

**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	

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: Avatar Movers-Vancouver LLC

Trade Name, if applicable Two Men And A Truck – Vancouver

Physical Address 600 SE Maritime Ave., Ste 230, Vancouver, WA 98661

Mailing Address 7930 SW Nimbus Ave., Beaverton, OR 97008

Telephone Number (503) 207-9057 Fax Number () _____

Email: Eric.tremble@twomen.com

FILING YOUR APPLICATION

Select one of the following:

- File and pay electronically at efileapp.utc.wa.gov
- Scan/PDF to transportation@utc.wa.gov and call us at 360-664-1222 to arrange payment
- Fax to 360-586-1181 and call us at 360-664-1222 to arrange payment
- Mail your application *with* your check or money order to the following address:
UTC
PO Box 47250
Olympia, WA 98504-7250

PAYING FOR YOUR APPLICATION

Select one of the following:

- ACH online (no service fee) at payments.utc.wa.gov
- Credit Card online at payments.utc.wa.gov
(2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing)
- Check or Money Order. Mail your check or money order *with* your application to the following:
UTC
PO Box 47250
Olympia, WA 98504-7250

You may also fax your application to 360-586-1181 or scan to transportation@utc.wa.gov and call us with your credit card number. DO NOT EMAIL OR FAX YOUR CREDIT CARD INFORMATION.

BUSINESS INFORMATION - continued

Is your business registered with the Department of Revenue? No Yes

UBI #: 604-220-125 USDOT #: 2943766

If you currently do not have a USDOT number, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.

Department of Labor & Industries (L&I) Worker's Comp account # _____

Employment Security Department (ESD) registration # 000-740950-00-9

If you will not be setting up an account with L&I or ESD because you do not have employees, please explain how you plan to obtain workers. Per WAC 480-15-555, a criminal background check must be completed on each person you intend to hire. If you intend to hire day labor from a temp agency, they must perform the criminal background check. Refer also to WAC 480-15-302 and 305.

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation MJ

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>Frederick Schaad</u>	<u>Managing Member</u>	<u>51%</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: We will provide a high quality relocation service for residential and commercial needs. Our employees will be professionally trained in customer service and all current moving standards. Our employees are always background checked and drug tested to provided the most trustworthy and honest teams in the industry. As a company, we live by our core values and one of those is "Give back to the Community". In doing so, we sponsor and support many local charities and groups in our neighborhood.
2. Briefly describe your experience in the transportation/household goods moving industry: I have been in the moving industry for over 8 years. I have worked on the trucks as a Mover/Driver and many other positions in the moving industry. I have run several franchise locations in Michigan and Texas turning them in to very respectable business in the community. I understand the needs of the employee and the customer and strive to meet all of those needs.

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# 996045

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	\$100,000	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	\$100,000
TOTAL ASSETS	\$100,000	TOTAL LIABILITIES & NET WORTH	\$100,000

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
2007	International	T587172	1HTMKAAL57H528092	26000
2011	International	T598606	1HTMMAAM0BH326773	26000

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: Erik Franklin

Position: Operation 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: Eric Tremble

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: Eric Tremble

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.

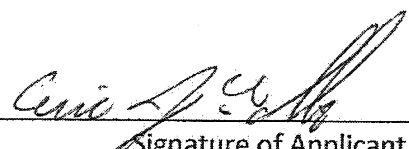
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-305 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.

Eric J. Tremble
Print name of applicant


Signature of Applicant

2-12-2018.
Date and Location



Employment Security Department
WASHINGTON STATE

Tax Rate Notice

ESD number: 000-740950-00-9
UBI number: 604-220-125

TWO MEN AND A TRUCK -
VANCOUVER
7930 SW NIMBUS AVE
BEAVERTON, OR 97008-6435

Mailing date: February 2, 2018

If you want us to review your tax rate, the law says you must send us a request in writing by March 5, 2018.

Your tax rate for 2018 will be 1.36%.

Your tax rate is the average tax rate for your business activity.

You pay tax on an employee's wages only up to the 2018 taxable wage base: \$47,300	Unemployment Insurance (UI) tax rate based on experience	1.17%
	UI social cost rate	0.17%
	UI Trust Fund solvency surcharge	0.00%
	UI limit deduction (This deduction reduces your rate to the maximum rate.)	0.00%
	Subtotal of unemployment insurance rate	1.34%
	Employment Administrative Fund (EAF)	0.02%
Total of the above tax rates	1.36%	

Your tax rate for 2018 is based on the average tax rate for your type of business.

