

**HOUSEHOLD GOODS MOVING COMPANY  
 PERMIT APPLICATION**

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

- WIS 39*
- | <u>Type of Household Goods Authority Requested – check one</u>   | <u>Fee Required</u> |
|--|---------------------|
| <input checked="" type="checkbox"/> <u>Provisional and permanent authority.</u> The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A.  | \$ 550              |
| <input type="checkbox"/> <u>Permanent authority to transfer</u> 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              |
| <input type="checkbox"/> <u>Permanent authority to transfer</u> under the exceptions in <u>WAC 480-15-187</u> . Complete pages 3-8, Attachments B & C, and a closing annual report from current company  | \$ 250              |
| <input type="checkbox"/> <u>Reinstatement of permit</u> (must be filed within 30 days of cancellation, depending on criteria set forth in <u>WAC 480-15-450</u> ). Complete pages 3-5 and include a statement justifying the reinstatement.  | \$ 250              |
| <input type="checkbox"/> <u>Name Change</u> – Complete pages 3-5 and Attachment D.   | \$ 35               |

**BUSINESS INFORMATION**

Legal Name: Jesus E. Alvarado  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable 2 Brothers Moving Services

Physical Address 19326 Bothell-Everett Hwy #38 Bothell, Wa, 98012

Mailing Address Same

Telephone Number (206) 407-8280 Fax Number ( ) \_\_\_\_\_

**BUSINESS INFORMATION - continued**

UBI #: 602-807-975 Email: bthers2@hotmail.com

USDOT #: 1952611 (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 # 526-302-00

Employment Security Department registration number 000-098868-00-8

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: Full household moving services, providing a fast, reliable, affordable, professional, and honest moving services

2. Briefly describe your experience in the transportation/household goods moving industry: I became a household mover in 2004 as Driver/helper and working for different moving companies since then I am providing moving help to clients, loading their rental trucks

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 THG-63594

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	\$ 3,000.00	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$ 3,340.00
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$ 3,340.00
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$ 8,000.00	Preferred Stock	\$
Office Furniture	\$ 1,200.00	Common Stock	\$
Other Equipment	\$ 3,100.00	Retained Earnings	\$
Other Assets	\$	Capital	\$ 5,000.00
<b>TOTAL ASSETS</b>	\$ 16,300.00	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 8,340.00

### 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	International	B48748 H	1HT5DPN12PH505819	26,000

### 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:

Jesus E Alvarado

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: Jesus E Alvarado 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: Jesus E Alvarado 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.

Jesus E Alvarado Jesus E 5-17-17 Bothell, Wa.  
Print name of applicant Signature of Applicant Date and Location

WA USA **WASHINGTON** DRIVER LICENSE

DONOR ♥



4d L1 [REDACTED]  
1 ALVARADO  
2 JESUS ENRIQUE  
3 DOB [REDACTED] 4a Iss 08-31-2016

15 Sex M 16 Hgt 5-08  
17 Wgt 180 18 Eyes BRN  
9 Class 9a End NONE 4b Exp 09-09-2022  
12 Restrictions NONE

Rev 05-16-2009

5 D [REDACTED]

**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: Jesus E. Alvarado DBA 2 Brothers Moving Services

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

Name, Title, and Business Name: Yulenia Santana

Address (include street address, mailing address, city, state, zip, and county):  
19326 Bothell - Everett Hwy #44  
Bothell WA 98012

Phone Number: 425) 248-8343

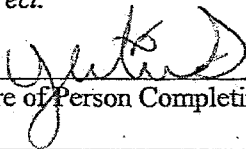
Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:

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:

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: This Company has had plenty of experience in doing their business. They provide excellent references, and have positive feed back.

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

*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

4-28-17  
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:

Jesus E Alvarado DBA 2 Brothers Moving Services.

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

Name, Title, and Business Name:

Marsha Hatch Mgr.

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

5821 200th St. SW. Lynnview Apts  
Lynnwood, WA 98036

Phone Number:

425-750-0654

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:

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:

Will benefit the apartment complex that I manage.

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

They are a trust worthy company

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

Marsha L Hatch

Signature of Person Completing Form

4-5-17 Lynnwood, 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:**  
 Jesus Alvarado DBA 2 Brothers Moving Services

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	SHINICHI MISHINA
Address (include street address, mailing address, city, state, zip, and county):	11636 NE 70th PL Apt #D, Kirkland, WA 98033
Phone Number:	206-316-0298
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:	moving from a condo to a house
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:	Potential move to another house
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:	The brothers we had to help our move are very very good with efficient packing and high quality + care. Very beneficial.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	Exceptionally caring movers like them should be in this business.
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	3/12/17 Kirkland 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:

Jesús E. Alvarado DBA 2 Brothers Moving Services.

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

Name, Title, and Business Name:

MARY KAY HOPE BUDINICH / FAIRY GARDENS

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

5920 - 200<sup>th</sup> ST. SW #42  
LYNNWOOD, WA 98036-0516

Phone Number:

206.604.7256

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 MAY MOVE TO A SENIOR MOBILE HOME PARK IN THIS AREA  
OR POSSIBLY CALIFORNIA

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: MANY PEOPLE ARE LOOSING THEIR HOMES AND/OR JOBS. THEY WILL NEED HELP RELOCATING AND NEED HARD WORKING, HONEST PEOPLE TO MOVE THEIR BELONGINGS.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I KNOW THIS PERSON TO BE HARD

WORKING AND HONEST. HE SPEAKS ENGLISH WELL. HE HAS A LOT AT STACK AS HE HAS A WIFE & THREE CHILDREN TO SUPPORT SO I KNOW HE WILL WORK FAST & INEXPENSIVE TO CAPTURE BUSINESS.

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

May 5, 2017 Lynnwood, WA.  
Date and Location

**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 Continental Divide Insurance Company  
 (Name of Company)

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

has issued to JESUS ALVARADO DBA 2 BROTHERS MOVING SERVICES  
 (Name of Motor Carrier)

of 19326 BOTHELL EVERETT HWY #38, BOTHELL, WA 98012  
 (Address of Motor Carrier)

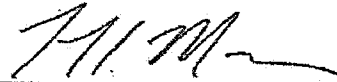
a policy or policies of insurance effective from 01/05/2016 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Cargo Insurance Endorsement, has or have been amended 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 Omaha NE 68102  
 (Street Address) (City) (State) (ZIP Code)

this 5th day of January, 20 16



Authorized Representative

Insurance Company File No. 05TRM01561801  
 (Policy Number)

**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 Continental Divide Insurance Company  
 (Name of Company)

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

has issued to JESUS ALVARADO DBA 2 BROTHERS MOVING SERVICES  
 (Name of Motor Carrier)

of 19326 BOTHELL EVERETT HWY #39, BOTHELL, WA 98012  
 (Address of Motor Carrier)

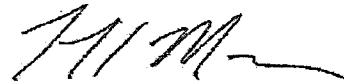
a policy or policies of insurance effective from 01/05/2016 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance 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 Omaha NE 68102  
 (Street Address) (City) (State) (ZIP Code)

this 5th day of January, 20 16



Authorized Representative

Insurance Company File No. 05TRM015518-01  
 (Policy Number)

750,000 CSL