

DOL/SOS:

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## RECEIVED

FEB 13 2017

WASH, UT. & TP. COMM

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

1-800-416-5289 email: transportation@utc.wa.gov

Docket #

## **HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION**

ID:

Date i lica.	001,303.	וט.	DOCKEL#	
Staff Assigned	Insurance	Inspection	Permit Issued TH	G-
Reception # 0611	111-0268-207-02	111-0268-013-20	Chech # 430	031321
Type of Househo	old Goods Autho	rity Requested – che	eck one Fee	e Required
		ne fee for provisional, and the complete pages 3-8 and Atta		\$ 550
interest (at least si	ix months must be serv	g in a change in ownership oved on a temporary provisional as a closing annual report	nal basis).	\$ 550
	Permanent authority to transfer under the exceptions in <a href="WAC 480-15-187">WAC 480-15-187</a> . Complete pages 3-8 and Attachments B & C.			
on criteria set fortl		vithin 30 days of cancellation Complete pages 3-5 and inc		\$ 250
■ Name Change – Co	omplete pages 3-5 and	Attachment D.		\$ 35
	BUSINES	S INFORMATION		
Legal Name:	_	BALL  thers of a partnership or corpora  DYING LAR	manufacturante de descriptor	

Telephone Number 206 257 3287 Fax Number 877 345 4526

Mailing Address SAME ABOVE

USDOT #: 2	1542 91	(If you curr	ently don't hav	ve one, go online at
	.dot.gov/online-regis			_
epartment (	of <u>Labor &amp; Industries</u>	Worker's Comp acc	ount # 304	+ 63 G00
mployment	Security Department	registration numbe	r <b>000 - 0</b>	15354-00-8
your busine	ess registered with th	ne Department of Re	venue? 🗆 No	Yes
		TYPE OF BUSINE	SS STRUCTU	RE
Individual	☐ Partnership	☐ Corporation	☐ Other (LP,	LLP, LLC) State of Incorporation
ist the name	e, title and percentage	e of partner's share	or stock distrib	ution for major stockholders:
<u>Name</u>		Title OWA		Stock Distribution or % of Share
CHERY	L ANN BAI	1 OWA	1EP	
Describe to promote	application. the services you wish competition, or fill ar	n to provide. Explain In unmet need for se	how your servi	ces will enhance customer choice,
Described promoted Pr	the services you wish competition, or fill and the services your experience.	to provide. Explain a unmet need for services BETWARELD CONTRACTOR OF THE CONTRACTOR	how your service: ACME	ces will enhance customer choice,  MOVING LABOR ALL  OVING HELP WITHOUT  IRUCH STORY  goods moving industry:  PROVIDING MOVING  AND HALT VERRS
1. Describe promote promote CUSTONA TRUCA.  Briefly de TELLA CUSTON CUST	the services you wish competition, or fill and the services your experience of the services and the services are serible your experience of the services are serible.	to provide. Explain a unmet need for services BETWALLED CE in the transportate LANCE ANDRESS A	how your service: ACME  rvice: ACME  cion/household  THEE  rmit to operate	goods moving industry:
1. Describe promote promote 2. Briefly de 12. Brief	scribe your experiences you wish competition, or fill and scribe your experiences. A BARTANA AND THE STANDARD	to provide. Explain a unmet need for service in the transportate was a part of the following part of the following permit not been denied a permit yes, please explain	how your service: ACME  rvice: ACME  icion/household  rmit to operate  umber  nit to operate a	goods moving industry:  PROVIDENCE MONTH ON THE MONTH ON
1. Describe promote promote promote 2. Briefly de 1. Brief	scribe your experiences of the services you wish competition, or fill and services of the serv	to provide. Explain a unmet need for serving BETWATELY ce in the transportate LANG ANDELEN ACKING AND VOU ever held, a per dicate your permit not been denied a permit fyes, please explain	how your service: ACME  rvice:	goods moving industry:  PROVIDIALS MONITORING MOVING LABOR ALL  goods moving industry:  PROVIDIALS MOVING MOVING  as a motor carrier of property in

