

FOR OFFICIAL USE ONLY

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# HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

| Date Filed:  | DOL/SOS:                  | ID:             | Docket # 1058      |  |
|--|---------------------------|-----------------|--------------------|--|
| Staff Assigned   | Insurance                 | Inspection      | Permit Issued THG- |  |
| Reception # 111-0268-207-02 1  |                           | 111-0268-013-20 |                    |  |
| Type of Househ   | k one <u>Fee Required</u> |                 |                    |  |
| <ul> <li>Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A.</li> </ul>   |                           |                 | nanent \$ 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 |                           |                 | s). Complete       |  |
| 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  |                           |                 |                    |  |
| 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.  |                           |                 |                    |  |
| Name Change – Complete pages 3-5 and Attachment D. \$35  |                           |                 | \$ 35              |  |
| BUSINESS INFORMATION   |                           |                 |                    |  |
| Legal Name: B&Z Moving LLC  (must be individual, partners of a partnership or corporation)  Trade Name, if applicable B&Z Moving LLC   |                           |                 |                    |  |
| Physical Address 420 288th St E Roy, WA 98580  |                           |                 |                    |  |

1546 NW 56th Street, Seattle, WA 98107

Telephone Number (206) 295-2725 Fax Number (

Mailing Address\_

| BUSINESS INFORMATION - continued  |
|---|
| UBI #: Email:zac@bandzmoving.com  |
| USDOT #: (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 <u>Labor &amp; Industries</u> Worker's Comp account #   |
| Employment Security Department registration number 475249-00-8  |
| Is your business registered with the <u>Department of Revenue</u> ?   No XYes   |
| 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 Zachary Gripp Owner 100%   |
|   |
| <ol> <li>Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.</li> <li>Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: I will simply be continuing to run the comparas I used to. I've been running the moves, with Leilani handling the financial and other office duties.</li> </ol> |
| 2. Briefly describe your experience in the transportation/household goods moving industry: I started this company, turned it over to Leilani Austen when I was still in the military so that it would thrive. I've been helping her the whole time, and once I retired from the Air Force, I was to take a more active role, such as to do moves and to manage the employees - I've worked with her to help it grow.  |
| 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 HG64948   |
| 4. Have you ever applied for and been denied a permit to operate as a motor carrier of property in Washington? ☐ 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? IXNo ☐ 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? $X$ No $\Box$ 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: |   |                              | , or the manufacture, |  |
| ſ  | Type of Conviction  | Date                         | City/State            |  |
|  |   |                              |                       |  |
| 9.   | ,   | cited for violation of state | laws or Commission    |  |
|  | rules? ⊠No ☐ Yes If yes, please list below:   |                              |                       |  |
| Γ  | Violation   | Date                         | RCW/WAC               |  |

Violation

|                      | FINA                  | NCIAL STATEMENT                         |                      |
|----------------------|-----------------------|---|----------------------|
| Complete the follow  | ing financial stateme | nt or attach a balance sheet, profit an | d loss statement, or |
|                      |                       | business plan.                          |                      |
| Assets               |                       | Liabilities                             |                      |
| Cash in Bank         | \$ 25,000.00          | Salaries/Wages Payable                  | \$ 10,000.00         |
| Notes Receivable     | \$                    | Accounts Payable                        | \$ 5,000.00          |
| Investments          | \$                    | Notes Payable                           | \$                   |
| Other Current Assets | \$                    | Mortgages Payable                       | \$                   |
| Prepaid Expenses     | \$                    | TOTAL LIABLITIES                        | \$                   |
| Land and Buildings   | \$                    | NET WORTH                               |                      |
| Trucks and Trailers  | \$ 25,000.00          | Preferred Stock                         | \$                   |
| Office Furniture     | \$                    | Common Stock                            | \$                   |
| Other Equipment      | \$ 1,000.00           | Retained Earnings                       | \$                   |
| Other Assets         | \$                    | Capital                                 | \$                   |
| TOTAL ASSETS         | \$ 51,000.00          | TOTAL LIABILITIES & NET WORTH           | \$ 15,000.00         |

<sup>\*</sup>attach additional pages if necessary

#### **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<br>Weight |
|------|------------------|----------------|-------------------|-------------------------|
| 1991 | Izuzu FSR        | B66839S        | JALH6A1N4M3101742 | 24,000                  |
| 2006 | Freightliner 16M | C72369D        | 1FVACWDC36HW27289 | 24,000                  |
|      |                  |                |                   |                         |
| V    |                  |                |                   |                         |

