



UTILITIES AND TRANSPORTATION
COMMISSION

RECEIVED

MAR 27 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 # 06142	111-0268-207-02	111-0268-013-20	

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: Seattle Small Moves LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 1830 South Weller St. Seattle, WA 98144

Mailing Address P.O. Box 84416 Seattle, WA 98124

Telephone Number (206) 900-4492 Fax Number () /

DOL - 12-22, OK
SOS - " "
SRE: [signature]

TYPE OF PAYMENT

NOTE: A convenience fee of 2.5% (minimum fee of \$3.95) is charged by Official Payments for processing credit card payments.

Check Money Order

Amount: \$ 550.00

Amex CCV# _____ (four digit code on front of card)

Expiration Date: _____

Discover Mastercard Visa

CCV # _____ (three digit code on back of card)

Credit Card number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Company Name: Seattle Small Moves LLC

Name (printed): Kenneth Marley Date: 03/10/17

Signature:  Title: owner

If paying by credit card, you may fax your application to 360-586-1181 or scan and email to transportation@utc.wa.gov

WASHINGTON



UTILITIES AND TRANSPORTATION
COMMISSION

BUSINESS INFORMATION - continued

UBI #: 604-075-460 Email: SeattleSmallMoves@gmail.com

USDOT #: 2970999 (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # We are using Independent Contractors

Employment Security Department registration number This number is pending. We will

Is your business registered with the Department of Revenue? No Yes email it as soon as it arrives in the mail.

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>
<u>Kenneth Marley</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.

- Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: we will provide household moves. Small moves means we can fill in the gap other companies create with 3 hour minimums. We can move one sofa for a much cheaper price. Great customer service & protecting belongings
- Briefly describe your experience in the transportation/household goods moving industry: & property. I have been a professional mover, driver, & lead for the past 9 years.

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	\$ 5,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$ 525 ^{per} a month insurance
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$ 2300	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 17,000	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$ 2,000	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 26,300	TOTAL LIABILITIES & NET WORTH	\$ 525 ^{per} a month

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
2012	GMC Savana	C30449J	16D374C04C190S831	8000 lbs

This is a non-CDL truck. We don't use or operate trucks requiring a CDL.

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:

Kenneth Marley

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: Kenneth Marley

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: Kenneth Marley

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.

Kenneth Marley
Print name of applicant

[Signature]
Signature of Applicant

03-10-17 Seattle, 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: Seattle Small Moves

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Austin Carter, Agent, Austin Carter Agency

Address (include street address, mailing address, city, state, zip, and county):
1315 NW Mall St Ste 4 Issaquah WA 98027

Phone Number: 425 313 5688


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:
Will be moving in ~~the~~ next 6-12 months.

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:
Ken has a great team, and provides quick, reliable service

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:  Date and Location: 03/13/17

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: Seattle Small Moves

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Travis Henning

Address (include street address, mailing address, city, state, zip, and county):
10125 NE 187th St. Bothwell, WA

Phone Number:

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:
Im involved with a property manager company which moves staging furniture.

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:
Make the community better by being competitive & driving the market with great service.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
The owner is an ethical business man. His goal is to be the best moving company in Seattle.

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


Travis Henning 3/15/17 Seattle, WA
 Signature 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: ~~Erick R Timmerman~~ Seattle Small Moves

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Erick Rife Timmerman
Address (include street address, mailing address, city, state, zip, and county):	1625 1/2 Belmont Ave Seattle WA
Phone Number:	206-920-1162
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs:	A group of my close friends were searching for a family friendly small form factor mover.
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs:	I will be moving in August
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:	SSM provides a more reasonable and accommodating service than currently offered.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	Previous success in other cities with excellent customer reviews.
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	3/14/17 Date and Location

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

(EXECUTED IN TRIPLICATE)

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)
(Name of Commission)

This is to certify, that the National Indemnity Company
(Name of Company)
(hereinafter called Company) of 1314 Douglas Street, Suite 1400, Omaha, NE 68102-1944
(Home Office Address of Company)

has issued to SEATTLE SMALL MOVES LLC
(Name of Motor Carrier)
of 1830 S WELLER ST, SEATTLE, WA 98144
(Address of Motor Carrier)

a policy or policies of insurance effective from 02/17/2017 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 Commissioner.

Countersigned at 1314 Douglas Street, Suite 1400 Omaha NE 68102-1944
(Street Address) (City) (State) (ZIP Code)

this 17th day of February, 20 17



Authorized Representative

Insurance Company File No. 70TRS073391
(Policy Number)

500,000 CSL

FORM H
UNIFORM MOTOR CARRIER CARGO
CERTIFICATE OF INSURANCE

(EXECUTED IN TRIPLICATE)

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)
(Name of Commission)

This is to certify, that the National Indemnity Company
(Name of Company)

(hereinafter called Company) of 1314 Douglas Street, Suite 1400, Omaha, NE 68102-1944
(Home Office Address of Company)

has issued to SEATTLE SMALL MOVES LLC
(Name of Motor Carrier)

of 1830 S WELLER ST, SEATTLE, WA 98144
(Address of Motor Carrier)

a policy or policies of insurance effective from 02/17/2017 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 Cargo Insurance Endorsement, has or have been amended to provide cargo insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commissioner.

Countersigned at 1314 Douglas Street, Suite Omaha NE 68102-1944
(Street Address) (City) (State) (ZIP Code)

this 17th day of February, 20 17



Authorized Representative

Insurance Company File No. 70TRS073391
(Policy Number)

STATE OF ALABAMA DL 

DRIVER LICENSE



1 MARLEY
2 KENNETH ALLEN JR
3 [REDACTED]
4 [REDACTED]
5 [REDACTED]
15 Sex
M
18 Eyes
BRO
19 Hair
BRO

4a Iss
08/12/2016
4b Exp
01/07/2021
Previous Type
N
16 Hgt
5'-04"
17 Wgt
180 lb

8a Endorsements
12 Restrictions
NONE
9 Vehicle Classifications
R

Handwritten signature ♥

K.A. MARLEY