## **TYPE OF PAYMENT**

☐ Check	☐ Moi	ney Ordei								Amo	unt:	\$	<u>5</u> 5	90°	<b>30</b>		
☐ Amex	CCV#		_ (four di	igit cod	de on fi	ront of	card)			Ехрі	ratio	n Dat	e:				
☐ Discove	r □Ma	stercard	□Vi	sa		CC	CV #_			(th	ee dig	it code	on bac	k of ca	rd)		
Credit Ca	rd num	ber:				<b>-</b>	<b>T</b>	_				,		T.	1	<b>T</b>	
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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
		·

<sup>\*</sup>attach additional pages if necessary

8. Has any person named in this application ever been convicted of any crime involving theft, burglary, assault, 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
PIEASE DISCUSS WITH ATTO		h steen
INDIVIDUALIZED ASSESSMEN	7 PEQUESTES	11

\*attach additional pages if necessary

9. Has any person named in this application, been cited for violation of state laws or Commission rules? 

No verson liftyes, please list below:

Violation	Date	RCWXWAC
HOUSEHOLD GOODS	12/02/2016	81.80.075(1)
*attach additional pages if necessary	ORNSPENZAR	SETH STEEN

Complete the follow		NCIAL STATEMENT  nt or attach a balance sheet, profit and business plan.	nd loss statement, or
Ass	ets	Liabilities	5
Cash in Bank	\$ 6,100	Salaries/Wages Payable	\$34,313
Notes Receivable	\$ 🖔	Accounts Payable	\$ 3,125
Investments	\$ 1,500	Notes Payable	\$ 456.52
Other Current Assets	\$ 0	Mortgages Payable	\$ 6
Prepaid Expenses	\$3.700	TOTAL LIABLITIES	\$ 37,894.52
Land and Buildings	\$ 0	NET WORTH	\$ 13.405.41
Trucks and Trailers	\$ 35,000	Preferred Stock	\$ 6
Office Furniture	\$1,000	Common Stock	\$ <b>Ø</b>
Other Equipment	\$ 4 000	Retained Earnings	\$ 35,000
Other Assets	\$ <b>&amp;</b>	Capital	\$15,000
TOTAL ASSETS	\$ 24 489.0	TOTAL LIABILITIES & NET WORTH	\$28,405,4

	Describe the eq	<b>EQUIPME</b> Juipment you will own	NT LIST or lease to provide moving service	es
		(attach additional sh		
Year	Make	License Number	Vehicle ID Number	Gross Vehicle
				Weight
2006	FRIEGIFTLINER	c15419F	IFYACWDC76 DX16538	26,000
1996	FON	007 PPZ	178CWDC76DX16538	40 10,000
	1 3	, , ,	1 4	

#### **SAFETY AND OPERATIONS**

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (<u>Title 49</u>, <u>Code of Federal Regulations Part 382 and Part 40</u>). 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 <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

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:

Pera lune Manager

7

	OPERATIONAL RESPONSIBILITIES
Annual Reports and Regulate	ory Fees (WAC 480-15-480). You must annually file a report of your
financial operations and pay	regulatory fees.
Name:	Position:
KEDZIC D.	ACKSON ODERATIONS MANAG
STATE OF WASHINGTON - gene	ral 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
	erson in your organization who will be responsible for ensuring compliance
with the laws of the State of W	ashington, such as, but not limited to the Department of Labor and Industries
	evailing wage); Department of Licensing (vehicle and drivers licenses, busines
	tifier (UBI number), fuel permits, fuel tax; Secretary of State (corporate
registrations); Department of T	ransportation (over-size or over-weight permits); Department of Revenue,
Internal Revenue Service (taxe	s); and Employment Security.
Name:	Position
CEDRIC D.	ACKSON OPERATIONS MANAGE
	,
If you would like to receive-	formation about new household goods carriers, check here
	DECLARATION OF APPLICANT
Lunderstand that filing this a	oplication <u>does not</u> in itself constitute authority to operate as a household
goods mover.	, , , , , , , , , , , , , , , , , , ,
As the applicant for a househ	old goods permit, I understand the responsibilities of a motor carrier and I
am in compliance with all loc	al, state and federal regulations governing businesses, including household

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.