#### **SAFETY AND OPERATIONS**

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (<u>Title 49</u>, <u>Code of Federal Regulations Part 382 and Part 40</u>). 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 <u>Federal Motor Carrier Safety Regulations</u> (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:<br>Zachary Gripp | Position: Owner |
|------------------------|-----------------|

| OPERATIONA  | L RESPONSIBILITIES  |  |  |
|---|---|--|--|
|   | - <u>15-480</u> ). You must annually file a report of your  |  |  |
| financial operations and pay regulatory fees.   |   |  |  |
| Name:<br>Zachary Gripp  | Position: Owner   |  |  |
| the State of Washington must comply with the regular the name and position of the person in your organic with the laws of the State of Washington, such as, (industrial insurance, safety, prevailing wage); Deplicensing Unified Business Identifier (UBI number),   | regulations: Individuals and companies doing business in ulations of local, state, and federal agencies. Please state zation who will be responsible for ensuring compliance but not limited to the Department of Labor and Industries artment of Licensing (vehicle and drivers licenses, business fuel permits, fuel tax; Secretary of State (corporate -size or over-weight permits); Department of Revenue, Security. |  |  |
| Name:   | Position  |  |  |
| Zachary Gripp   | Owner   |  |  |
| If you would like to receive information about  | new household goods carriers, check here  |  |  |
| DECLARATI   | ON OF APPLICANT   |  |  |
| I understand that filing this application <b>does not</b> goods mover.  | in itself constitute authority to operate as a household  |  |  |
| 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.  |   |  |  |
| authority to provide service as a household good During this time, the commission will evaluate w   | pplication as a new entrant I will receive temporary ds carrier on a provisional basis for at least six months. whether I have met the criteria in WAC 480-15-305 to hat I must comply with all conditions placed on my 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 criapplication.   | iminal background check on each person named in the   |  |  |
| I certify or declare under penalty of perjury und information contained in this application is true   | er the laws of the State of Washington that the and correct.  |  |  |
| Zachary Gripp Zac   | hary Lripp 10/01/2017 Roy, WA ignature of Applicant Date and Location   |  |  |
| Print name of applicant $\mathcal{O}$ S   | ignature of Applicant Date and Location   |  |  |



### ATTACHMENT B

# Transfer of Household Goods Authority Per <u>WAC 480-15-187</u>

| Current Name on Permit (Seller):Leilani Au   | sten   |  |  |
|--|--|--|--|
| Current Trade Name on Permit (Seller): B&Z Mo  | ving LLC   |  |  |
| Address (Seller): 420 288th St E Roy,  | WA 98580   |  |  |
| HG Permit Number: HG64948  | Phone Number (Seller): 253.905.1024                                |  |  |
| Does the transfer of this permit fall under ☐ No ☑ Yes If yes, please complete At  | the provisions of <u>WAC-480-15-187(2) or (3)</u> ?<br>tachment C. |  |  |
| Have all fines or penalties owed to the cor<br>Has the closing annual report been filed?<br>Note: A company transferring operations<br>the year in which the company operated.   | 図 Yes<br>s must submit an <u>annual report</u> for that portion of |  |  |
| 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?  Zachary Gripp |  |  |  |
| RELEASE C  | OF AUTHORITY   |  |  |
| I, the seller, have sold or otherwise released inter<br>HG- <u>64948</u> to the following:   | rest in my household goods permit number                           |  |  |
| Name of Buyer: Zachary Gripp   |  |  |  |
| Trade Name of Buyer: B&Z Moving LLC  |  |  |  |
| We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.  |  |  |  |
| Bausten  | 10/01/2017 Roy, WA   |  |  |
| Seller's Signature   | Date and Location  |  |  |
| Zachary Yripp Buyer's Signature  | 10/01/2017 Roy, WA   |  |  |
| Buyer's Signature  | Date and Location  |  |  |



#### **ATTACHMENT C**

## TRANSFER OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER EXCEPTIONS IN <u>WAC 480-15-187(2)</u> or (3)

| 1. | pro<br>the | e commission will grant an application to transfer existing permanent authority, without requiring a possible possible provide service and explication is fit, willing and able to provide service and example application is filed to transfer or acquire control of permanent authority for any one of the following assons (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?  $\Box$  No  $\Box$ 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:
    - 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.

#### RE: Zachary's statement as to why the change is necessary

I started this company and turned it over to my mother-in-law, Leilani Austen, when I was still in the military so that it would thrive. Leilani took it over to keep it alive as I had to devote my time and energy to said military. This was never her idea of a business she wanted. It was simply to help me keep it alive for our family. She has now decided she cannot continue to keep running it, that she wants to move in a different direction. That she cannot devote the energy it takes, that the worries of employees and whatnot, is too much for her. We've agreed it's time for me to have it back if it is to grow.

#### RE: Leilani's statement as to why the change is necessary

I find that I am overwhelmed by continuing to run B&Z Moving. It's been a great experience, however, I find it too stressful. This business needs the passion that Zachary Gripp has for B&Z. He started it, he's been involved the whole time I've owned it. He helped me to keep it running smoothly. He loves B&Z Moving and wants to help it grow! He has the eye for the future of B&Z whereas I am ready to move in a different direction and to let him run with it! My son-in-law is amazing with his passion for B&Z and I know it's the best choice for B&Z to grow.

### Statement regarding how we will ensure the safe operations and continuity of service

Zachary has been helping run B&Z Moving the whole time, and once retired from the Air Force, he took over the day to day operations — as in doing the moves and managing employees.

Leilani lives in the same house as Zachary and will be on hand for any questions he might have regarding the clerical duties she has been doing. This will help ensure the same level of excellence B&Z has for their estimate process and customer service. She will also continue to help with payroll and other financial needs of the business.