

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	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	111-0268-013-20	

092012

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: Best Coast Movers LLC
(must be individual, partners of a partnership or corporation)
 Trade Name, if applicable N/A
 Physical Address 14715 8th Ave S, Burien, WA 98168
 Mailing Address 14715 8th Ave S, Burien, WA 98168
 Telephone Number () 206-478-2967 Fax Number () _____

BUSINESS INFORMATION - continued

UBI #: 604147115

Email: Cougking10@yahoo.com

USDOT #: 3038301 (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 # N/A- no employees

Employment Security Department registration number N/A- 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 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>
Dwight Anthony Farrow	Member	50%
Malcolm Jay Quichocho	Member	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: Residential and Commercial Moving.

We plan to provide exceptional service in the relocation process. We will be a full service provider and truly have the customers best interest in mind as many have negative views on movers. There is an art to doing moving successfully and we want to show it.

2. Briefly describe your experience in the transportation/household goods moving industry:

Over 20 years experience combined. I started with moving for the military with strict rules and regulations that we had to abide by. We together have delivered brand new furniture items to customers houses from retailers. We also have worked in the Seattle area for past 6 years with the number one moving company in Seattle on Yelp, Can't Stop Moving and you can search their database to find many reviews involving us.

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# 43270

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, 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 See attached Business Plan			
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	\$

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
2002	Izuzu	c48285b	J8DC4B14537009351	16,000 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.**

***As per your office, we are not required to have this for our size vehicle.

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: Dwight Farrow	Position: Member
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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: Dwight Farrow	Position: Member
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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: Dwight Farrow	Position: Member
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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.

Dwight Farrow		9/13 Burien, WA
Print name of applicant	Signature of Applicant	Date and Location

WASHINGTON

ENHANCED
DRIVER LICENSE

DONOR

M LIC

1 QUICHOCHO
2 MALCOLM JAY

4a ISS 04-28-2016

3016119331155

DOB

16 Sex M 16 Hgt 5-10
17 Wgt 200 18 Eyes BRN



9 CLASS

4b Exp 08-02-2019

5a End NONE

12 Restrictions NONE

5 DF



[Handwritten signature]

WA
USA

WASHINGTON

DRIVER LICENSE



1 Farrow
2 Dwigth Anthony

4a Iss 05-11-2015

16 Sex M 16 Hgt 6-03
17 Wgt 205 18 Eyes BRN
9 Class 2a End 3
12 Restrictions NONE

4b Exp 12-31-2020

E DL

Rev 09-14-2008

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

Liability Limit: \$1,000,000

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Cas Co (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to BEST COAST MOVERS LLC of 14715 8TH AVE S, BURIEN, WA 98168-0000 a policy or policies of insurance effective from 08/31/2017 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 Commission has jurisdiction or regulations promulgated in accordance therewith.

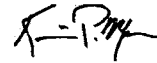
Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

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 Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 1st day of September, 2017

Insurance Company File No. CA 04105394
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B

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 UNITED SPECIALTY INSURANCE COMPANY NAIC# 12537
(Name of Company)

(herein after called Company) of 1900 L DON DODSON DRIVE ,BEDFORD ,TX ,76021
(Home Address of Company)

has issued to Best Coast Movers LLC
(Name of Motor Carrier)

of 14715 8th Ave S ,Burien ,WA ,98168
(Address of Motor Carrier)

A policy or policies of insurance effective from 08/31/2017 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 550 Polaris Parkway Westerville OH 43082 this 21st day of
(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)
Sep 20 17

Insurance Company File No. USA4174178
(Policy Number)

James Jasko
(Authorized Company Representative)


2017 SEP 22 AM 9:56

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:
 Best Coast Movers LLC

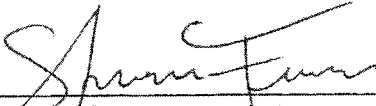
The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Tammy Qui chocho
Address (include street address, mailing address, city, state, zip, and county):	13825 SE 163rd St. Renton, WA. 98058
Phone Number:	206.851.2003
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs:	Currently renting and will need to move in the near future
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:	King county and surrounding areas will benefit as it continues to grow in population
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	The owners of Best Coast movers are experienced in relocation services and would like an opportunity to grow.
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	9/13/17 Renton, 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:
 Best Coast Movers LLC

