

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	

- | <u>Type of Household Goods Authority Requested – check one</u> | <u>Fee Required</u> |
|---|---------------------|
| <input checked="" type="checkbox"/> <u>Provisional and permanent authority.</u> The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A. | \$ 550 |
| <input type="checkbox"/> <u>Permanent authority to transfer</u> 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 |
| <input type="checkbox"/> <u>Permanent authority to transfer</u> under the exceptions in <u>WAC 480-15-187</u> . Complete pages 3-8 and Attachments B & C. | \$ 250 |
| <input type="checkbox"/> <u>Reinstatement of permit</u> (must be filed within 30 days of cancellation, depending on criteria set forth in <u>WAC 480-15-450</u>). Complete pages 3-5 and include a statement justifying the reinstatement. | \$ 250 |
| <input type="checkbox"/> <u>Name Change</u> – Complete pages 3-5 and Attachment D. | \$ 35 |

BUSINESS INFORMATION

Legal Name: CHHJ SEATTLE LLC

Trade Name, if applicable: College Hunks Hauling Junk and moving

Physical Address: 3433 Airopport Way S, 98134 Seattle-WA

Mailing Address 23314, 17th AV SE, 98021 Bothell - WA

Telephone Number (206)4025345 Fax Number ()

Email:karin.olason@chhj.com

BUSINESS INFORMATION - continued

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

UBI #: 604190746 USDOT #: 3074631

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 # 655484-00

Employment Security Department (ESD) registration # 728408005

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 _____

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>
Karin Olason	Owner	50%
Magnus Olason	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 want to provide moving services for household goods within the state of Washington. These could be in the form of packing, transporting & unpacking. Any of these or all - depending on the customer's wishes. 'College Hunks Hauling Junk & Moving' has a big focus on customer satisfaction as our acronym HUNKS stands for Honest, Uniformed, Nice, Knowledgeable, Service. We are a part of a franchise which has strict guidelines and procedures on how to perform these services. We strongly believe that we will be able to offer an exceptional service in a market which needs its reputation improved.

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

We, Magnus & Karin, do not have previous experience of providing moving services but we have expeience in being clients of such services having moved multiple times between countries. Our franchise has years of moving experience and will provide us with the necessary training needed. Apart from that, we already have some staff with experience of performing this kind of services. Our aim is to

grow the business slowly, keeping our focus on the quality of service we provide and making sure that every customer is taken care of in the best possible way. We understand that we will in many cases be dealing with people which are going through a life changing event and we intend to be aware of that and offer services which minimize the stress level to them. We are currently running 'College Hunks Hauling Junk' which will be a natural sibling of 'College Hunks Moving', as junk removal is very often needed as a part of a move. We will thus be able to offer a more complete service than many other moving companies.

3. Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?
 x 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?
 x No Yes If yes, please explain _____

5. Do you currently operate interstate? x No Yes If yes, please indicate your MC# _____

6. Do you operate interstate as an agent of another company? x 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? x 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? x 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? x No Yes If yes, please list below:

Violation	Date	RCW/WAC

*attach additional pages if necessary

→ BALANCE sheet Attach

FINANCIAL STATEMENT			
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
2016	Ford	C76241L	1FDNF6AY4GDA01243	26000

CHHJ SEATTLE LLC

BALANCE SHEET SUMMARY

As of March 28, 2018

ASSETS	TOTAL
Current Assets	
Bank Accounts	
Other Current Assets	47,598.63
Total Current Assets	2,230.00
Fixed Assets	\$49,828.63
TOTAL ASSETS	235,250.00
<hr/>	
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	0.00
Credit Cards	19,919.58
Other Current Liabilities	0.00
Total Current Liabilities	\$19,919.58
Long-Term Liabilities	89,638.75
Total Liabilities	\$109,558.33
Equity	175,520.30
TOTAL LIABILITIES AND EQUITY	\$285,078.63

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)

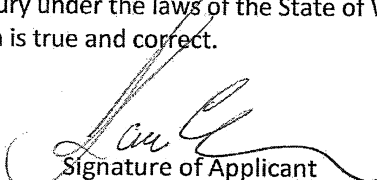
CARGO INSURANCE REQUIREMENTS (WAC 480-15-550). You must maintain cargo insurance coverage (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more).