### 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: Acme Moving Labor / Kedric D. Jackson

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: Christina R. Mercado, Office Manager, Armstrong Transportation Services – Agent for UNITED VAN LINES	:
Address (include street address, mailing address, city, state, zip, and county):	
4679 Walzem Road, San Antonio, Texas 78218-1636	
Phone Number: 210-725-4367	
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 com	pany?
No Yes If yes, please describe your future moving needs:	
Briefly describe how granting this company a permit to provide household goods moving sen	ices in Washington
State will benefit you, your business, and/or your community:	
Granting Acme Moving Labor a Household Goods permit allows the residences of Washingto choosing between Moving Help which is "less expensive" or Full Service Moving Service whi	h is "more expensive".
is there anything else the Commission should consider when making a determination about to a households goods permit?	is company's application for
I, Christina R. Mercado, have been in the Household Goods business for 16 years! My "Household Goods Exp OA/DA Coordinator / Inside Sales; National Account Customer Service Representative; Rating Clerk; Storage Manager all my experience comes from working for an International and National Moving Van Lines companie Mr. Jackson already has Household Goods experience and I added to Mr. Jackson's experience by teaching Mr Goods from Superior Customer Service, Bill Of Lading, Individual Tariffs, Inventory, High Value Inventory, Pac	Clerk, Military Moves, to Office in the United States, Moreover, Jackson more about Household ling, Loading and more!
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the	oregoing is true and correct.
Pristine R. Mercado	
Signature of Person Completing Form Date and L	cation
	- Texas, San Antonio



### 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:
Acme Moving Labor / Kedric Jackson
The following must be completed by the Supporter of the applicant
Name, rice, and Business Name:
Teresa Hernandez Real Estate Broker, John L Scott
Address (include street address, mailing address, city, state, zip, and county):
26203 17th Ave. S., Des Moines, WA 98198
Phone Number:
206-795-9052
Do you currently need the services of a residential household goods moving company?
□ Yes If yes, please describe your current moving needs:
<del>-</del>
Do you anticipate a future need for the services of a residential household goods moving company?
in yes, please describe your future moving needs.
I am a Real Estate Broker and I have clients having and colling house.
a company that I can depend on to provide this service.
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 company is a
State will benefit you, your business, and/or your community:
Allowing Acme Moving Labor will provide me with a dependable reliable to the
Allowing Acme Moving Labor will provide me with a dependable, reliable, trustworthy company to assist me in moving.
s there anything else the Commission chould an aid and it
is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
I trust Acme Moving Labor to not only move my valuables, but to
I trust Acme Moving Labor to not only move my valuables, but to recommend them to my clients.
certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true
and correct.
Ilrea Strande
ignature of Person Completing Form
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:
appresent Name Moving Labor / Kedric Jackson
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: Lisa Tredt, Office Manager, First Point Real Estate & Property Management
Address (include street address, mailing address, city, state, zip, and county):  12020 Meridian East, Suite A
Phyallup, WA 98373 Pierce County
Phone Number: 253-882-5402 253-299-2088
Do you currently need the services of a residential household goods moving company?
☑ No ☐ Yes If yes, please describe your current moving needs:
f and the stiple household goods moving company?
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:
We have clients who need the services of a residential moving company
on a regular basis.
Briefly describe how granting this company a permit to provide household goods moving services in Washington
Characterist you your business, and/or your community:
Granting this company this permit will give us another reputable
Company to refer to our clients.
Is there anything else the Commission should consider when making a determination about this company's
application for a household goods permit?  Mr. Jackson conducts his business with integrity & a high
level of professionalism.
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true
and correct.
English 5/12/16 Phyallup WA  Date and Location
Signature of Person Completing Form  Date and Location

