



UTILITIES AND TRANSPORTATION
COMMISSION

RECEIVED

JUL - 6 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 <i>check # 1603</i>	Inspection	Permit Issued THG-
Reception # 06258	111-0268-207-02	111-0268-013-20	

\$ 550.00

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: Tetris Moving Company LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 1709 36th st se Auburn Wa 98002

Mailing Address 1709 36th st se Auburn, WA 98002

Telephone Number (206-396-0784) 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

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:

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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: Tetris Moving Company LLC

Name (printed): Edward Rayl II Date: 05/09/17

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



BUSINESS INFORMATION - continued

UBI #: 604-068-327 Email: Tetrismovingcompany@yahoo.com

USDOT #: 299-3299 (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 # Do Not Have Employees Owners do Labor

Employment Security Department registration number Owners do Labor/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>
Edward Rayl II	Owner	50%
Michael Rayl	Owner	50%

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 provide Household goods moving services with competitive pricing and different options for all size Moving jobs

2. Briefly describe your experience in the transportation/household goods moving industry: Previously worked for other moving companies and gained all the experience needed to perform a successful move.

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	\$5000.00	Salaries/Wages Payable	\$30,000.00
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$30,000.00
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$15,500.00	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$3000.00	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$20,500.00	TOTAL LIABILITIES & NET WORTH	\$

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
2004	GMC C7500	C98394G	1GDJ7C1C14F901757	14420 LBS

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:

Edward Rayl II

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: Edward Rayl II	Position: Owner
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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: Edward Rayl II	Position: Owner
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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.

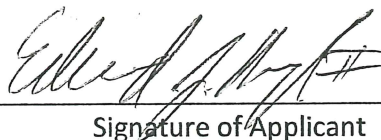
My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, 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.

Edward Rayl II

Print name of applicant



Signature of Applicant

05/09/17 Washington

Date and Location

WA
USA
180/185

180/185

WA USA WASHINGTON DRIVER LICENSE



88176374B1539

14 LIC# [REDACTED]

1 RAYL II

2 EDWARD JAMES

3 DOB [REDACTED]

DONOR

4a Iss 02-06-2017

18 Sex M 16 Hgt 5-09

17 Wgt 205 18 Eyes HAZ

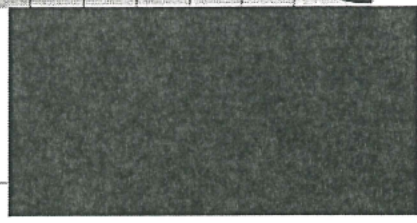
9 Class 9a End 3

12 Restrictions NONE

4b Exp 01-03-2023

Rev 09-16-20

Edward J. Ray II



WASHINGTON

ENHANCED
DRIVER LICENSE



MR

3316197461838

4d LIC# [REDACTED]

1 RAYL
2 MICHAEL EDWARD

3 DOB [REDACTED]

DONOR ♡

4a Iss 07-15-2016



15 Sex M 16 Hgt 5-11
17 Wgt 165 18 Eyes HAZ



9 Class

4b Exp 05-12-2020

9a End 3

12 Restrictions NONE

5 [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: Tetris Moving Company LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Chaise Casias ~~Tetris Moving Company LLC~~

Address (include street address, mailing address, city, state, zip, and county):
5450 Reflection St E Fife, WA 98424

Phone Number: 206-250-6243

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 will need help moving from my current house to my new house that I will be purchasing. (Full pack & Move)

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:
 It will benefit me because it will enable me to have more time to work and not take time off. I feel it will impact the community the same as me. as far as more time.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I feel you should look at the reviews for the company from passed experiences/ customers.

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

Chaise Casias 5-23-17 (Fife, 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: Hellen Zbarska Tetris Moving Company LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Hellen Zbarska

Address (include street address, mailing address, city, state, zip, and county):
19223 39th Ave S SeaTac WA 98188

Phone Number: (206) 499-8903

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:
My lease will be ending soon & I will be moving down south. Will need truck for all 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: Reliable company with great customer service deserves a permit to continue providing amazing needed services

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? They have worked very hard & have invested a lot of time & money!

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

Hellen Zbarska
 Signature of Person Completing Form

5/23/2017
 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: Ashley Murray

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Ashley Murray, The Shop Queen Anne

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

9517 Queen Anne Ave N. Seattle WA, King County

Phone Number: 916 803 6447

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:

Queen Anne is a community that has alot of movers!

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

Tetris is a very professional and ambitious company.

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

Ashley Murray _____ 5/24/17 _____
Signature of Person Completing Form Date and Location

FENIX INSURANCE INC
903 E ST SE
AUBURN, WA 98002



Named insured

TETRIS MOVING COMPANY LLC
1709 36TH ST SE
AUBURN, WA 98002

Policy number: 05977959-0

Underwritten by:
United Financial Casualty Company
May 12, 2017
Policy Period: Mar 13, 2017 - Sep 13, 2017
Page 1 of 2

progressiveagent.com

Online Service

Make payments, check billing activity, print policy documents, or check the status of a claim.

1-253-735-3355

FENIX INSURANCE INC

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your Declarations Page
Your coverage has changed

Your coverage began the later of March 13, 2017 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on September 13, 2017 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852WA (09/05), 1652WA (09/05), 4852WA (09/05), 4881WA (06/12) and Z228 (01/11).

The named insured organization type is a corporation.

Policy changes effective March 13, 2017

Premium change:	\$0.00
Changes:	The filing information for this policy has changed.

The changes shown above will not be effective prior to the time the changes were requested.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$6,750
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Underinsured Motorist Bodily Injury	\$750,000 combined single limit		112
Underinsured Motorist Property Damage	\$25,000 each accident	\$100 \$300 hit & run	23
Personal Injury Protection	\$10,000 each person		221
Comprehensive			61
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,583
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$8,750
Fees			35
Total 6 month policy premium and fees			\$8,785

Rated drivers

1. EDWARD RAYL
2. MICHAEL RAYL

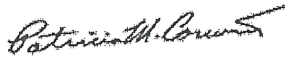
Auto coverage schedule

1. **2004 GMC C7C** Stated Amount: *\$20,000 (including Permanently Attached Equip)
VIN: 1GDJ7C1C14F901757 Garaging Zip Code: 98002 Radius: 100

Liability Premium	Liability	UIM BI	UIM PD	PIP	
	\$6,750	\$112	\$23	\$221	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$1,000	\$61	\$1,000	\$1,583	\$8,750

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Company officers



Secretary