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UTILITIES AND TRANSPORTATION COMMISSION

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

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): Lawrence Brooks Jr. Company Name: Brooks Professional Moving

Cardholder's Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Date Filed: 7/16/12	DOB/OS: N/A	ID: 6973	Permit Issued: THG-
Staff Assigned:	Insurance:	Inspection:	Docket # 11-121192

Reception #: 111-0268-207-02 039326 111-0268-207-01 111-0268-013-20

\$550 - ID# 4648

BUSINESS INFORMATION

Name of Applicant LAWRENCE BROOKS JR.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable BROOKS PROFESSIONAL MOVING

Physical Address 524 SW 128 St Burien WA, 98146

Mailing Address P.O. Box 48173 Burien WA, 98148

Telephone Number HM-431-4502 (204) cell-856-9422 Fax Number ()

UBI #: 601 787 135 Email: brooksMOVING@AOL.com

USDOT #: _____ (If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3816 or 360-596-3803 for assistance.)

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
 No Yes L & I Account No. _____ (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
ESD No. _____ (required if you have employees)

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:

Name	Title	Stock Distribution or Percentage of Shares

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 AM to speicalize in residential and office moving locally, mostly in King Co. I am also aiming to use only small crews of men who have lot's of experience and strong work ethic. I will share the profits of the bussiness in a generous way, where everyone invded is satisfied. By doing this I can -

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

I started with Northcoast Moving and Storage in 92 - 98, they are with Allied VAN lines. Then when Door to Door sty open in 97 I also worked with them as an independant laborer. And now I'm an independant laborer doing local moves for customer's who rent their own 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	\$ 3,300.00	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$ 210.000	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$ 2,000.00	Retained Earnings	\$
Other Assets	\$ 15,000.00	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

I will not have employees for now only contractors ^s

EQUIPMENT LIST

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

Budget Rental Trucks

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
				24,000
				16,000

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:

Lawrence Brooks Jr.

Position:

Pro Household Mover

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: LAWRENCE BROOKS JR	Position: PROFESSIONAL MOVER
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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 and Internal Revenue Service (taxes); and Employment Security.

Name:	Position
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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.

LAWRENCE BROOKS JR	<i>Lawrence Brooks</i>	7/5/12
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: Lawrence Brooks BROOKS PROFESSIONAL MOVING

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Tom Maiden Windermere Real Estate

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

5424 Sand Point Way NE
Seattle, WA 98105

Phone Number:

206-226-2535

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

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

Real Estate Agent

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:

Refer clients to Brooks Professional Moving

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:

Brooks is an extremely professional group; we have great response from our clients

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.

Tom Maiden

Signature of Person Completing Form

7-6-12

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: Lawrence Brooks BROOKS PROFESSIONAL MOVING

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Sarah Ford Realtor Coldwell Banker Bain

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

7808 SE 28th St. #128
Mercer Island, WA 98040

Phone Number:

206-232-4600

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

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

Not at moment personally

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:

For clients, I need movers all the time.

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 need a reliable and careful mover to recommend to my clients.

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

NO

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

Sarah Ford
Signature of Person Completing Form

7/8/12 Mercer Island, WA
Date and Location



Allison Dunn
Senior Manager

8501 SE 68th Street
Mercer Island, WA 98040
Phone: (206) 232-0703
Fax: (206) 232-3194
E-mail: scmi@rmi.net
www.pugetsoundstorage.com

ATTACHMENT

HOUSEHOLD GOODS STATEMENT

Your application must include at least three shipper or public storage household goods moving service. Shipper statements may come from 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: Lawrence Brooks. BROOKS PROFESSIONAL MOVING

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Allison Dunn, Senior Manager, Storage Court of Mercer Island

Address (include street address, mailing address, city, state, zip, and county):
8501 SE 68th St.
Mercer Island, WA 98040

Phone Number: 206-232-0703

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Yes, we use Brooks Moving for our new tenants who move into our storage site.

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, we use him frequently.

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 we use Brooks Moving so often. The service is integral to our business.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Larry Brooks is honest and fair with our tenants. He has a reputation on Mercer Island for being the person to call for moving. Fourteen years worth of building a relationship.

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

Allison Dunn
Signature of Person Completing Form

7/6/12
Date and Location