



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

**HOUSEHOLD GOODS MOVING COMPANY  
PERMIT APPLICATION**

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID:	Docket #
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception # <u>061125</u>	111-0268-207-02	111-0268-013-20	Check # <u>42631321</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 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: CHERYL ANN BALL  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable ACME MOVING LABOR

Physical Address 839 1ST AVENUE NORTH

Mailing Address SAME ABOVE

Telephone Number 206 257 3287 Fax Number 877 345 4526

**BUSINESS INFORMATION - continued**

UBI #: 603-392-230 Email: acmemovinglabor@gmail.com

USDOT #: 2154291 (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 # 304 63 600

Employment Security Department registration number 000-015354-00-8

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>CHERYL ANN BALL</u>	<u>OWNER</u>	<u>—</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: ACME MOVING LABOR ALLOWS CUSTOMERS TO CHOOSE BETWEEN MOVING HELP WITHOUT A TRUCK OR MOVING HELP WITH A TRUCK.

2. Briefly describe your experience in the transportation/household goods moving industry: I, CHERYL A. BALL HAVE BEEN PROVIDING MOVING HELP FOR APPROXIMATELY THREE AND HALF YEARS. KERRIC JACKSON AND I HAVE WORKED WITH HUNDREDS OF SATISFIED CUSTOMERS WITH PACKING AND LOADING HOUSEHOLD GOODS WITH UTILITY, ETC.

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 \_\_\_\_\_

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 APPLIED BUT WITHDREW APPLICATION.

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, 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
<del>PLEASE DISCUSS WITH ATTORNEY ELIZABETH STREN</del>		
<del>INDIVIDUALIZED ASSESSMENT REQUESTED</del>		

\*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
<del>HOUSEHOLD GOODS</del>	<del>12/02/2016</del>	<del>81.80.075(1)</del>
<del>PLEASE DISCUSS WITH ATTORNEY ELIZABETH STREN</del>		

\*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	\$ 6,100	Salaries/Wages Payable	\$ 34,313
Notes Receivable	\$ 0	Accounts Payable	\$ 3,125
Investments	\$ 1,500	Notes Payable	\$ 456.52
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 3,700	<b>TOTAL LIABILITIES</b>	\$ 37,894.52
Land and Buildings	\$ 0	<b>NET WORTH</b>	\$ 13,405.48
Trucks and Trailers	\$ 35,000	Preferred Stock	\$ 0
Office Furniture	\$ 1,000	Common Stock	\$ 0
Other Equipment	\$ 4,000	Retained Earnings	\$ 35,000
Other Assets	\$ 0	Capital	\$ 15,000
<b>TOTAL ASSETS</b>	\$ 24,489.04	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 28,405.48

### 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
2006	FRIEGLINER	C15419F	1FVACVDC76DX16538	26,000
1996	FORD	007 PPZ	1FBJS31447B25940	10,000

### 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:

KENNEDY D. JACKSON

Position:

OPERATIONS 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:

KEDRIC D. JACKSON

Position:

OPERATIONS MANAGER

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:

KEDRIC D. JACKSON

Position:

OPERATIONS MANAGER

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.

Cheryl A. Ball

Print name of applicant

Cheryl A. Ball

Signature of Applicant

2/5/2017 King County


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: 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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:  Granting Acme Moving Labor a Household Goods permit allows the residences of Washington State the opinions of choosing between Moving Help which is "less expensive" or Full Service Moving Service which is "more expensive".	
Is there anything else the Commission should consider when making a determination about this company's application for a households goods permit?  I, Christina R. Mercado, have been in the Household Goods business for 16 years! My "Household Goods Experience" ranges from COD & OA/DA Coordinator / Inside Sales; National Account Customer Service Representative; Rating Clerk; Storage Clerk, Military Moves, to Office Manager all my experience comes from working for an International and National Moving Van Lines companies in the United States. Moreover, Mr. Jackson already has Household Goods experience and I added to Mr. Jackson's experience by teaching Mr. Jackson more about Household Goods from Superior Customer Service, Bill Of Lading, Individual Tariffs, Inventory, High Value Inventory, Packing, Loading and more!	
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	
Date and Location 05/22/2016 – 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, Title, 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

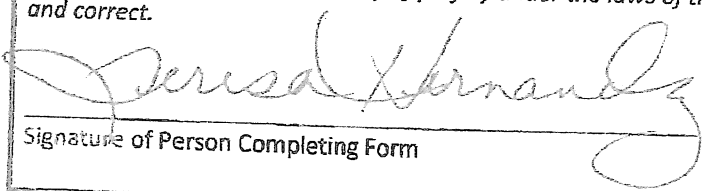
**Do you currently need the services of a residential household goods moving company?**  
 No  Yes If yes, please describe your current moving needs:

**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:  
I am a Real Estate Broker and I have clients buying and selling homes. I need to be able to recommend 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 community:**  
Allowing Acme Moving Labor will provide me with a dependable, reliable, trustworthy company to assist me in moving.

