

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: <u>3/23/16</u>	DOL/SOS: <u>WJOL</u>	ID: <u>1752</u>	Docket # <u>TV1160340</u>
Staff Assigned	Insurance	Inspection	Permit Issued <u>THG-11800</u>
Reception #	111-0268-207-02 <u>2509</u>	111-0268-013-20	Pay ID: <u>11601</u>

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, and a closing annual report from current company \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete pages 3-8, Attachments B & C, and a closing annual report from current company \$ 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: SPOKANE MOVERS, INC.
(must be individual, partners of a partnership or corporation)
 Trade Name, if applicable _____
 Physical Address 201 E. SPRAGUE AVE SPOKANE, WA
 Mailing Address P.O. BOX 19232 SPOKANE, WA 99219
 Telephone Number (509) 455-8211 Fax Number (509) 455-0572

057931

BUSINESS INFORMATION - continued

UBI #: 603-576-662 Email: jerry@spokanemovers.com

USDOT #: 0781293 (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # 012, 987-00

Employment Security Department registration number 000-158438-00-8

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>GERALD JAHN</u>	<u>OWNER</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:

REGIONAL HOUSEHOLD GOODS MOVEMENT

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

SPOKANE MOVERS OWNER SINCE IT'S FIRST AUTHORITY

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 HG-11890

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 MCH# 573292

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
SEE ATTACHMENT		

*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	\$	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	\$

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
1992	GMC	B92227T	1 GDJ6H1P1NJ	20,000
1996	GMC	B8883F	1GDTG31K8TF250019	14,000
1998	GMC	B50102L	1GDTJ7H1P9WT850298	24,000
1999	GMC	B46032T	1GDJ6H1P2XJ853342	26,000
1998	FORD	C08799A	1FDWE31S5WHB57906	14,000
1992	GMC	C99940D	1GDJ6H1PF1NJ509101	20,000

SAFETY AND OPERATIONS	
<p>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.</p>	
SAFETY RESPONSIBILITIES	
<p>List the person and position responsible for understanding and complying with the <u>Federal Motor Carrier Safety Regulations</u> (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</p>	
<p>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.</p>	
<p>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.</p>	
<p>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.</p>	
<p>INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.</p>	
<p>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.</p>	
<p>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)</p>	
<p>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).</p>	
Name: GERALD JAHN	Position: OWNER

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2015

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: GERALD JAHN

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: GERALD JAHN

Position: OWNER

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.

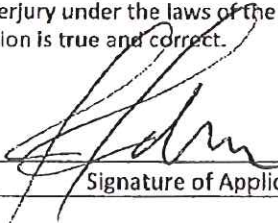
My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, 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.

GERALD JAHN

Print name of applicant



Signature of Applicant

2-5-2016

Date and Location

SPokane

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SPOKANE MOVERS (GERALD M JAHN dba)
U.S. DOT #: 781293

Review Date:
03/07/2007

Part B Violations

1 FEDERAL	Primary: 391.51(b)(3)	Discovered 1	Checked 3	Drivers/Vehicles In Violation 1	Checked 3
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Description

Failing to maintain road test certificate in driver's qualification file, or copy of license or certificate the motor carrier accepted as equivalent.

Example

Driver, David L. Linn did not have a road test certificate in driver's qualification file. Trip Date 02/24/07

2 FEDERAL	Primary: 391.51(b)(5)	Discovered 1	Checked 3	Drivers/Vehicles In Violation 1	Checked 3
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Description

Failing to maintain a note relating to the annual review of the driver's driving record as required by 391.25(c)(2).

Example

Driver, Nathan W. Young did not have a note relating to the annual review of the driver's driving record. Trip Date 02/28/07.

3 FEDERAL	Primary: 391.51(b)(6)	Discovered 1	Checked 3	Drivers/Vehicles In Violation 1	Checked 3
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Description

Failing to maintain a list or certificate relating to violations of motor vehicle laws and ordinances required by 391.27.

Example

Driver, Nathan W. Young did not have a list or certificate relating to violations of motor vehicle laws and ordinances in his driver's qualification file. Trip Date 02/28/07.

4 FEDERAL	Primary: 396.3(b)(2)	Discovered 4	Checked 4	Drivers/Vehicles In Violation 4	Checked 4
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Description

Failing to have a means of indicating the nature and due date of the various inspection and maintenance operations to be performed.

Example

Vehicle unit numbers #1, #2, #3 and #4 do not have a means of indicating the nature and due date of the various inspection and maintenance operations to be performed. Driver agreed to set up a 2000 mile inspection on each vehicle in the future.