# NUUSENULU GUODS 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:
Acme moverlabor - Kedrie Jackson
The following must be completed by the Supporter of the applicant
reality, rule, and business Name:
Janet Saxton - The Home Deat cat
Address (IIICIQUE SITEET ANATESS mailing address air
1 10006 FAREVIEW AVE SW HOTELY
Lakewood, Wa. 98499
Phone Number:
253-230-5078
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?
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 permit to provide household goods moving services in Washington
State will benefit you, your business, and/or your community: Acme moving Labor and Kedric Jackson would Benefit the Communities Becases They offer The option of moving with or without a truck
Kedric Sackson would Benefit The Commenting of The There
The option of moving with or without a truck Decuses 1709 -161
In those and the second
Is there anything else the Commission should consider when making a determination about this company's application for a household goods pormits.
Amazila and Tourismoid goods permit? Mr Jackson has moved my Daughter
TIT I MITHESSED PROTESSIONNISH and attention to Details.
application for a household goods permit? Mn Jackson has moved my Daughter amonda and I witnessed professionalism and attention to Details. I Trust Mr. Jackson To move any of my Family members!
I certify (or declare) under panelty of position and the first
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  Deta and Landing Form

many manaportation (DOI)

Alcohol Testing Form

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN  A: Employee Name    City, State, ZIP		his form are on the back of Copy 3)
B: SSN or Employee ID No.  C: Employer Name  Street  City, State, ZIP  DER Name and  Telephone No.  DER Name   DER (Area Code & Phone Number)  D: Reason for Test:   Random   Reasonable Susp.   Post-Accident   Return to Duty   Follow-up   Pre-employme  STEP 2: TO BE COMPLETED BY EMPLOYEE  I certify that I am about to submit to alcohol testing required by U.S. Department of Transportation regulations and that the identifying information provided on the form is true and correct.  Signature of Employee  Date   Month   Day   Year  STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN  If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the U.Department of Transportation regulations, 92 CFR Part 4(d), that I am qualified to operate the testing device is followed by the confirmation regulations, 92 CFR Part 4(d), that I am qualified to operate the testing device is good designed to print.  SCREENING TEST: (For BREATH DEVICE:   SALIVA   BREATH* 15-Minute Wait:   Yes   New Year		
B: SSN or Employer ID No.  C: Employer Name  Street  City, State, ZIP  DER Name   DER (Area Code & Phone Number)  D: Reason for Test:   Random   Reasonable Susp.   Post-Accident   Return to Duty   Follow-up   Pre-employme  STEP 2: TO BE COMPLETED BY EMPLOYEE  I certify that I am about to submit to alcohol testing required by U.S. Department of Transportation regulations and that the identifying information provided on the form is true and correct.  Signature of Employee  Date   Month   Day   Year  STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN  (If the technician conducting the screening test is not the same technician who will be conducting the online of the same technician who will be conducting the conformal aneacordance with the procedures established in the U.Department of Transportation regulations, 49 CFR Part 40, that I am qualified to operate the testin device(s) identified, and that the results are as recorded.  FECHNICIAN:   BAT   STT   DEVICE:   SALIVA   BREATH*   Is-Minute Wait:   Yes   New York   SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is aget designed to path device(s) identified, and that the results are as recorded.  CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.  REMARKS:    ARCPOINT Labs of Seattle 2414 SW Andover St., #E-130 Company Street Pathills. WA 98106 206-455-8970 Company City, State, Zip    Phone Number (Area Code & Number)		CKSOK
C: Employer Name  Street  City, State, ZIP  DER Name	(2.222)	