**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 recommend them to my clients.

**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  \_\_\_\_\_

Date and Location 5/12/2016 - Bellevue, WA





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 mover/labor - Kedric Jackson

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Janet Saxton - The Home Depot retired

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

10806 Lakeview Ave SW Apt # 6  
Lakewood, Wa. 98499

Phone Number:

253-237-5078

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?

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: Acme moving labor and Kedric Jackson would benefit the communities because they offer the option of moving with or without a truck

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Mr Jackson has moved my Daughter Amanda and I witnessed professionalism and attention to details. I Trust Mr. Jackson To move any of my Family members!

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

Janet Saxton

Signature of Person Completing Form

5/22/16 Lakewood, Wa.

Date and Location

# Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

**TAMPER**

## STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Kedric Jackson  
(Print) (First, M.I., Last)

B: SSN or Employee ID No. [REDACTED]

C: Employer Name Acme moving labor

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-employment

Alcovisor-Jupiter  
Serial Number: 860621  
Record No.: 00306  
Date: May 20, 2016  
Blank Time: 11:44:30  
Blank: 0.000 %  
Test Mode: Auto  
Test Time: 11:44:58  
Alcohol Content:  
0.000 %

## 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.

Kedric Jackson 5 20 16  
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.S. Department of Transportation regulations, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN:  BAT  STT DEVICE:  SALIVA  BREATH\* 15-Minute Wait:  Yes  No  
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: \_\_\_\_\_

Alcohol Technician's Company ARCpoint Labs of Seattle  
2414 SW Andover St., #E-130  
Company Street Address Seattle WA 98106  
206-455-8970  
(PRINT) Alcohol Technician's Name (First, M.I., Last) Joseph Garcia Company City, State, Zip  
Phone Number (Area Code & Number) \_\_\_\_\_  
Signature of Alcohol Technician [Signature] Date 5 20 16 Month / Day / Year

## STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_ Month / Day / Year



SPECIMEN ID NO. **B02532581**

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

ACCESSION NO.

A. Employer Name, Address, I.D. No. Acme Moving Labor  
 B. MRO Name, Address, Phone No. and Fax No. ONE WOODBINE RD  
11811 NW 195TH ST STE 100  
BUTTE, WA 99001  
509-745-4000 / Fax: 509-745-0812

C. Donor SSN or Employee I.D. No. [REDACTED]

D. Specify Testing Authority:  HHS  NRC  DOT - Specify DOT Agency:  FMCSA  FAA  FRA  FTA  PHMSA  USCG

E. Reason for Test:  Pre-employment  Random  Reasonable Suspicion/Cause  Post Accident  Return to Duty  Follow-up  Other (specify) OTHER

F. Drug Tests to be Performed:  THC, COC, PCP, OPI, AMP  THC & COC Only  Other (specify) \_\_\_\_\_

G. Collection Site Address: 2414 SW ANDOVER ST # 100  
SEATTLE WA 98148

Collector Phone No. 206-435-1100  
Collector Fax No. 206-435-1100

**STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.**

Temperature between 90° and 100° F?  Yes  No, Enter Remark \_\_\_\_\_

Collection:  Split  Single  None Provided, Enter Remark \_\_\_\_\_  Observed, Enter Remark \_\_\_\_\_

REMARKS

**STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)**

**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY**

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

Signature of Collector [Signature] Date (Mo/Day/Yr) 5/20/16 Time of Collection 11:53 AM/PM AM

(PRINT) Collector's Name (First, MI, Last) \_\_\_\_\_ Name of Delivery Service PamL

**STEP 5: COMPLETED BY DONOR**

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

Signature of Donor [Signature] (PRINT) Donor's Name (First, MI, Last) KODIE D. JACKSON Date (Mo/Day/Yr) 5/20/16