Safety Fitness Rating Information:		OOS Vehicle (CR): 0
Total Miles Operated	26,149	Number of Vehicle Inspected (CR): 4
Recordable Accidents	0	OOS Vehicle (MCMIS): 0
Recordable Accidents/Million Miles	0.00	Number of Vehicles Inspected (MCMIS): 0

our proposed safety rating is :

SATISFACTORY

Rating Factors		Acute	Critical
Factor 1:	S	0	0
Factor 2:	S	0	0
Factor 3:	S	0	0
Factor 4:	S	0	0
Factor 5:	N	0	0
Factor 6:	S	-	-

Corrective actions must be taken for any violations (deficiencies) identified on Part B of this report.





ATTACHMENT C

**TRANSFER OF PERMANENT HOUSEHOLD GOODS AUTHORITY
UNDER EXCEPTIONS IN WAC 480-15-187(2) or (3)**

1. The commission will grant an application to transfer existing permanent authority, without requiring a provisional permit, public notice or comment, if the applicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of permanent authority for any one of the following reasons (check one, if applicable):

- A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to a spouse or to one or more remaining partners;
- A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
- A sole proprietor has died, the sole proprietor devised or bequeathed the company by will, and the applicant is seeking transfer of the permit in accordance with the bequest or devise set forth in the will.
- An individual has incorporated and the same individual remains the majority shareholder;
- An individual has added a partner but the same individual remains the majority partner;
- A corporation has dissolved and the interest is being transferred to the majority shareholder;
- A partnership has dissolved and the interest is being transferred to the majority partner;
- A partnership has incorporated and the partners are the majority shareholders; or
- Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

Documentation supporting the checked box above must be included with your application. You may submit a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without requiring a provisional permit after the application has been published on the application docket subject to comment for thirty days if the applicant is fit, willing, and able to provide service, the applicant has filed to transfer control of permanent authority, and all the following conditions exist:

- Ownership of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:
 - a. Has the permit been actively used by the current owner to provide household goods moving services during the twelve-month period prior to the application? No Yes
 - b. Provide a certified statement from the applicant and the current owner explaining why the transfer is necessary to ensure the company's economic viability:
 - c. Provide a certified statement from the applicant and the current owner describing the steps taken by the parties to ensure that safe operations and continuity of service to customers is maintained.



ATTACHMENT D

CHANGE OF CORPORATE/INDIVIDUAL NAME (WAC 480-15-400)

This application is for name change only and must not involve a change in ownership, management, or control of the household goods operating authority.

A company must file a name change application to:

- Change a corporation's name
Change an individual's name (may be sole proprietor or individual in a partnership)
Change or add a trade name

NOTE: You may not advertise to operate under the changed name until a permit is issued in the new name.

Current Name on Permit: GERALD M. JAHN D.B.A. SPOKANE MOVERS

Current Trade Name, d/b/a: SPOKANE MOVERS

Address: PO BOX 19232 SPOKANE, WA 99219 (201 E. SPRAGUE)

Phone Number: 509-701-8211 Fax Number: 509 455 0572

Email Address: jerry@spokanemovers.com USDOT #: 781293

If a corporation, list names, titles, stock distribution or major stockholders under the current name:

GERALD

I request the name on household goods permit HG- 11890 be changed to:

New Name: SPOKANE MOVERS, INC.

New Trade Name, d/b/a (if applicable):

Address (if changed):

If a corporation, list names, titles, stock distribution or major stockholders under the current name:

GERALD JAHN

I certify that this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information is current and valid.

Gerald M. Jahn
Signature and Title of Applicant

2-21-2016
Date and Location

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

Filed with Washington Utilities and Transportation Commission (hereinafter called Commission)

This is to certify, that the Western National Assurance Company (hereinafter called Company)
of 9706 4th Avenue NE Ste 200 Seattle, WA 98115-2162

has issued to Spokane Movers Inc of PO Box 19232 Spokane WA 99219-9232

a policy or policies of insurance effective from 01/27/16 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 Commission.

Countersigned at 9706 4th Avenue NE Ste 200, Seattle, WA 98115-2162

this 11th day of February, 2016

Insurance Company File No. CPP 1058627
(Policy Number)

Janet K Thode
(Authorized Company Representative)

Form H
UNIFORM MOTOR CARRIER CARGO
CERTIFICATE OF INSURANCE

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the Western National Assurance Company (hereinafter called Company) of 9706 4th Ave NE Seattle, WA 98155 has issued to Spokane Movers Inc. of PO Box 19232 Spokane WA 99219-9232 a policy or policies of insurance effective from January 27, 2016 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 Cargo Insurance Endorsement, has or have been amended to provide cargo 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 Commission.

Countersigned at 9706 4th Ave NE Seattle, WA 98156

this 28th day of March, 2016

Insurance Company File No. CPP 1059276
(Policy Number)

Linda Oliphant
(Authorized Company Representative)