You must report a minimum of six quarters of wages before we can assign you a tax rate based on your experience with unemployment. In future years, when you have enough wage experience, we will assign a tax rate based on that experience.

To learn more about how your tax rate is determined, please visit esd.wa.gov/tax-rates.

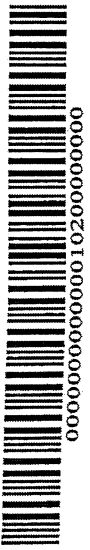
Please contact us if we can assist you.

For tax rate questions and corrections:

Employment Security Department
Experience Rating Unit
P.O. Box 9046
Olympia, WA 98507-9046
360-902-9670 360-902-9202 fax

For account questions:

Employment Security Department
AMC Olympia (Central)
PO Box 9046
Olympia, WA 98507-9046
855-829-9243 800-794-7657 fax





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: Avatar Movers – Vancouver
DBA: Two Men And A Truck - Vancouver

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: <i>JAKE Bigby Broker CBRE, Inc.</i>	
Address (include street address, mailing address, city, state, zip, and county): <i>1300 SW 5th Ave #3000 Portland OR 97201</i>	
Phone Number: <i>503.221.1900</i>	
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>will refer clients, family and friends to 2 Men and a Truck.</i>	
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>All my family and friends live in the immediate area and I will enthusiastically recommend 2 Men + A Truck to them as well as my clients.</i>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <i>The owners of 2 Men + A Truck are trustworthy, reliable, responsible and I would not hesitate to recommend their service</i>	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<i>Jake Bigby</i> Signature of Person Completing Form	<i>2-5-18 Portland, OR</i> Date and Location



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Applicant Name: Avatar Movers - Vancouver
DBA: Two Men And A Truck - Vancouver

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Tara Barbakley Reator, Nasson Company

Address (include street address, mailing address, city, state, zip, and county):
101 E 6th St SE 230, Vancouver WA 98661

Phone Number: (360) 518-5766

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:
Approx 2 years, moving into new Vancouver WA ofms

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: AS A REATOR I'm asked for mover referrals, having a local company will be very convenient.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Very professional, I like the company. It's a 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

Date and Location
2/2/18 / Nasson Company
Address above



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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: Avatar Movers – Vancouver
 DBA: Two Men And A Truck - Vancouver

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Brook Trang, Loan officer Academy Mortgage

Address (include street address, mailing address, city, state, zip, and county):
*8100 NE Parkway Suite 140 + 150
 Vancouver, WA 98661*

Phone Number:
360-909-0111

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

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:
continuous borrowers moving (10-20) per month.

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:
Exceptional quality service is important when referring my borrowers.

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.


Brook Trang
 Signature of Person Completing Form

2/5/2018 Vancouver, WA
 Date and Location

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: Avatar Movers – Vancouver
 DBA: Two Men And A Truck - Vancouver

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Kraig Kawada
Address (include street address, mailing address, city, state, zip, and county):	10505 NE 113th Circle, Vancouver, WA 98662 Clark County
Phone Number:	360-828-9600
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:	Move residence from Vancouver to Ridgefield.
Do you anticipate a future need for the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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:	Additional local moving options from a recognized national mover
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	No
<i>I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>	
	February 5, 2018
Signature of Person Completing Form	Date and Location

MICHIGAN ^{MI} USA

DRIVER LICENSE



ISS 11-07-2016
EXP 12-06-2020

120657

FREUBICK JOHN SCHAARD

Sex M Hgt 601
Lic Type 0 End CY
Restrictions NONE

Eyes GRN



John Sch aard



Rev 01-21-2011

COLORADO USA DL ★
DRIVER LICENSE



1 FRANKLIN
2 ERIC ANDREW

3 DOB [REDACTED] 10/12/2016
4a Customer Identifier [REDACTED] 4b Exp 08/13/2021

5 DO [REDACTED] Previous Type M-
15 Sex M 16 Hgt 6'-04"

18 Eyes BLU 17 Wgt 205 lb
19 Hair BLN

9a Endorsements
12 Restrictions NONE
9 Vehicle Classifications R

Eric Franklin



