1.2%)	(300)	0.0%	(300)	0.0%
INVESTMENT INCOME		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Consulting & Mgmt Services		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
L.O.C. FEES		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
CHASE Interest (Expense)		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Sales Tax	(3,038)	(17.2%)		0.0%	(3,038)	0.0%	(4,591)	(18.0%)	(4,591)	0.0%	(4,591)	0.0%
Total Other Income / (Expense)	(3,338)	(18.9%)		0.0%	(3,338)	0.0%	(4,891)	(19.1%)	(4,891)	0.0%	(4,891)	0.0%
Income Before Income Taxes	(37,495)	(211.9%)		0.0%	(37,495)	0.0%	(99,727)	(390.2%)	(99,727)	0.0%	(99,727)	0.0%
Income Taxes		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Net Income to Shareholders	(37,495)	(211.9%)		0.0%	(37,495)	0.0%	(99,727)	(390.2%)	(99,727)	0.0%	(99,727)	0.0%

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: **New World Van Lines of Washington, Inc.**

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: **Thomas Colucci, Vice President, Strategic Sourcing, Mobility Services International**

Address (include street address, mailing address, city, state, zip, and county):
**mobility Services International
one Liberty Lane East
Hampton, NH 03842**

Phone Number: **603-274-9151**

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
we currently handle between 4,000 and 5,000 relocations annually which typically include a household goods shipment

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:
our relocation activity continues to grow each year and the capacity of our other van line partners continues to shrink.

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 have 100% corporate clients under contract with many of them frequently moving their employees into, out of, or within Washington State.**

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? **We have 26 van line partners in our supply chain with New World being at the very top of the list for quality, integrity, and fair business practices.**

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

Thomas M. Colucci
Signature of Person Completing Form

6/22/12 Hampton, NH
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: **New World Van Lines of Washington, Inc.**

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Mickey G. Williams President Capital Relocation Svs LLC

Address (include street address, mailing address, city, state, zip, and county):
*22884 Relocation Dr
Sterling, VA 20166 USA
Loudoun Cty*

Phone Number: *703-260-3060*

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
As a Relocation Mgmt Company we assist 50 Corporations in moving 6000+ employees per year country-wide.

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:
We assist clients who move employees in Wash State

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.

M. Williams
Signature of Person Completing Form

6/24/12 Sterling VA
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: New World Van Lines of Washington, Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Craig Donovan, Director, SCM, Lexicon Relocation

Address (include street address, mailing address, city, state, zip, and county):
815 S. Main St.
Jacksonville, FL 32207

Phone Number: 1.904.306.7618

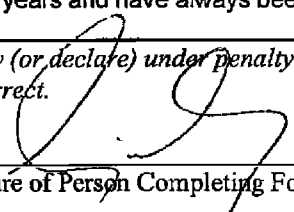
Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Lexicon moves assignees on behalf of companies all over the U.S. and within all states.

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:
We will need the services of a corporate household goods mover for packing, loading, hauling and unloading.

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:
It will increase the capacity in our current system of suppliers. we have very little intra-WA capacity.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
I have found New World Van Lines to be an excellent provider of services. I have worked with them for over 10 years and have always been satisfied in their service, business ethics, and company culture.

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

6/20/12 Jacksonville, FL

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: **New World Van Lines of Washington, Inc.**

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Mary Legate, Sr. VP Paragon Geo-Mobility

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

*633 E. State Hwy 121 South #520
Coppell, TX 75019*

Phone Number:

972.819.5110

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

No Yes If yes, please describe your current moving needs: *Our parent is a relocation firm we provide van line partner service to clients including Fortune 500 firms.*

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. We relocate households*

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:

Ensure moving needs are covered using intra state authority van lines.

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

They are a professional, community minded, WOB van line.

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

Mary Legate
Signature of Person Completing Form

*Coppell, TX
June 21, 2012*
Date and Location

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

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the Vantiner Insurance Company
(Name of Company)
(herein after called Company) of One Premier Drive ,St. Louis ,MO ,63026
(Home Address of Company)

has issued to NEW WORLD VAN LINES OF WASHINGTON, INC. of 2920 142ND AVE E, SUITE 105 ,SUMNER ,WA 98390
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 04/19/2012 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at One Premier Drive St Louis MO 63026 This 29th day of Jun 20 12
(Address) (Day) (Month) (Year)

Insurance Company File No. TRV4373000
(Policy No)

Mary Schnable
Mary Schnable
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :1,000,000.00