City, State, ZIP DER Name and Telephone No.  DER Name  DER (Area Code & Phone Number)  D: Reason for Test:   Random   Reasonable Susp.   Post-Accident   Return to Duty   Follow-up   Pre-employme  STEP 2: TO BE COMPLETED BY EMPLOYEE  Lecrtify that I am about to submit to alcohol testing required by U.S. Department of Transportation regulations and that the identifying information provided on the form is true and correct.  Signature of Employee  Date Month / Day / Year  STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN  If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducte alcohol testing on the above named individual in accordance with the procedures established in the U.S. Department of Transportation regulations, 49 CFR Part 40, that I am qualified to operate the testin device(s) identified, and that the results are as recorded.  DECHNICIAN: BAT   STT DEVICE:   SALIVA   BREATH* Is-Minute Wait:   Yes   N. SCREENING TEST: (For BREATH DEVICE* write in the space below ank; if the testing device is not designed to print  Test # Testing Device Name Device Serial # OR Lot # & Exp. Date Activation Time Reading Time Result  CONFIRMATION TEST: Results hUIST be affixed to each copy of this form or printed directly onto the form.  ARCPOINT Labs of Seattle  2414 SW Andover St., #E-130  Company Street Parties, WA 98106  206-455-8970  Company Street Parties, WA 98106  206-455-8970  Company Street Parties, WA 98106  206-455-8970  Company City, State, Zip  Phone Number (Area Code & Number)  From Number (Area Code & Number)  PRINT) Alcohol Technician S Name (First, M.I., Last)  TEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form anderstand that all must not of trive, performs affects sensitive duties, or operate heavy enginement because the submitment because the sub	A A	
City, State, ZIP DER Name and Telephone No.  DER Name  DER (Area Code & Phone Number)  DER Reason for Test:   Random   Reasonable Susp.   Post-Accident   Return to Duty   Follow-up   Pre-employme  STEP 2: TO BE COMPLETED BY EMPLOYEE  Lecrify that I am about to submit to alcohol testing required by U.S. Department of Transportation regulations and that the identifying information provided on the form is true and correct.  Signature of Employee  Date   Month   Day   Year  STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN  If the technician conducting the screening test is not the same technician who will be conducting it confirmation test, each technician must complete their own form.) I certify that I have conducte it leohol testing on the above named individual in accordance with the procedures established in the U.Department of Transportation regulations, 49 CFR Part 40, that I am qualified to operate the testin elevice(s) identified, and that the results are as recorded.  SECRENING TEST: (For BREATH DEVICE:   SALIVA   BREATH* I5-Minute Wait:   Yes   N  SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print  Test # Testing Device Name Device Serial # OR Lot # & Exp. Date Activation Time Reading Time Result  CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.  REMARKS:  ARCPOINT Labs of Seattle  2414 SW Andover St., #E-130  Company Stree Rafflig, WA 98106  206-455-8970  Company Stree Rafflig, WA 98106  Company Stree Rafflig, WA 98106  Company City, State, Zip  Phone Number (Area Code & Number)  Flone Number (Area Code & Number)  Remainer of Alcohol Technician  Date Month / Day / Year	C: Employer Name	Movina labor
City, State, ZIP DER Name and Telephone No.  DER Name  DER (Area Code & Phone Number)  DER Reason for Test:   Random   Reasonable Susp.   Post-Accident   Return to Duty   Follow-up   Pre-employme  STEP 2: TO BE COMPLETED BY EMPLOYEE  Lecrify that I am about to submit to alcohol testing required by U.S. Department of Transportation regulations and that the identifying information provided on the form is true and correct.  Signature of Employee  Date   Month   Day   Year  STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN  If the technician conducting the screening test is not the same technician who will be conducting it confirmation test, each technician must complete their own form.) I certify that I have conducte it leohol testing on the above named individual in accordance with the procedures established in the U.Department of Transportation regulations, 49 CFR Part 40, that I am qualified to operate the testin elevice(s) identified, and that the results are as recorded.  SECRENING TEST: (For BREATH DEVICE:   SALIVA   BREATH* I5-Minute Wait:   Yes   N  SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print  Test # Testing Device Name Device Serial # OR Lot # & Exp. Date Activation Time Reading Time Result  CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.  REMARKS:  ARCPOINT Labs of Seattle  2414 SW Andover St., #E-130  Company Stree Rafflig, WA 98106  206-455-8970  Company Stree Rafflig, WA 98106  Company Stree Rafflig, WA 98106  Company City, State, Zip  Phone Number (Area Code & Number)  Flone Number (Area Code & Number)  Remainer of Alcohol Technician  Date Month / Day / Year	Street	J
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Alcovisor-Jupiter Serial Number: 860621 Record No.: 00306 May 20,2016 Date: Blank Time: 11:44:30 Blank: 0.000 %

