



TV-152192

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Drive SW  
P.O. Box 47250  
Olympia, WA 98504-7250  
Phone: 360-664-1222  
Fax: 360-586-1181  
TTY: 360-586-8203  
or  
1-800-416-5289  
email: transportation@utc.wa.gov

HOUSEHOLD GOODS MOVING COMPANY  
PERMIT APPLICATION

FOR OFFICIAL USE ONLY			
Date Filed: 11/12/15	DOL/SOS: [Signature]	ID: 16684	Docket #
Staff Assigned: [Signature]	Insurance: [Signature]	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	111-0268-013-20	

#021534

Type of Household Goods Authority Requested – check one Fee Required

- Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A. \$ 550
- Permanent authority to transfer resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis). Complete pages 3-8, Attachment B as well as a closing annual report \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete pages 3-8 and Attachments B & C. \$ 250
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450). Complete pages 3-5 and include a statement justifying the reinstatement. \$ 250
- Name Change – Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: Johnson's Hauling LLC Johnson's Hauling + moving <sup>DBA</sup>  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable: \_\_\_\_\_

Physical Address: 3216 E Euclid Ave Spokane WA 99217

Mailing Address: PO Box 1525 Mead, WA 99021

Telephone Number (509) 487-6683 Fax Number ( ) \_\_\_\_\_

**BUSINESS INFORMATION - continued**

UBI #: 603 091 319 001 000 1 Email: Johnson.C75@gmail.com

USDOT #: 2522898 (If you currently don't have one, go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.dot.gov/online-registration) to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # 267,555-01

Employment Security Department registration number 489 123.00-9

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

**TYPE OF BUSINESS STRUCTURE**

Individual Partnership Corporation Other (LP, LLP,  LLC) State of Incorporation \_\_\_\_\_

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

Name	Title	Stock Distribution or % of Shares
<u>CARY Johnson</u>	<u>Manager</u>	<u>100%</u>

Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.

1. 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 providing Customer Service with a smile. And every month Donate

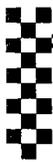
2. Briefly describe your experience in the transportation/household goods moving industry: I am a house hold goods mover. MY In surance guy screwed up and did not file the correct paper work

3. 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 THG 65626

4. 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 \_\_\_\_\_

5. Do you currently operate interstate?  No  Yes If yes, please indicate your MC# \_\_\_\_\_

6. Do you operate interstate as an agent of another company?  No  Yes If yes, what is the name of the company? \_\_\_\_\_



7. 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 list below:

Type of Legal Proceeding	Date	State

\*attach additional pages if necessary

8. Has any person named in this application ever 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 list below:

Type of Conviction	Date	City/State

\*attach additional pages if necessary

9. Has any person named in this application, been cited for violation of state laws or Commission rules? **No** Yes If yes, please list below:

Violation	Date	RCW/WAC

\*attach additional pages if necessary

FINANCIAL STATEMENT			
Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.			
Assets		Liabilities	
Cash In Bank	\$ 1,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$ 10,000	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$

**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.**

**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.

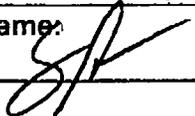
**INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.

**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:



Position:

NA Manager

**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: <u>CARY Johnson</u>	Position: <u>Manager</u>
---------------------------	--------------------------

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: <u>CARY Johnson</u>	Position: <u>Manager</u>
---------------------------	--------------------------

If you would like to receive information about new household goods carriers, check here

**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 480-15-305 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 understand the commission will complete a criminal background check on each person named in the application.

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.

CARY Johnson

Print name of applicant

[Signature]  
Signature of Applicant

10-10-15

Date and Location

1.

M-5444 (01/2010)

**FORM E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE**  
**LIABILITY CERTIFICATE OF INSURANCE**  
(EXECUTED IN TRIPLICATE)

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the Continental Divide Insurance Company  
(Name of Company)

(hereinafter called Company) of 1314 Douglas Street, Omaha, NE 68102  
(Home Office Address of Company)

has issued to JOHNSON HAULING LLC  
(Name of Motor Carrier)

of PO BOX 1626, SPOKANE, WA 99217  
(Address of Motor Carrier)

a policy or policies of insurance effective from 11/03/2015 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 Commission has jurisdiction or regulations promulgated in accordance therewith.

