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 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**

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed:	DOL/SOS:	ID: <i>Sag3</i>	Docket # <i>170251</i>
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception # <i>06152</i>	111-0268-207-02	111-0268-013-20	Check # <i>128</i> <i>\$ 550.00</i>

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: SUPER FRIENDS MOVING LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 6920 ROOSEVELT WAY NE 98115

Mailing Address 6920 ROOSEVELT WAY NE 98115

Telephone Number (206) 302-8833 Fax Number () _____

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

Expiration Date: _____

Discover Mastercard Visa

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

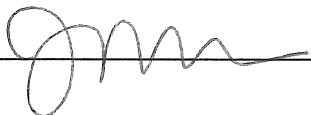
Credit Card number:

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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: SUPER FRIENDS MOVING, LLC

Name (printed): JACOB RAICH Date: 3/22/17

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 #: 602973936 Email: superfriendsmoving@gmail.com

USDOT #: 2036749 (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 # 188,748-00

Employment Security Department registration number 000-633078-00-2

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>
<u>KELSI RAICH</u>	<u>owner</u>	<u>50%</u>
<u>JACOB RAICH</u>	<u>owner</u>	<u>50%</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: We are a boutique style moving company that strives to offer its customers high quality service at a reasonable price.

2. Briefly describe your experience in the transportation/household goods moving industry: super friends moving has been in business for 9 years and I personally have worked in the moving business for 15 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 H6064056

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
		<i>RCW 16.01.010</i>

*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	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

In balance sheet

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

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: *JACOB RAICH*

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: JACOB RAICH

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: JACOB RAICH

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.

JACOB RAICH

Print name of applicant



Signature of Applicant

4/4/17 - Seattle

Date and Location

Super Friends Moving, LLC

BALANCE SHEET

As of December 31, 2016

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Bank Transfer	0.00
Checking	-4,961.69
PayPal Account (XXXXXXXXXXXXXXXXXXXX @gma)	0.00
Savings	20.00
Total Bank Accounts	\$ -4,941.69
Other Current Assets	
Uncategorized Asset	0.00
Undeposited Funds	0.00
Total Other Current Assets	\$0.00
Total Current Assets	\$ -4,941.69
Fixed Assets	
Computer Equipment	
Depreciation	-5,218.00
Original Cost	5,218.00
Total Computer Equipment	0.00
Furniture & Fixtures	
Depreciation	-26,271.00
Original Cost	26,271.00
Total Furniture & Fixtures	0.00
Storage Containers	
10 Used Containers	21,900.00
36 Used Containers	0.00
Accumulated Depreciation	-15,593.00
Total Storage Containers	6,307.00
Truck Wrapping	14,110.55
Vehicles	
2006 Ford E350 Van VIN ...7248	11,998.60
2006 Ford E350 VIN ...7280	11,449.60
2006 GMC Moving Box Truck	39,424.00
2006 International 4300 Lift	17,992.14
2007 Int'l 4300 24BX Lift VIN ...8102	25,535.36
2007 International 4300 Combo VIN ...3778	8,600.00
2007 Isuzu NPR	19,530.00
2008 Ford E250 Cargo Van VIN ...1307	15,018.10
2012 Intl 4300...8440	47,900.00
2012 Isuzu Box Truck ...2152	37,174.50
2012 Nissan NV 2500 - Used	21,938.90
2013 Intl 4300 ...3819	47,900.00
2014 Nissan High Roof NV	27,419.52
Accumulated Depreciation -Vehicles	-178,215.42