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: SHAWN FARROW	
Address (include street address, mailing address, city, state, zip, and county): 4814 YEW LANE SW LAKEWOOD, WA 98199	
Phone Number: 253 576-9766	
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: I LIVE IN AN APARTMENT AND MOVE FREQUENTLY.	
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: I WILL CERTAINLY BE IN NEED OF ASSISTANCE AS WELL AS THE OTHER PEOPLE IN THIS BOOMING ECONOMY.	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? GREAT STAND-UP POTENTIAL CO.	
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	9-13-17 BURIEN, WA _____ Date and Location

Best Coast Movers BUSINESS PLAN

Prepared by:

Dwight Farrow, Malcolm Quichocho

14715 8th Avenue South
Burien, Washington 98168
253-678-0611
Bestcoastmovers@gmail.com

BestCoastMovers.com

I. EXECUTIVE SUMMARY

Best Coast Movers (referred to from hereon in as the "Company") is intended to be established as a Limited Liability Company at 14715 8th Avenue South, Burien, Washington 98168 with the expectation of rapid expansion in the moving and transportation industry.

Business Description

The Company shall be formed as Limited Liability Company under Washington state laws and headed by Dwight Farrow, Malcolm Quichocho.

Business Mission

With over 25 years of collective experience, we formed Best Coast Movers to help make moving easier so you can enjoy your new home. It is our mission to provide you with peace of mind knowing your belongings are safe and will arrive on time. What sets us a part is the simple act of treating your belongings like they are our very own. Let us help you move so you can just focus on settling into your new home.

Best Coast Movers, No Stress With The Best.

New Service

The Company is prepared to introduce the following service to the market:

Moving and Relocation: We will pack, safely load, transport, unload and unpack depending on the level of service you would like and the actual phases you would like us to do.

Seattle is one of the fastest growing cities in the entire country and eepeiting the need for quality assistance. Moving can be a stressful time and we would like to put as much ease to that stigma as much as we can.

II. BUSINESS SUMMARY

Industry Overview

In the United States, the moving and transportation industry presently makes \$600.00dollars in sales.

Any and everybody that is in need of caring, able bodied, mindful movers to help move a single item or their entire livelihood to a new location.

Research shows that consumers in this industry primarily focus on the following factors when making purchasing decisions:

Prices of services to be performed and availability to accommodate and facilitate the move.

Legal Issues

The Company affirms that its promoters have acquired all legally required trademarks and patents.

III. MARKETING SUMMARY

Target Markets

The Company's major target markets are as follows:

Anybody and everybody with the need to relocate within or outside of the State of Washington. We will go anywhere within the Contiguous United States that the job takes us. We plan to focus on the city of Seattle with it being in the top 5 list of growing cities in the country. An estimated 7,061,400 people lived in the Evergreen State as of April 2015. The state gained about 93,200 people between 2014 and 2015. The 1.34 percent increase is the largest annual bump since 2008.

More than three-fourths of the population boom was concentrated in the state's five largest counties — Clark, King, Pierce, Snohomish and Spokane — where economic opportunities continue to draw new residents.

The estimated number of potential clients within the Company's geographic scope is 500,000.

Services

First-rate service is intended to be the focus of the Company and a cornerstone of the brand's success. All clients will receive conscientious, one-on-one, timely service in all capacities, be they transactions, conflicts or complaints. This is expected to create a loyal brand following and return business.

IV. FINANCIAL PLAN

12-Month Profit and Loss Projection

Monthly expense for salaries and overhead (projected):	\$9,500.00
Revenue and sales for first year of business (projected):	\$100,000.00
Gross profit for first year of business (projected):	\$0.00