



**HOUSEHOLD GOODS MOVING COMPANY  
PERMIT APPLICATION**

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed:	DOL/SOS:	ID: <u>1685</u>	Docket # <u>12290</u>
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	111-0268-013-20	

**Type of Household Goods Authority Requested – check one** 41203 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: Crown Moving Company, Inc.  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Bekins Northwest

Physical Address 1071 Andover Park W. Tukwila, WA 98188

Mailing Address \_\_\_\_\_

Telephone Number 206 336-2500 Fax Number ( ) \_\_\_\_\_

**BUSINESS INFORMATION - continued**

UBI #: 578-088-842 Email: jihly@CROWNMOVING.COM

USDOT #: 950081 (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 # 272-850-00

Employment Security Department registration number 321593008

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>Jill Ihly</u>	<u>PRESIDENT</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: USED HOUSEHOLD & OFFICE GOODS MOVING AND STORAGE. WE ARE VERY COMPETITIVE IN OUR PRICING, AND ARE HIGHLY IN DEMAND IN THE MOVING MARKET

2. Briefly describe your experience in the transportation/household goods moving industry: 20 yrs in the industry. I am well educated and administratively successful in UIC regulations. Successful operations will continue with out service interruption.

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 Bellingham Transfer & Storage HB-21611

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# 407222

6. Do you operate interstate as an agent of another company?  No  Yes If yes, what is the name of the company? BEKINS VAN LINES

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	\$ 181 K	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 49 K	Accounts Payable	\$ 948 K
Investments	\$ 181 K	Notes Payable	\$ 1,049
Other Current Assets	\$ 842 K	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 159 K	<b>TOTAL LIABILITIES</b>	\$ 1,997
Land and Buildings	\$ 0	<b>NET WORTH</b>	
Trucks and Trailers	\$ 306 K	Preferred Stock	\$ 0
Office Furniture	\$ 5 K	Common Stock	\$ 101,500
Other Equipment	\$ 5 K	Retained Earnings	\$ <3617>
Other Assets	\$ 10 K	Capital	\$ <259>
<b>TOTAL ASSETS</b>	\$ 1,738,000-	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 1,738,000-

### 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
	ATTACHED PAGE			

### 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.**

*POLICY ATTACHED*

### 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: *STEVE SUMRE*

Position: *VP of Operations/General Manager*

Year	Make	License Number	VIN	GVW
1995	FREIGHTLINER	C96325B	1FV6FAAXSL756955	26000
1992	ISUZU	C39415D	JALM7A1UXN3202045	32000
1999	ISUZU	21000RP	4GTJ7C137XJ600589	26000
2004	INTERNATIONAL	C39414D	1HTMMAANX4H606776	32000
2008	INTERNATIONAL	B79206F	1HTMMAAM18H631644	26000
2001	INTERNATIONAL	B94007P	1HTSDAAL21H310720	26000
2005	GMC SAVANA	B97799R	1GDHG31U451912290	10000
1999	GMC	A92071E	1GDHG31F3X1085533	16000
1986	WHITE/VOLVO	A33546T	1WUABBMD4GN112717	64000
2000	STERLING	04319PR	2FWHWDB9YAF71886	80000
1994	FREIGHTLINER	69742PR	1FUJDZYB7RP689520	80000
1997	VOLVO	76057PR	4V4JBARF1VR856233	60000
1987	KENTUCKY	8558LI	1KKVE4828HL080183	
2003	KENTUCKY	09A729 MO	1KKVE51233L210007	
1981	DORSEY	7438VK	1DTV51R21BA151810	
1990	KENTUCKY	8273KX	1KKVE4827LL086047	
1999	KENTUCKY	8081MG	1KKVE5327XL116263	
1998	KENTUCKY	2767MB	1KKVE5324WL111388	
2007	FREIGHTLINER	YH9679	1FVACWDC27DX64829	26000
2007	FREIGHTLINER	B08566Y	1FVACWDC27HX40734	26000
2008	INTERNATIONAL	B08567Y	1HTMMAAL08H656347	26000
2007	INTERNATIONAL	C15198D	1HTMMAAL27H532420	26000
2006	INTERNATIONAL	C96089B	1HTMMAALX6H285789	26000
2007	FREIGHTLINER	B08573Y	1FVACWBVX7HY25258	26000
2006	FREIGHTLINER	B08569Y	1FVACWDC76DW94355	26000
2007	FREIGHTLINER	B08570Y	1FVACWDC77HY82075	26000
2007	FREIGHTLINER	B13600Z	1FVACWDCX7DX24336	26000
2007	FREIGHTLINER	YH9680	1FVACWDC07DX64828	26000

WASHINGTON

ENHANCED DRIVER LICENSE

DONOR 



*Jill*

3317008411928

4d LIC# [REDACTED]

1 IHLY

2 JILLIAN CECILE

3 DOB [REDACTED]

8 [REDACTED]

15 Sex F

16 Hgt 5-04

17 Wgt 160

18 Eyes BLU

9 Class

9a End NONE

12 Restrictions NONE

4a Iss

01-06-2017



4b Exp

08-26-2018

**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: JILLIAN IHLY Position: PRESIDENT

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: JILLIAN IHLY Position: PRESIDENT

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.