Test Mode: Auto Test Time: 11:44:58 Alcohol Content: 0.000 %

Month / Day / Year

Date

### PAML · PACLAB TVL·ALPHA·CLA CLS.TCL.MSCL.KLS

#### FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



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(509) 755-8600 x7 • (1-877) 778-9590
FAX (509) 922-5281

WWW.Daml.com www.paml.com



SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE	ACCE	SSION NO.
A. Employer Name, Address, I.D. No.	B. MRO Name, Address, Phone No. a	nd Fax No.
the see anspoint Acme Mornaglabor	DEE VOORVIELE MO 1181) NE 19574 ET	conserved of project
	SULL NO AND SALE	
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and the second s	-	
	2	
C. Donor SSN or Employee I.D. No.		
D. Specify Testing Authority: HHS NRC DOT – Specify DOT Ag	ency: / FMCSA FAA F	RA   FTA   PHMSA   USCG
E. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause	Post Accident Heturn to Duty Folio	-up Other (specify)
F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP	OC Only Other (specify)	
G. Collection Site Address:		<u> 강수석으로 경상으랑 근건</u> 당
PARCECIAT	Collector Phone N	0.
2414 SW ANDOVER ST T 150	Callester Fay No.	mere and a substitute of
STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Co	Collector Fax No.	
Temperature between 90° and 100° F? Yes No, Enter Remark Collection:		
REMARKS		
STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). D STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETE	onor initials seal(s). Donor complete D BY TEST FACILITY	s STEP 5 on Copy 2 (MRO Copy)
I certify that the specimen given to me by the donor identified in the certification section or	Copy 2 of this form was SP	ECIMEN BOTTLE(S) RELEASED TO:
collected, labeled, sealed and released to the Delivery Service noted in accordance with applica-	able Federal requirements.	
X	·	Q i
Signature of Collector	(AM	70m2
(PRINT) Collector's Name (First, MI, Last)  Date (Mo/Day/Yr)	Time of Collection	Name of Delivery Service
STEP 5: COMPLETED BY DONOR  I certify that I provided my urine specimen to the collector; that I have not adulterated it		
Signature of Donor  Deytime Phone No. ( ) SAME Evening Phone No.	(PRINT) Donor's Name (First, MI, Last)	Date of Birth
After the Medical Review Officer receives the test results for the specimen is over-the-counter medications you may have taken. Therefore, you may want to NECESSARY. If you choose to make a list, do so either on a separate piece	o make a list of those medications of of paper or on the back of your co	(Mo/Day/Yr) ontact you to ask about prescriptions an or your own records. THIS LIST IS NO
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PAML Laboratories

Department of Toxicology PO Box 2687 Spokane, WA 99220 Phone (509)755-8991 or (800)541-7891 Ext. 7 Fax (509)922-5281



