

TV-131344

WASHINGTON RECEIVED
UTC
UTILITIES AND TRANSPORTATION
COMMISSION

JUL 18 2013

HOUSEHOLD GOODS MOVING
COMPANY PERMIT APPLICATION



WASH. UT. & TP. COMM

Type of Household Goods Authority Requested – Check one	Fee Required
<input checked="" type="checkbox"/> Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. – 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 480-15-186 and 480-15-187 – Complete pages 2 - 7 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 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

TYPE OF PAYMENT

Check Money Order Amex Mastercard Visa

Amount: \$550

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): Angeline Thompson Company Name: Advantage Relocation Exp

Cardholder's Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Date Filed: 7/19/13 DOL # 01108 ID: 143210 Permit Issued: THG-

Staff Assigned: _____ Insurance: _____ Inspection: _____ Docket # _____

Reception #: 111-0268-207-02 550.00 111-0268-207-01 01540 111-0268-013-20

24504737

BUSINESS INFORMATION

Name of Applicant ADVANCE RELOCATION EXPERTS (Austin Thompson)
(must be individual, partners of a partnership or corporation) LLC

Trade Name, if applicable A.R.E. (A) per UBI

Physical Address 1140 Browns Point Blvd NE #3 Tacoma WA 98422

Mailing Address _____

Telephone Number (206 391 0204) Fax Number () _____

UBI #: 602 411 875 (A) Email: info@advancerelocationexperts.com

USDOT #: 1752146 (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.)

Department of Labor & Industries-Worker's Comp Acct? Account # 978-192-03

Employment Security Department registration number? ESD # 462 011-003

Is your business registered with the Department of Revenue? No Yes (A)

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>Austine Thompson</u>	<u>owner</u>	<u>100%</u>

*Must provide a copy of a valid Washington state driver's license for each person listed above.

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 intend to help the community with not only my ~~not~~ experience in the industry but to give a fair pricing option for low income earners.

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

I have been in the moving industry for over twenty years ~~as~~ as employee and a owner I have experience in operation part and administrative aspect of it.

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 HG060430

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# _____

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: _____

Has any person named in this application, within the past five years, been convicted of any crime involving theft, burglary, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance? No Yes If yes, please explain: _____

Has any person named in this application, 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	\$ 3,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$ 385 Ins
Investments	\$ —	Notes Payable	\$ 405 Trucknote
Other Current Assets	\$ —	Mortgages Payable	\$
Prepaid Expenses	\$ —	TOTAL LIABILITIES	\$
Land and Buildings	\$ —	NET WORTH	
Trucks and Trailers	\$ 12,000	Preferred Stock	\$
Office Furniture	\$ 2,500	Common Stock	\$
Other Equipment	\$ 2,000	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 19,500	TOTAL LIABILITIES & NET WORTH	\$ 790

EQUIPMENT LIST

Describe the equipment you will own or lease to provide moving services
(attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
92	GMC TOPKICK	B572654GDS6H	IP1NJ504759	

per registration attached

[Signature] Attach a copy of the registration form for each vehicle listed.

SAFETY AND OPERATIONS

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. ****Please attach evidence of your enrollment in a drug and alcohol testing program.** *D/A*

SAFETY RESPONSIBILITIES

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

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.

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:

Austine Thompson

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:

Austine Thompson

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:

Austine Thompson

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.

Austine Thompson

Print name of applicant

(Austine Thompson)

Signature of Applicant

7/11/13

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: Advance Relocation Expert LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: REMI OMOYAYI, DIRECTOR OF OPERATIONS - CITYWIDE LOGISTICS INC

Address (include street address, mailing address, city, state, zip, and county): 1720 S 341ST PL, ste-C2 FEDERAL WAY, WA 98003

Phone Number: 206-397-7718

Do you currently need the services of a residential household goods moving company? [X] Yes If yes, please describe your current moving needs: SOMEONE TO PICK UP OUR INVENTORY FROM WAREHOUSE

Do you anticipate a future need for the services of a residential household goods moving company? [X] Yes If yes, please describe your future moving needs: NEED A COMPANY TO LOAD AND UNLOAD. TO PICK UP AND DROP OFF INVENTORY

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: THEY GAVE US A VERY GOOD RATES AND VERY DEPENDABLE

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? WE HAVE WORK WAITING, AS SOON AS THEY ARE OPEN FOR BUS.

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

[Handwritten Signature]

Signature of Person Completing Form

7/16/13

Date and Location

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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: *ADVANCE RELOCATION EXPERTS LLC*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: *DANA HERTH - STAMFORD INS. INC.*

Address (include street address, mailing address, city, state, zip, and county):
*1010 SO. 336TH - SUITE 110
FEDERAL WAY, WA 98003*

Phone Number: *253-874-9200*

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:
*I CURRENTLY WRITE THE Auto & MOTOR TRUCK Cargo
COVERAGE FOR HIS COMPANY -*

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.

Dana Herth

Signature of Person Completing Form

7-16-13

Date and Location
FEDERAL WAY, WA 98003

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: Austin Thompson

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Simone Watkins Avance Relocation Experts

Address (include street address, mailing address, city, state, zip, and county): 166 SW 310th Place Federal Way, WA 98023

Phone Number: 206 380 0100

Do you currently need the services of a residential household goods moving company? [] No [X] Yes If yes, please describe your current moving needs: Moving my mother to New home

Do you anticipate a future need for the services of a residential household goods moving company? [] No [X] Yes If yes, please describe your future moving needs: Two homes + office

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 find Avance Relocation Experts Reliable + Trustworthy

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

This is a dedicated + ethical firm

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: Simone Watkins Date and Location: 7.15.2013