JILLIAN IHLY [Signature] 3/17/17  
Print name of applicant Signature of Applicant Date and Location

**ATTACHMENT C**

**TRANSFER OF PERMANENT HOUSEHOLD GOODS AUTHORITY  
UNDER EXCEPTIONS IN WAC 480-15-187(2) or (3)**

1. The commission will grant an application to transfer existing permanent authority, without requiring a provisional permit, public notice or comment, if the applicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of permanent authority for any one of the following reasons (check one, if applicable):
- A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to a spouse or to one or more remaining partners;
  - A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
  - A sole proprietor has died, the sole proprietor devised or bequeathed the company by will, and the applicant is seeking transfer of the permit in accordance with the bequest or devise set forth in the will.
  - An individual has incorporated and the same individual remains the majority shareholder;
  - An individual has added a partner but the same individual remains the majority partner;
  - A corporation has dissolved and the interest is being transferred to the majority shareholder;
  - A partnership has dissolved and the interest is being transferred to the majority partner;
  - A partnership has incorporated and the partners are the majority shareholders; or
  - Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

**Documentation supporting the checked box above must be included with your application.** You may submit a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without requiring a provisional permit after the application has been published on the application docket subject to comment for thirty days if the applicant is fit, willing, and able to provide service, the applicant has filed to transfer control of permanent authority, and all the following conditions exist:

Ownership of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:

- a. Has the permit been actively used by the current owner to provide household goods moving services during the twelve-month period prior to the application?     No  Yes
- b. Provide a certified statement from the applicant and the current owner explaining why the transfer is necessary to ensure the company's economic viability:    *See attached*
- c. Provide a certified statement from the applicant and the current owner describing the steps taken by the parties to ensure that safe operations and continuity of service to customers is maintained.    *See attached*



April 7, 2017

Washington Utilities and Transportation Commission  
1300 S. Evergreen Park Drive SW  
Olympia, WA 98504-7250  
[transportation@utc.wa.gov](mailto:transportation@utc.wa.gov)

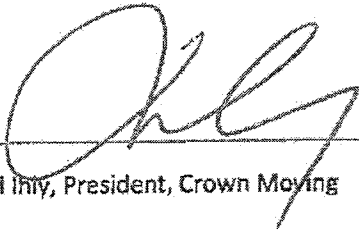
April 7, 2017

RE: Transfer of WUTC Permit HG-20549 for Crown Moving Company

To whom it may concern,

We are requesting transfer of ownership for WUTC Authority HG-20549. This transfer is necessary to ensure the company's economic viability as Crown conducts Local and Intra HHG moves regularly. Without this permit, we would experience a serious decline in revenues. Crown has been a reputable company for over 48 years. As a leader in the industry, we have successfully serviced thousands of customers in the South Puget Sound area. Having over 20 years industry experience, Jill is qualified to ensure that the company maintains its long standing credibility. Jill is well educated in WUTC regulations, both administrative and safety matters.

Thank you for your consideration.



Jill Inly, President, Crown Moving



Scott Creek, former CEO, Crown Moving



**ATTACHMENT B**

**Transfer of Household Goods Authority  
Per WAC 480-15-187**

Current Name on Permit (Seller): CROWN MOVING CO, INC

Current Trade Name on Permit (Seller): \_\_\_\_\_

Address (Seller): 1071 ANDOVER PARK W. SEATTLE, WA 98188

HG Permit Number: 20549 Phone Number (Seller): 206-736-2500

Does the transfer of this permit fall under the provisions of WAC-480-15-187(2) or (3)?  
 No  Yes If yes, please complete Attachment C.

Have all fines or penalties owed to the commission been paid?  No  Yes

A closing annual report must be filed with the commission by the current company.

A customer may file a loss or damage claim for up to nine months following a move and may file a loss or damage lawsuit for up to two years following a move. Who will be responsible for handling claims filed by customers for loss or damage that occurred on moves taking place prior to the sale and transfer? Buyer

**RELEASE OF AUTHORITY**

I, the seller, have sold or otherwise released interest in my household goods permit number HG-20549 to the following:

Name of Buyer: Jillian Ihly

Trade Name of Buyer: Crown Moving Company, Inc.  
Oba Behins Northwest

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

[Signature]  
Seller's Signature

4/10/17 Tukwila, WA  
Date and Location

[Signature]  
Buyer's Signature

4/10/17 Tukwila, WA  
Date and Location

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

Filed with Washington Utilities & Transportation Commission (herein after called Agency)  
(Name of Agency)

This is to certify that the TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.  
(Name of Company)  
(herein after called Company) of 215 Shuman Blvd., Ste 400, Naperville, IL, 60563  
(Home Address of Company)

NAIC# 28886

has issued to Crown Moving Company, Inc. of 1071 Andover Park West, TUKWILA, WA, 98188  
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 04/10/2017 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 301 N LAKE AVE SUITE 400, PASADENA, CA, 91101 This 10th day of Apr 20 17  
(Address) (Day) (Month) (Year)

Insurance Company File No. TCP0000860  
(Policy No)

Bryan Orfila  
(Authorized Company Representative)

Liability Limit :1,000,000.00

Form H  
Uniform Motor Carrier Cargo  
Certificate of Insurance

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

This is to certify that the TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. NAIC# 28886  
(Name of Company)

(herein after called Company) of 215 Shuman Blvd., Ste 400, Naperville, IL, 60563  
(Home Address of Company)

has issued to Crown Moving Company, Inc.  
(Name of Motor Carrier)

of 1071 Andover Park West, TUKWILA, WA, 98188  
(Address of Motor Carrier)

A policy or policies of insurance effective from 04/10/2017 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 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 effective 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 301 N LAKE AVE SUITE 400 PASADENA CA 91101 this 10th day of  
(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

Apr 20 17

Insurance Company File No. TCP0000860  
(Policy Number)

Bryan Orfila  
(Authorized Company Representative)