	TOTAL
Total Vehicles	153,665.30
Total Fixed Assets	\$174,082.85
TOTAL ASSETS	\$169,141.16
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
Capital One Venture	0.00
Chase Ink	-579,522.30
Chase Ink01 ..1833 Jacob R.	318,146.36
Chase Ink02...8888 Michael R.	27,470.02
Chase Ink03...4316 Jacob C.	24,987.27
Chase Ink04...4340 Josh W.	14,334.98
Chase Ink05...0637 Chris A.	48,069.41
Chase Ink06...0587 Craig K.	9,785.04
Chase Ink07...8821 Scott W.	38,934.96
Chase Ink08...2104 Steven R.	6,656.56
Chase Ink09...0611 Alex C.	14,393.34
Chase Ink10...2112 Preston M.	17,960.49
Chase Ink11...1664 Kelsi R.	13,994.04
Chase Ink12...4290 Gabe J.	38,615.79
Chase Ink13...3349 Sam S.	8,895.41
Chase Ink14...1714 Kyle L.	7,640.57
Chase Ink15...1755 Jeerayut S.	18,313.60
Chase Ink16...0701 A. Jiminez	2,295.69
Chase Ink18...4455 J. Jackson	1,010.65
Chase Ink19...1881 T. Jake	2,001.33
Chase Ink20...7645 G. Juzon	34,487.66
Total Chase Ink	68,470.87
Total Credit Cards	\$68,470.87
Other Current Liabilities	
Direct Deposit Payable	0.00
N/P On Deck (Truck Wrap/ST loans)	0.00
N/P Square June 2016 Plan	14,870.60
N/P Square October 2015	0.00
Payroll Liabilities	
Federal Taxes (941/944)	88,365.20
Federal Unemployment (940)	18.55
Russell - WA St Child Support	0.00
WA SUI Employer	1,661.96
WA Workers Compensation	31,459.11
Total Payroll Liabilities	121,504.82
Square Sales Tax Payable	0.00
Total Other Current Liabilities	\$136,375.42
Total Current Liabilities	\$204,846.29
Long-Term Liabilities	
N/ P Unifedge Equipment Finance	53,713.32
N/P - On Deck Capital	0.00

	TOTAL
N/P - Stearns (2006 & 2007 Lift)	14,188.05
N/P 2012 Intl 4300 (Cashmere)	37,875.46
N/P Cashmere Valley #1	-13,402.20
N/P Cashmere Valley #2-2013 Intl...3819	37,875.45
N/P EvaBank 2012 Isuzu Box Truck	29,977.44
N/P Nissan High Roof NV	22,478.90
N/P Nissan Van	19,162.56
N/P Stearns - 10 Containers	3,172.73
N/P Stearns - 2006 GMC/2005 Morg Truck	28,802.43
N/P Stearns - Ford Vans	21,985.91
N/P Swift Capital	110,919.20
Total Long-Term Liabilities	\$366,749.25
Total Liabilities	\$571,595.54
Equity	
Member Contribution CY - Raich	0.00
Member Distribution CY - Raich	-58,325.48
Management compensation / Draws	-68,147.65
Total Member Distribution CY - Raich	-126,473.13
Member Equity - Raich	-276,942.93
Opening Balance Equity	0.00
Retained Earnings	-19,527.02
Net Income	20,488.70
Total Equity	\$ -402,454.38
TOTAL LIABILITIES AND EQUITY	\$169,141.16



STATE OF WASHINGTON

UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250

(360) 664-1160 • TTY (360) 586-8203

April 14, 2017

Super Friends Moving, L.L.C.
d/b/a Super Friends Moving
6920 Roosevelt Way NE
Seattle, WA 98115

Re: **Notice of Deficient Application**
Docket # TV-170251

Dear Super Friends Moving, L.L.C.:

The following items need to be completed and/or corrected for prompt processing of your application for operating authority. Please complete and return to our office by May 14, 2017.

- Request a Uniform Motor Carrier Certificate of Insurance (Form E) and Cargo Insurance (Form H) from your insurance company. The insurance must show your name EXACTLY as it is shown above.
- Please provide copies of the driver's licenses of both Jacob and Kelsi Raich.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@utc.wa.gov. Our fax number is 360-586-1181.

Thank you,

Licensing Services
Washington Utilities and Transportation Commission