

**HOUSEHOLD GOODS MOVING COMPANY  
 PERMIT APPLICATION**

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID:	Docket # <u>170172</u>
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	111-0268-013-20	

0911810

**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: David GM Anderson  
(must be individual, partners of a partnership or corporation)  
 Trade Name, if applicable Anderson Piano Service  
 Physical Address 2732 French Rd. N.W. Olympia, Wa. 98502  
 Mailing Address 2732 French Rd.N.W. Olympia, Wa. 98502  
 Telephone Number (360) 866-8252 Fax Number (360) 866-8252

**BUSINESS INFORMATION - continued**

UBI #: 600196856 Email: davidgmanderson@comcast.net

USDOT #: 1706866 (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 # do not qualify for registration (WAC 296-200A-016)

Employment Security Department registration number no employees

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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or % of Shares</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: Moving pianos for hire from one private residence to another saving the customer personal injury to self and/or instrument utilizing specialized equipment, experience, and trained help for over 40 yrs. Only piano moving trunk in the local area. (to my knowledge)

2. Briefly describe your experience in the transportation/household goods moving industry: Moving pianos for hire from one private residence to another using specialized equipment, experience, and trained help for over 40 yrs.

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

<b>FINANCIAL STATEMENT</b>			
Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.			
<b>Assets</b>		<b>Liabilities</b>	
Cash in Bank	\$ 30,000.00	Salaries/Wages Payable	\$
Notes Receivable	\$ 5,000.00	Accounts Payable	\$ none
Investments	\$ none	Notes Payable	\$ none
Other Current Assets	\$ none	Mortgages Payable	\$250,000.00
Prepaid Expenses	\$ none	<b>TOTAL LIABILITIES</b>	\$250,000.00
Land and Buildings	\$ 525,000.00	<b>NET WORTH</b>	
Trucks and Trailers	\$ 6,000.00	Preferred Stock	\$ none
Office Furniture	\$ none	Common Stock	\$ none
Other Equipment	\$ none	Retained Earnings	\$ none
Other Assets	\$ none	Capital	\$ 1,000.00
<b>TOTAL ASSETS</b>	<b>\$ 566,000.00</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ 317,000.00</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
1993	E-350	A55556A	1FDKE37G6PHB22352	10700lb.

### 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: *David JM Anderson*

Position: **Owner**

### 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: *David GM Anderson*

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: *David GM Anderson*

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.

David GM Anderson  
Print name of applicant

*David GM Anderson*  
Signature of Applicant

2/24/17  
Date and Location

1000  
LJBA

# WASHINGTON DRIVER LICENSE



14 LIC  
15 ANDERSON  
16 DAVID GLEN

17 DOB [REDACTED]

18 Sex **M** 19 Hgt **5-06**  
20 Wgt **145** 21 Eyes **BLU**  
22 Class 23 End **NONE**  
24 Restrictions **NONE**

4a Iss **07-24-2016**

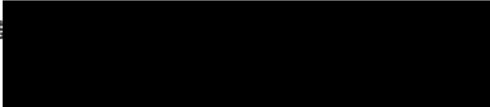
4b Exp **09-06-2022**

DONOR

*David Glen Anderson*

5 DD [REDACTED] Rev 03-16-2002

LICENSING



CLASS: NONE  
ENDORSEMENTS:  
NONE

RESTRICTIONS:  
NONE

Organ Donor  
Please notify the Department of Licensing within 10 days of a change of address



NELSON INS AGCY INC  
 113 LEE ST SE  
 TUMWATER, WA 98501  
 1-360-352-1510



Policy number: 05969770-0

Underwritten by:  
 United Financial Casualty Company  
 March 9, 2017  
 Page 1 of 1

## Certificate of Insurance

Certificate Holder	Insured	Agent
DAVID G ANDERSON 2732 FRENCH RD. NW OLYMPIA, WA 98502	DAVID G ANDERSON ANDERSON PIANO SERVICE 2732 FRENCH RD. NW OLYMPIA, WA 98502	NELSON INS AGCY INC 113 LEE ST SE TUMWATER, WA 98501

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Insurance coverage(s)	Policy Effective Date: Mar 8, 2017	Policy Expiration Date: Sep 8, 2017	Limits
Bodily Injury/Property Damage			\$1,000,000 Combined Single Limit
Underinsured Motorist Bodily Injury			\$50,000/\$100,000
Underinsured Motorist Property Damage			\$25,000 w/\$100 Dedl (\$300 if Hit & Run)
Personal Injury Protection			\$10,000
Motor Trucking Cargo			\$50,000 w/\$500 Dedl

### Description of Location/Vehicles/Special Items

#### Scheduled autos only

1993 FORD E350 1FDKE37G6PHB22352	
Comprehensive	\$500 Dedl
Collision	\$500 Dedl

#### Certificate number

06817510770

**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:** David GM Anderson (DBA) Anderson Piano Service

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name:

Karla Urevice

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

2732 French Road NW guest house

Phone Number:

360-866-9290

Do you currently need the services of a residential household goods moving company?

No  Yes If yes, please describe your current moving needs:

I don't have a piano.

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 don't have a piano.

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:

David is an amazing, professional craftsman and musician. He restores vintage pianos and makes people happy.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

He's been contributing to this community for 43 years.

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

Karla Urevice  
Signature of Person Completing Form

March 15, 2017  
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:**  
 David GM Anderson (DBA) Anderson Piano Service

**The following must be completed by the Supporter of the applicant**

**Name, Title, and Business Name:**  
 Kim Clarke (Neighbor)

**Address (include street address, mailing address, city, state, zip, and county):**  
 2730 French Rd  
 Olympia, WA 98502

**Phone Number:**  
 360-480-0973

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'm staying put and have no room for a piano!

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:  
 Dave Anderson is an active, personally committed community leader who has even donated pianos to local charities!

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
 This company and its owner will be an ongoing asset to the community.

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

\_\_\_\_\_  
 Kim Clarke  
 Signature of Person Completing Form

3-2-17 Olympia, WA  
 \_\_\_\_\_  
 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:** David GM Anderson (DBA) Anderson Piano Service

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name:

Address (include street address, mailing address, city, state, zip, and county):  
 2730 FRENCH RD NW WASHINGTON WA 98507  
 WAYNE BRISBANE

Phone Number: 206-790-6450

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

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:  
 TO MOVE TENANTS IN & OUT OF RENTALS

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:  
 PROVIDE A COMPETITIVE EDGE FOR OUR RENTALS

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
 No

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: Wayne Brisbane  
 Date and Location: 2730 French Rd NW OLYMPIA

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

Liability Limit: \$1,000,000

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Cas Co (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to DAVID G ANDERSON, ANDERSON PIANO SERVICE of 2732 FRENCH RD. NW, OLYMPIA, WA 98502-0000 a policy or policies of insurance effective from 03/10/2017 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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143  
this 13th day of March, 2017

Insurance Company File No. CA 05969770  
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B

**Form H**  
**UNIFORM MOTOR CARRIER CARGO**  
**CERTIFICATE OF INSURANCE**

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION, PO BOX 47250, OLYMPIA, WA, 98504 (hereinafter called Commission)

This is to certify, that the United Financial Cas Co (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to DAVID G ANDERSON, ANDERSON PIANO SERVICE of 2732 FRENCH RD. NW, OLYMPIA, WA 98502-0000 a policy or policies of insurance effective from 03/10/2017 12:01 a.m., standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 canceled 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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 13th day of March, 2017

Insurance Company File No. CA 05969770  
(Policy Number)

MC2443a (09/99)



(Authorized Company Representative)