Name:

KARIN OLASON


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: Karin Olason	Position: Owner
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: Karin Olason	Position: Owner
<p>If you would like to receive information about new household goods carriers, check here <input checked="" type="checkbox"/></p> <p style="text-align: center;">DECLARATION OF APPLICANT</p> <p>I understand that filing this application does not in itself constitute authority to operate as a household goods mover.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>I understand the commission will complete a criminal background check on each person named in the application.</p> <p>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.</p>	
Karin E. B. Olason Print name of applicant	 Signature of Applicant Date and Location

WA
USA **WASHINGTON** DRIVER LICENSE

30 31172802E430



4d LIC [REDACTED] CLASS
1 OLASON BORNSCHEIN
2 KARIN E
3 DOB [REDACTED] ISS 10/26/2017
8 [REDACTED]

15 SEX F 18 EYES BRO
16 HGT 5'-11" 17 WGT 169 lb
12 RESTRICTIONS NONE 9a END NONE
4b EXP 12/29/2022



[REDACTED]

REV 01/08/2015

WA USA **WASHINGTON DRIVER LICENSE**

4d LIC# [REDACTED] DONOR ♡

1 OLAVSON
2 MAGNUS

3 DOB [REDACTED] 4a Iss 12-07-2016

16 Sex M 15 Hgt 6-02
17 Wgt 210 18 Eyes BLU
9 Class 9a End NONE
12 Restrictions C 4b Exp 09-22-2021

Magnus

09-16-2009

[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: CHHJ Seattle, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: GAYLE JANZON

Address (include street address, mailing address, city, state, zip, and county): 848 SW 126th, SEATTLE, WA, 98146 KING.

Phone Number: 206.316.9577

Do you currently need the services of a residential household goods moving company? Yes. My house was built in the 40s & hasn't been upgraded since; it is in a constant state of remodel. I do not have the resources available personally - labor, truck, time - to remove debris from the remodel & must hire out to have it done.

Do you anticipate a future need for the services of a residential household goods moving company? Yes. At some point in the future, once the remodel is done, I'd like to move & maybe take on another project and for previous stated reasons - labor, truck & time - will have to do so.

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 gives me, the consumer, more options to get bids and compare free market. It also ensures that existing businesses do not take advantage of the consumer if they are the only game in town.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Part of this business model is that for every completed job, 2 meals are donated to a hungry children's program. I appreciate the corporate responsibility to give back to the community & would support this company over others.

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

22 MAR 18, SEATTLE Date and Location



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Applicant Name: CHHJ Seattle, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Kumar Birgisser

Address (include street address, mailing address, city, state, zip, and county): 2410 137th PL, SE, Mill Creek, WA 98012, USA

Phone Number: 206 619 5279

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
 May need such service in nearest future.

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:
 Moving from ~~one~~ between houses.

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:
 Increased competition and better service

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
 Their service will help non-profit organizations as Goodwill to thrive as some customers will donate their items.

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

Kumar Birgisser 3/22/18
 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: CHHJ Seattle, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Sidney Sorenson, Event Planner, Marel

Address (include street address, mailing address, city, state, zip, and county): 4422 Bagley Ave N. #109, Seattle, WA, 98103, King

Phone Number: 206-257-0743

Do you currently need the services of a residential household goods moving company? [X] 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 [X] Yes If yes, please describe your future moving needs: Condominium move out/in

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: In this market - there is always a demand for safe excellent movers.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I know both Magnus & Karin - they are honest, dependable, with strong work ethics and excellent management skills.

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: Sidney Sorenson Date and Location: 3/23/18 - Seattle WA

Form E

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

Filed with: Washington Utilities and Transportation Commission WA (hereinafter called Agency)

This is to certify, that the: Integon National Insurance Company

(hereinafter call Company) of: PO Box 3199, Winston Salem, NC 27102-3199

Has issued to: Karin Olason , CHHJ SEATTLE, LLC DBA COLLEGE HUNKS HAULING JUNK AND MOVING

of: 3433 AIRPORT WAY S, SEATTLE WA 98134

A policy or policies of insurance effective from: 3/13/2018 12:01 A.M. Standard time at the address of the insured as stated in said policy or policies and continuing until canceled 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 agency 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 the endorsements thereon.

This certificate and the endorsement described herein may not be canceled 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 agency, such thirty (30) days' notice to commence to run from the date notice is actually in the office of the Commission.

Countersigned at 5630 University Pkwy, Winston Salem, NC 27102-3199

This 13th day of March, 2018

Insurance Company File No:

2006245679
(Policy Number)

CC066008
(Docket Number)



Berta Castellano

Authorized Company Representative

Liability Coverage: Combined single limits Liability Limit: \$1,000,000
42121 (11012014)