Daytime Phone No. ( ) SAME Evening Phone No. (253) 652-8635 Date of Birth [REDACTED] (Mo/Day/Yr)

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

**STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN**

In accordance with applicable Federal requirements, my verification is:

NEGATIVE  POSITIVE for: \_\_\_\_\_  
 DILUTE

REFUSAL TO TEST because - check reason(s) below: \_\_\_\_\_  TEST CANCELLED

ADULTERATED (adulterant/reason): \_\_\_\_\_  
 SUBSTITUTED  
 OTHER: \_\_\_\_\_

REMARKS: \_\_\_\_\_

Signature of Medical Review Officer \_\_\_\_\_ (PRINT) Medical Review Officer's Name (First, MI, Last) \_\_\_\_\_ Date (Mo/Day/Yr) \_\_\_\_\_

**STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN**

In accordance with applicable Federal requirements, my verification for the split specimen (if tested) is:

RECONFIRMED for: \_\_\_\_\_  TEST CANCELLED

FAILED TO RECONFIRM for: \_\_\_\_\_

REMARKS: \_\_\_\_\_

Signature of Medical Review Officer \_\_\_\_\_ (PRINT) Medical Review Officer's Name (First, MI, Last) \_\_\_\_\_ Date (Mo/Day/Yr) \_\_\_\_\_

**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** Arcpoint/DOT/MRO McGonigle  
**Client ID** PA40408

**Sample Information**

<b>Accession #</b> 16109387	<b>Reason</b> Pre-employment
<b>Donor ID</b> JACKSON,KEDRICK/ACME MOVING LA	<b>Location</b> ARCPPOINT SEATTLE
<b>SSN/ID#</b> [REDACTED]	<b>Collected</b> 5/20/2016 11:53
<b>Folder #</b> L160521N05	<b>Received</b> 5/21/2016 05:51
<b>Custody ID</b> B02532581	<b>Reported</b> 5/26/2016 12:11
<b>Collector</b>	<b>Collector Phone</b>

**Analysis Requested:** DFW50N      **Matrix:** Urine

Drug Class	Result	Quantitation	Screen Cutoff	Confirm Cutoff
Amphetamines	NEGATIVE		500 ng/mL	
Alternate Amphetamines	NEGATIVE		500 ng/mL	
Benzoylcegonine (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

**Corrected 16109387-23393033**

# ACME

## MOVING LABOR

LOAD | UNLOAD | PACK | UNPACK  
MOVING LABOR SERVICES

1-877-345-5226

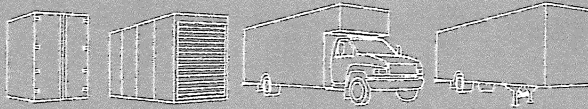
**Kedric Jackson**  
Operations Manager

[jackson@acmemovinglabor.com](mailto:jackson@acmemovinglabor.com)  
[www.acmemovinglabor.com](http://www.acmemovinglabor.com)

LOAD | UNLOAD | PACK | UNPACK  
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 | BONDED | INSURED | BACKGROUND CHECKED

WA USA **WASHINGTON** DRIVER LICENSE

34161913D1239 4d LIC# [REDACTED] DONOR ♥

1 **BALL**  
2 **CHERYL ANN**

3 DOB [REDACTED] 4a Iss **07-09-2016**

5 [REDACTED]

15 Sex **F** 16 Hgt **5-08**  
17 Wgt **232** 18 Eyes **BRN**  
9 Class 9a End **NONE** 4b Exp **01-18-2018**  
12 Restrictions **C**

*Cheryl Ball*

[REDACTED] Rev 09-16-2009

WA USA **WASHINGTON** DRIVER LICENSE

3218308D1606 4d LIC# [REDACTED]

1 **JACKSON**  
2 **KEDRIC DWAIN**

3 DOB [REDACTED] 4a Iss **11-03-2016**

5 [REDACTED]

15 Sex **M** 16 Hgt **6-02**  
17 Wgt **270** 18 Eyes **BRN**  
9 Class 9a End **NONE** 4b Exp **10-21-2022**  
12 Restrictions **NONE**

*Kedric Jackson*

[REDACTED] Rev 09-16-2009





## CHECKLIST



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

### New Provisional Application

- 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
- 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.*
- Evidence of insurance - combined single limit of public liability and property damage (Form E) and cargo insurance (Form H).
- Attachment A - Three or more completed statements of support from people in the community supporting the proposed service

### Transfer 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