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

Countersigned at 1314 Douglas Street Omaha NE 68102  
(Street Address) (City) (State) (ZIP Code)

this 4th day of November, 20 16



Authorized Representative

Insurance Company File No. 06TRM014821-01  
(Policy Number)

750,000 CSL

This form determined by the National Association of Regulatory Utilities Commissioners and promulgated pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C. § 302(b)(2)) and 49 CFR § 387.301



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/03/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Mount Spokane Insurance 4025 East Mount Spokane Park Drive Mead WA 99021	<b>CONTACT NAME:</b> Steve Wilson <b>PHONE (A/C, No, Ext):</b> 509-467-8998 <b>E-MAIL ADDRESS:</b> steve@mountspokaneins.com <b>FAX (A/C, No):</b> 509-931-1833
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> National Indemnity Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Johnson's Hauling LLC PO Box 1525 Mead WA 99021	<b>NAIC #</b>

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSTR	TYPE OF INSURANCE	ADDITIONAL	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Eq occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Eq accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OYF-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Motor Truck Cargo			70MTS9014764	10/21/2015	10/21/2016	Motor truck cargo: \$26,000 Deductible: \$1000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of insurance only.

<b>CERTIFICATE HOLDER</b> Washington Utilities and Transportation Commission PO Box 47280 Olympia WA 98504-7250	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>  Steve Wilson
--	---

**My Insurance guy screwed up and therefore I have to pay the reinstatement fee since he is not going to do it. I have attached a letter from him stating that it was his fault. I am already in the process of switching agents. So that is why I am having to pay the \$250 for reinstatement.**



# Mount Spokane Insurance

4025 E Mount Spokane Park Dr Mead WA 99021 509.467.8998  
[www.MountSpokaneIns.com](http://www.MountSpokaneIns.com)

November 5, 2015

To: Johnson's Hauling LLC

Dear Cary,

As we discussed, when we changed your commercial auto insurance policy from Kemper Specialty to Berkshire Hathaway on 10/21/2015, we were not aware that you needed an E filing, so unfortunately did not request one from Berkshire Hathaway.

As soon as we realized the error, one was done by the Insurance company.

Sincerely,

A handwritten signature in black ink, appearing to read 'Steve Wilson'.

Steve Wilson

This is a "printer friendly" page. Please use the "print" option in your browser to print this screen.



**Washington, State of - Utilities & Transportation Commission**

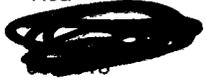
**Utilities & Transportation Commission POS**

Confirmation Number: 027534  
 Payment Date: Thursday, November 12, 2015  
 Payment Time: 08:42AM PT

**Payer Information**

First Name: Cary Johnson  
 Street Address: 3216 E Euclid Ave  
 Town/City: Spokane, WA 99217  
 Country: United States  
 Daytime Phone Number: (509) 487 - 6683  
 E-mail Address: johnson.c75@gmail.com  
 Company Name-If not a Company, provide name of Payee: Johnsons Hauling LLC  
 Payment Menu : Application Fees  
 Payment Menu - Additional Payment: Application Types (if Applicable): Household Goods

**Card Information**

Card Type: Visa  
 Card Number:   
 Expiration Date:   
 Card Verification Number: \*\*\*\*

**Payment Information**

Payment Type: Utilities & Transportation Commission POS  
 Payment Amount: \$250.00  
 Convenience Fee: \$6.25  
 Total Payment: \$256.25

Thank you for using Official Payments. If you have a question regarding your payment, please call us toll free at 1-866-621-4109. To make payments in the future, please visit our website at [www.officialpayments.com](http://www.officialpayments.com).



Copyright © 2015 Official Payments Corporation. All Rights Reserved.  
 Official Payments Corporation is a licensed money transmitter in 44 states, the District of Columbia, and Puerto Rico. Official Payments is not required to be licensed as a money transmitter in Indiana, Massachusetts, Montana, New Mexico, South Carolina or Wisconsin.