Report To Taylor Collyer

ArcPoint W Seattle/Olympic

Analysis

2414 SW Andover St #E-130

Seattle, WA 98106

Client Client ID Arcpoint/DOT/MRO McGonigle

PA40408

Sample Information

Accession # 16109387

Donor ID JACKSON, KEDRICK/ACME MOVING LA

SSN/ID#

STOREON, REDITIONACISIE MOVING LA

Folder # L160521N05 Custody ID B02532581

Collector

Reason Pre-employment

Location

ARCPOINT SEATTLE

Collected Received 5/20/2016 11:53 5/21/2016 05:51

Reported

5/26/2016 12:11

Collector Phone

Analysis Requested: DFW5	ON	Matrix:	Urine		
Drug Class	Result	Quar	ititation	Screen Cutoff	Confirm Cutoff
Amphetamines	NEGATIVE			500 ng/mL	
Alternate Amphetamines	NEGATIVE			500 ng/mL	
Benzoylecgonine (Cocaine)	NEGATIVE			150 ng/mL	
Opiates (Codeine/Morphine)	NEGATIVE			2000 ng/mL	
6-Monoacetyl Morphine	NEGATIVE			10 ng/mL	
THC (Cannabinoids 50)	NEGATIVE			50 ng/mL	
Phencyclidine	NEGATIVE			25 ng/mL	
Sample Comments				•	

Corrected Flaw: Federal CCF used for Non-Federal Collection

Certification

Released & Printed by: Brian Bischoff

Date: 5/21/2016

# A CIVIE MOVING LABOR

LOAD | UNLOAD | PACK | UNPACK

1-877-343-5226

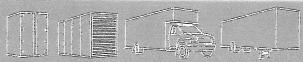
Kedric Jackson

jackson@acmemovinglabor.com www.acmemovinglabor.com

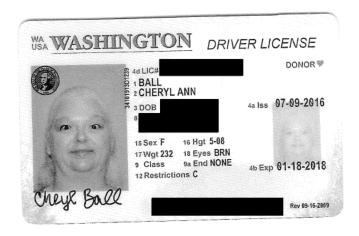
#### LOAD FUNLOAD FPACK FUNPACK MOVING LABOR SERVICES

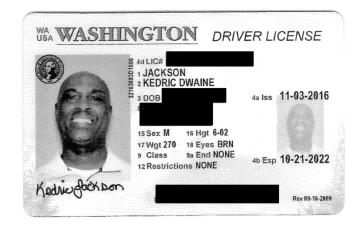
#### We work with your favorite carriers:

Overseas Containers | ABF | U-Pack | ReloCube | PODS | Pack Rat | Door to Door Old Dominion Freight | U-Haul Trucks | Budget Trucks | Penske Trucks



LICENSED I BONDED I INSUPED I BACKGROUND CHECKED







### CERTIFICATE OF LIABILITY INSURANCE

Fax: (503)967-6298

DATE (MM/DD/YYYY)

02/07/2017

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 have ADDITIONAL INSURED provisions or 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).

