

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: 2-	DOL/SOS:	ID: 18099	Docket # 170105
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	111-0268-013-20	

532400

**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: Visionary Movers LLC  
(must be individual, partners of a partnership or corporation)

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

Physical Address: 3606 S 272nd St Kent WA 98032

Mailing Address: 3606 S 272nd St Kent WA

Telephone Number (206) 290-9261 Fax Number ( ) \_\_\_\_\_

**BUSINESS INFORMATION - continued**

UBI #: 603-488-061 Email: Leverette98@gmail.com

USDOT #: 7827538 (If you currently don't have one, go online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # 10945291/LMI ID # 032/19-0

Employment Security Department registration number 000-673667-004

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 LLC

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

Name	Title	Stock Distribution or % of Shares
<u>JUSTON LEVERETTE</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: I am looking to move household goods but take it to the next level by being fast and efficient while maintaining great customer service

2. Briefly describe your experience in the transportation/household goods moving industry: I have been a professional mover for over 5 years. I love to save people time and energy.

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 \_\_\_\_\_

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

\*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	\$ 250.00	Salaries/Wages Payable	\$
Notes Receivable	\$ 0	Accounts Payable	\$
Investments	\$ 0	Notes Payable	\$
Other Current Assets	<del>\$ 2,500.00</del> 0	Mortgages Payable	\$
Prepaid Expenses	\$ 0	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$ 0	<b>NET WORTH</b>	
Trucks and Trailers	\$ 4,500	Preferred Stock	\$ 0
Office Furniture	\$ 750.00	Common Stock	\$ 0
Other Equipment	\$ 0	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$
<b>TOTAL ASSETS</b>	<b>\$ 5,000</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$</b>

### 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
1996	Ford			

### 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: <u>Justin Leverette</u>	Position: <u>Owner</u>
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**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: Justin Leverette

Position: OWNER/CEO

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 registration); Department of Transportation (over-size or over-weight permits); Department of Revenue, Internal Revenue Service (taxes); and Employment Security.

Name: Justin Leverette

Position: OWNER/CEO

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.

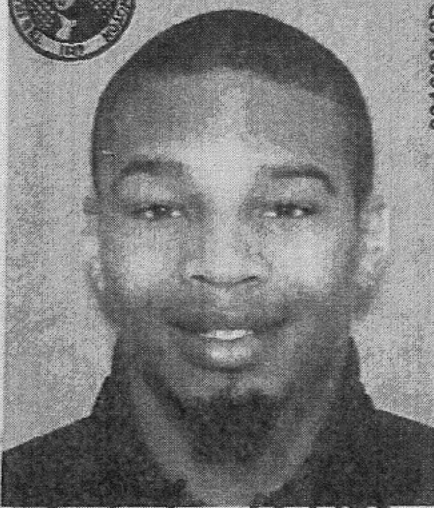
I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

Justin Leverette      [Signature]      2-13-17  
Print name of applicant      Signature of Applicant      Date and Location

WA  
USA

# WASHINGTON

## DRIVER LICENSE



*Justin Perry*

33163313D1115

4d LIC# [REDACTED]

1 LEVERETTE  
2 JUSTON PERRY

3 DOB [REDACTED]

8 [REDACTED]

15 Sex M      16 Hgt 5-10

17 Wgt 180    18 Eyes BRN

9 Class      9a End NONE

12 Restrictions C

4a Iss 11-26-2016



4b Exp 11-25-2019

5 [REDACTED]

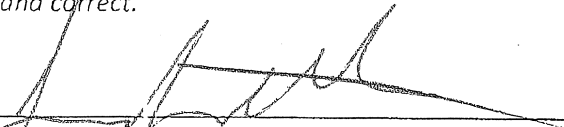
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**ATTACHMENT A**

