

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: <u>11005</u>	Docket #
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	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 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: PACIFIC KING RELOCATION & LOGISTICS SYSTEMS LLC  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable PACIFIC KING RELOCATION & LOGISTICS SYSTEMS

Physical Address 608 W YAKIMA ST APT B, PASCO, WA 99301-5250

Mailing Address 608 W YAKIMA ST APT B, PASCO, WA 99301-5250

Telephone Number (509) 440 - 2779 Fax Number ( ) 1(509) 351 - 2876

**BUSINESS INFORMATION - continued**

UBI #: 604-138-313

Email: cesaraguilar1000@yahoo.com

USDOT #: 3028541 (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 # It's in process with the Department of Labor & Industries

Employment Security Department registration number 000-707915-00-6

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 WA

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>CESAR MANUEL AGUILAR RIOS</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: HOUSEHOLD GOODS MOVING SERVICES AND LOCAL FURNITURE DELIVERY.

2. Briefly describe your experience in the transportation/household goods moving industry: I HAVE THREE YEARS OF EXPERIENCE WORKING IN THE HOUSEHOLD GOODS MOVING INDUSTRY.

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	\$ 4,000.00	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$ 10,000.00
Investments	\$	Notes Payable	\$
Other Current Assets	\$ 15,000.00	Mortgages Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$ 10,000.00
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$ 5,000.00	Preferred Stock	\$
Office Furniture	\$ 1,000.00	Common Stock	\$
Other Equipment	\$ 1,500.00	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$ 26,500.00	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 10,000.00

### 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
2006	FORD F250	C10964C		6,900 POUNDS
2007	ROSEBURG TRAILER W	9331-ZQ		2,500 POUNDS

### 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:

CESAR MANUEL AGUILAR RIOS

Position:

GENERAL MANAGER

### 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:

CESAR MANUEL AGUILAR RIOS

Position:

GENERAL MANAGER

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:

CESAR MANUEL AGUILAR RIOS

Position

GENERAL MANAGER

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.

CESAR MANUEL AGUILAR RIOS

Print name of applicant

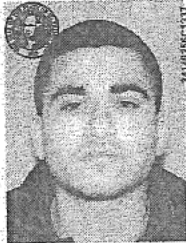


Signature of Applicant

08/02/2017 - PASCO, WA

Date and Location

WA  
USA **WASHINGTON**  
DRIVER LICENSE



Ad. LIC# [REDACTED]  
DOB [REDACTED]  
Iss 01-25-2014  
Exp 12-17-2017



*Cesar Aguilar*

1 AGUILAR RIOS  
2 CESAR MANUEL

3 [REDACTED]  
4  
5 Sex M 6 Hgt 5-07  
7 Wgt 169 8 Eyes HAZ  
9 Class 10 End NONE  
11 Restrictions NONE  
12 CD [REDACTED]

Rev 09-16-2009

**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:** Cesar Aguilar

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

**Name, Title, and Business Name:**  
John Heib J&L Spraying LLC

**Address (include street address, mailing address, city, state, zip, and county):**  
9815 Chelan Ct. Pasco WA 99301

**Phone Number:** (509) 727-2821

**Do you currently need the services of a residential household goods moving company?**  
 No  Yes If yes, please describe your current moving needs:  
Due to my busy schedule if I ever buy furniture Cesar will be the person I contact to deliver it for me.

**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:**  
Our community is growing and with that comes the need for movers.

**Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?** Cesar Aguilar has worked for my company & he is a very responsible young man. His determination will benefit our community in many ways.

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

[Signature]  
 Signature of Person Completing Form 07/27/2017 Pasco, 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:** Cesar Aguilar

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

Name, Title, and Business Name: Ashlynn Smith

Address (include street address, mailing address, city, state, zip, and county):  
506 W. 49th Ave. Kennewick, WA 99337

Phone Number: (509) 820-6892

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:  
Currently saving to move out of my parent's house and once I'm ready I will have Cesar help me move out.

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:  
Considering that they are a small business they will pay attention to detail and in return this will have a positive outcome in our community by having happy customers.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
I highly suggest his approval for a fast approval time, many families moving left & right and not enough movers.