th	is certificate does not confer rights t	o the	cert	ificate holder in lieu of s			)				
	DUCER				CONTA NAME:	CT	CDERMOTT				
Vern Fonk Insurance Services Inc			PHONE (A/C, No	o. Ext): 206-8	59-4894		FAX (A/C, No): 4	206-8	59-4899		
	23830 Pacific Hwy S St				E-MAIL ADDRE	0	uelM@vernfo		_, , ,		
	Kent, WA 98032		•		, ABBITE		SURER(S) AFFOR	RDING COVERAGE			NAIC#
	Reit, WA 30032				INSURE			ISURANCE CO	MPANY	,	
INISI	JRED				INSURE			INSURANCI			11770
	CHERYL A BALL									M	11770
	DBA: ACME MOVING LAB	OR			INSURE		RVVKIIEKS	S ST LLOYDS	, LONDO	) N	
	839 1ST AVE N				INSURE						
KENT, WA 98032					INSURE						
					INSURE	RF:		DEVIOLON AUTO	ADED.		
				NUMBER: 00000000-2		OOLIED TO TI		REVISION NUM			DEBIOD
C	HIS IS TO CERTIFY THAT THE POLICIES ( IDICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY PE XCLUSIONS AND CONDITIONS OF SUCH	QUIRE RTAI	EMEN N, TH	T, TERM OR CONDITION OF E INSURANCE AFFORDED	F ANY C BY THE	ONTRACT OF POLICIES DE	R OTHER DOC SCRIBED HER	UMENT WITH RE: REIN IS SUBJECT	SPECT TO	) WHI	CH THIS
INSR	T	ADDL	SUBR			POLICY EFF (MM/DD/YYYY)			LIMITS	3	
LTR A		INSD	WVD	POLICY NUMBER CPS2469990		07/11/2016	07/11/2017	EACH OCCURRENC		s	1,000,000
Α	^			GP32403330		0771172010	01/11/2017	DAMAGE TO RENTE	ED	\$	100,000
	CLAIMS-MADE X OCCUR							PREMISES (Ea occu		\$	5,000
										\$	1,000,000
								PERSONAL & ADV I			2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	
	X POLICY JECT LOC							PRODUCTS - COMP		\$	1,000,000
	OTHER:		-					COMBINED SINGLE	1 18 417		750 000
В	AUTOMOBILE LIABILITY			03848569-0		07/11/2016	07/11/2017	(Ea accident)		\$	750,000
	ANY AUTO			,				BODILY INJURY (Pe	·	\$	
	OWNED AUTOS ONLY X SCHEDULED AUTOS							BODILY INJURY (PE	·	\$	
	HIRED NON-OWNED AUTOS ONLY							(Per accident)		\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	DE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION							PER STATUTE	OTH- ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					Ì		E.L. EACH ACCIDE	NT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA I	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	JCY LIMIT	\$	
С	cargo			CK48737A16		09/27/2016	09/27/2017	cargo			36,000
	3.										
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	) 101, Additional Remarks Schedu	ıle, may b	e attached if mo	re space is requir	ed)			
		. (-									
CE	RTIFICATE HOLDER				CAN	CELLATION					
					SHC	NII D ANV OF	THE ABOVE D	ESCRIBED POLIC	IES BE CA	NCEL	LED BEFORE
WASHINGTON UTILITIES AND						OF, NOTICE WILL					
TRANSPORTATION COMM PO BOX 47250						Y PROVISIONS.					
					AUTHO	RIZED REPRESE	NTATIVE	ary your management and any			
	OLYMPIA, WA 98504				C AMMA						
					San Milita (MCD)						



## **CHECKLIST**



Please make sure the following items are included with your Household Goods Moving application:

New	Provisional Application
2	Completed application and fee
	Register with Department of Labor & Industries
	Register with Employment Security Department
	Register with Department of Revenue
	Register with the Business Licensing Service (UBI #)
	Register with Secretary of State's Office (if corporation)
	Copy of valid driver's license or government issued photo ID card for each person
	named in the application
0	Evidence of enrollment in a drug and alcohol testing program, or evidence that you have
	in place your own drug and alcohol testing program, if your company operates
	commercial vehicles and has CDL drivers. See 49 CFR 382(e) and 383.5.
9	Evidence of insurance - combined single limit of public liability and property damage
	(Form E) and cargo insurance (Form H).
Ø	Attachment A - Three or more completed statements of support from people in the
	community supporting the proposed service
<u>Trans</u>	fer an existing household goods moving company:
	Completed application and correct fee
	Register with Department of Labor & Industries
	Register with Employment Security Department
	Register with Department of Revenue
	Register with the Business Licensing Service (UBI #)
	Register with Secretary of State's Office (if corporation)
	Copy of valid driver's license or government issued photo ID card for each person
	named in the application
	Evidence of your enrollment in a drug and alcohol testing program, or evidence that you
	have in place your own drug and alcohol testing program, if your company operates
	commercial vehicles and has CDL drivers. See 49 CFR 382(e) and 383.5.
	Attachments B & C, if appropriate
	Closing Annual report from the current company
	Evidence of insurance - combined single limit of public liability and property damage
	(Form E) and cargo insurance (Form H)
	Certified statement from the applicant and the current owner explaining why the
	transfer of ownership or control is necessary to ensure the company's economic viability
	Certified statement from the applicant and the current owner describing the steps taken
	by the parties to ensure the safe operations and continuity of service to customer is
	maintained