**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:** Juston Leverette

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<u>visionary movers</u>
Address (include street address, mailing address, city, state, zip, and county):	<u>3600 S 272nd St Kent WA 98032</u>
Phone Number:	<u>206-290-9261</u>
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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: <u>We will be a moving company that will take pride in our work. we look forward to saving people "time and energy"</u>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>I am looking to build a empire and I am willing to do whatever it takes and most of all I wanna do it the right way.</u>	
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	<u>2-13-17</u> Date and Location

2-12-2017

I think that Justin definitely deserves to receive his house hold goods permit. I am a single mother and had to move from South Seattle to Federal Way. Justin and his team were very punctual and professional they met me at my storage and had it emptied in less than an hour. It was unloaded and put away perfectly without a scratch. The entire process was completed in 2 hours. I never lifted a finger! I recommend Visionary Movers to anyone who needs a quick and easy move.

Kiana Walker  
(206) 981-8518

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UTIL. AND TRANSP.  
COMMISSION



PREPARED BY:	DATE:
PROJECT TITLE:	

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My name is Kelly Glover, Justin provides a great loading and unloading service and I feel like him having his house hold permit will prove to be an asset to the community, Justin is a very hard worker respectful, and he values his worker.

Kelly Glover

2-13-17

206 578-6785

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COMMISSION

29 I, DeMarcus, would like to give a reference for  
30 Justin and Visionary Movers. I was fortunate to  
31 use his services to move a three bedroom, two-and  
32 half bathroom in a last minute emergency situation.

33 Justin and his team were on the job in under  
34 two hours. He and his crew systematically loaded  
35 my house in about three hours. They were respectful of  
36 my family and our belongings.

37  
38 DeMarcus D. Cavness  
39 DeMarcus Cavness

40  
41 Feb. 12, 2017

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45 2017 FEB 13 AM 10:45  
46 STATE OF WASH.  
47 UTIL. AND TRANSP  
48 COMMISSION



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/13/2017

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 OF 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> Southwest Risk Management, LLC 2855 East Brown Road, Ste 28 Mesa AZ 85213		<b>CONTACT NAME:</b> Joanne Tuggay <b>PHONE (A/C, No, Ext):</b> (480) 924-1200 <b>E-MAIL ADDRESS:</b> jtuggay@southwestrisk.com <b>FAX (A/C, No):</b> (480) 924-1211	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		INSURER A: Continental Divide Insurance Co	NAIC # 35939
<b>INSURED</b> Juston Leverette 3606 S 272nd St Kent WA 98032		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: 16/17 master

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR: WVD	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 (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			05TRM015226-02	11/25/2016	11/25/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENT CNS						EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
	<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			N/A			PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Motor Truck Cargo			05TRM015226-02	11/25/2016	11/25/2017	limit 100,000 deductible 2,500

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

STATE OF WASHINGTON  
 UTIL. AND TRAFFIC  
 COMMISSION  
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 PROPERTY MANAGEMENT

<b>CERTIFICATE HOLDER</b>  PROOF OF INSURANCE	<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.
	AUTHORIZED REPRESENTATIVE Derek Holt/JTUGGA

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WA  
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 35939 COMPANY  COMMERCIAL  PERSONAL  
Continental Divide Insurance Co

POLICY NUMBER 05TRM015226-02 EFFECTIVE DATE 11/25/2016 EXPIRATION DATE 11/25/2017

YEAR 1996 MAKE/MODEL Isuzu Box VEHICLE IDENTIFICATION NUMBER 4KLB4B1R8TJ000879

AGENCY/COMPANY ISS JING CARD  
Southwest Risk Management, LLC  
2855 East Brown Road, Ste 28  
Mesa AZ 85213 (480) 924-1200

INSURED  
Juston Deverette  
3606 S 72nd St

Kent WA 98032

SEE IMPORTANT NOTICE ON REVERSE SIDE

Web Address: [www.southwestrisk.com](http://www.southwestrisk.com)

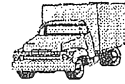
THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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## 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