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

[Signature]  
 Signature of Person Completing Form

07/28/2017 Kennewick, 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:** Cesar Aguilar

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

Name, Title, and Business Name:  
Adriana Aguilar

Address (include street address, mailing address, city, state, zip, and county):  
608 W. Yakima St. Apt. B Pasco, WA 99301

Phone Number: 509-316-1863

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: Granting this permit in Washington state will highly benefit our community as it is growing and many aren't able to move their own house goods from place to place and having a small company like this is very helpful.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Having more moving companies in the area near by is just what our citizens need. I'm sure this company will provide a fast and friendly service.

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

Adriana Aguilar  
 Signature of Person Completing Form

8/2/17 Pasco, WA  
 Date and Location



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/02/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  <b>Tri-Cities Insurance Professionals</b> 2211 W Court St, Ste B PASCO, WA 99301	CONTACT NAME: <b>Gabe Lambert</b>	
	PHONE (A/C, No, Ext): <b>(509)380-5980</b>	FAX (A/C, No): <b>(509)380-5985</b>
	E-MAIL ADDRESS: <b>gabe@tcipros.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED  <b>Pacific King Relocation &amp; Logistics Systems LLC</b> 608 W Yakima St Apt B Pasco, WA 99301	INSURER A: <b>Burlington Insurance Co</b>	
	INSURER B: <b>Continental Divide Insurance Company</b>	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: 00000000-28972

REVISION NUMBER: 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		799B001050	08/01/2017	08/01/2018	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		05TRM024625-01	08/01/2017	08/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ <b>750,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Cargo - Broad Form		05TRM024625-01	08/01/2017	08/01/2018	Cargo Ded 500 \$ <b>20,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

Washington Utilities and Transportation Commission  
1300 S Evergreen Park Drive SW  
PO Box 47250  
Olympia, WA 98504-7250

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

(GJL)

**MOTOR VEHICLE LIABILITY INSURANCE  
IDENTIFICATION CARD**

COMPANY NUMBER 05 COMPANY Continental Divide Insurance Company  
POLICY NUMBER 05 TRM 024625 - 01 EFFECTIVE DATE 08/01/2017 12:01 AM EXPIRATION DATE 08/01/2018 12:01 AM  
YEAR 2006 MAKE/MODEL FORD F-250 VEHICLE IDENTIFICATION NUMBER 1FTSW21P86EA80447  
AGENCY/COMPANY ISSUING CARD Tri-Cities Insurance Professionals, LLC  
2211 W Court St Ste B  
Pasco, WA 99301  
INSURED PACIFIC KING RELOCATION & LOGISTICS SYSTEMS LLC  
608 W YAKIMA ST APT B  
PASCO, WA 99301

M-4566a (11/1999) SEE IMPORTANT NOTICE ON REVERSE SIDE

CUT ALONG THIS LINE

**THIS CARD MUST BE CARRIED  
IN THE INSURED VEHICLE FOR  
PRODUCTION UPON DEMAND**

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:  
bhhcclaim@bhhc.com

CUT ALONG THIS LINE

**MOTOR VEHICLE LIABILITY INSURANCE  
IDENTIFICATION CARD**

COMPANY NUMBER 05 COMPANY Continental Divide Insurance Company  
POLICY NUMBER 05 TRM 024625 - 01 EFFECTIVE DATE 08/01/2017 12:01 AM EXPIRATION DATE 08/01/2018 12:01 AM  
YEAR 2006 MAKE/MODEL FORD F-250 VEHICLE IDENTIFICATION NUMBER 1FTSW21P86EA80447  
AGENCY/COMPANY ISSUING CARD Tri-Cities Insurance Professionals, LLC  
2211 W Court St Ste B  
Pasco, WA 99301  
INSURED PACIFIC KING RELOCATION & LOGISTICS SYSTEMS LLC  
608 W YAKIMA ST APT B  
PASCO, WA 99301

M-4566a (11/1999) SEE IMPORTANT NOTICE ON REVERSE SIDE

CUT ALONG THIS LINE

**THIS CARD MUST BE CARRIED  
IN THE INSURED VEHICLE FOR  
PRODUCTION UPON DEMAND**

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:  
bhhcclaim@bhhc.com

CUT ALONG THIS LINE