

571175



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**

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed:	DOL/SOS:	ID: <u>1453a</u>	Docket # <u>180330</u>
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, 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: Spokane Professional Movers LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable: Spokane Pro Movers

Physical Address: 1811 E Holyoke Ave Ste 7 Spokane, WA 99217

Mailing Address: " "

Telephone Number (509) 862-4968 Fax Number (509) 290-5129

BUSINESS INFORMATION - continued

UBI #: 604239805 Email: spokanepromovers@gmail.com

USDOT #: 311146 (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 # 662 438 00

Employment Security Department registration number 000-753806-00-3

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:

Name	Title	Stock Distribution or % of Shares
<u>Kyle Parr</u>	<u>Co-owner</u>	<u>50%</u>
<u>Joseph Fennen</u>	<u>Co-owner</u>	<u>50%</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: I wish to provide a personable, professional, honest, hard-working moving company with pride and reasonable rates. Providing accurate estimates, knowledgeable movers, and fair rates will accomplish these goals.

2. Briefly describe your experience in the transportation/household goods moving industry: Started at "All about Moving" in 2004. Went on to "Spokane Movers" in 2008. From there went to "Bekins WA" and became the warehouseman before the branch was closed down. Lastly back to "Spokane Movers" until starting my own company.

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 MC82768

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	\$ 10,000	Salaries/Wages Payable	\$ 2,400
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 750
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 3,150.00
Land and Buildings	\$ 0	NET WORTH	0
Trucks and Trailers	\$ 10,000.00	Preferred Stock	\$ 0
Office Furniture	\$ 0	Common Stock	\$ 0
Other Equipment	\$ 1340.00	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
TOTAL ASSETS	\$ 21,340.00	TOTAL LIABILITIES & NET WORTH	\$ 3,150.00

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
2000	GMC C5500	A3520731	1GDE6H1B7YJ900852	25,999
2000	GMC C5500	A3120995	1GDE6H1B7YJ900660	25,999

SAFETY AND OPERATIONS	
<p>CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (<u>Title 49, 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.</p>	
SAFETY RESPONSIBILITIES	
<p>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</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.</p> <p>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.</p> <p>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)</p> <p>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).</p>	
Name: Kyle Parr	Position: CO 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: <i>Kyle Parr</i>	Position: <i>CO OWNER</i>
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: <i>Kyle Parr</i>	Position: <i>CO OWNER</i>
If you would like to receive information about new household goods carriers, check here <input type="checkbox"/>	
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.	
<i>Kyle Parr</i> Print name of applicant	<i>[Signature]</i> Signature of Applicant
<i>4/18/18</i> Date and Location	

WA USA **WASHINGTON** ENHANCED DRIVER LICENSE

4d LIC# [REDACTED] CLASS DONOR

1 PARR
2 KYLE GLEN

3 DOB [REDACTED] 4a ISS 06/13/2017

15 SEX M 18 EYES BLU
16 HGT 6'-00" 17 WGT 200 LB
12 RESTRICTIONS NONE 9a END NONE
4b EXP 09/21/2022

20 3D171E48Q1052

EV 01/06/2015

WA USA **WASHINGTON** DRIVER LICENSE

4d LIC# [REDACTED] CLASS DONOR

1 FENNEN
2 JOSEPH NATHANIAL

3 DOB [REDACTED] 4a ISS 02/17/2017

15 SEX M 18 EYES BLU
16 HGT 5'-09" 17 WGT 270 LB
12 RESTRICTIONS NONE 9a END NONE
4b EXP 01/14/2023

20 3217048400200

EV 01/06/2015

Washington

Utilities and Transportation Commission,

Spokane has a few different moving companies. But none have the integrity or professionalism that Kyle Parr brings to Spokane Professional Movers. I know I can trust him and his crew with my belongings. Spokane and this vicinity need a company that can be depended on for their honesty, fair pricing, careful handling, and compassion. I will be recommending them to other businesses and friends.

Sincerely,



Sarah Morley

(208)-627-9869



To whom it may concern,

This letter is for character and business reference for Joseph Fennen, I have had the honor of working with Joe personally and professionally for over 4 years. He has always displayed a high standard of quality and integrity in his work. He goes above and beyond to assist friends and business associates with their best interests in mind.

His community involvement with charities, truly makes him a trustworthy and dedicated businessman.

I recommend and encourage friends and fellow businessmen to consult with Joe for an encouraging and prosperous look on goals personal and business related.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Travis Swift", with a long horizontal line extending to the right.

Travis Swift
Owner

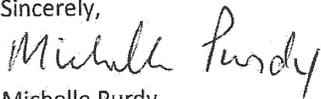
Screen Printing-Embroidery
PROMOTIONAL GOODS
509-487-7074 www.stumptownts.com

April 4, 2018

Washington Utilities and Transportation Commission.

Joseph Fennen and Kyle Parr have a great business mindset to add to the community. They care about people and make the seemingly impossible, possible. They are honest, professional, and are not satisfied until everyone is happy. Spokane needs more business owners in our community with this kind of outlook and mindset. I have known Joseph and Kyle for over five years and I would trust them to move everything I own without hesitation. I would recommend them to all of my friends, family, fellow veterans and members of my church. It is my opinion that Spokane Pro Movers would be an asset to our community.

Sincerely,



Michelle Purdy
Retired US Veteran
509-499-3348

Washington Utilities and Transportation Commission

My name is Lenny Volpe. I own and am currently operating a local Garden Center Called Rootz Here in Spokane Washington (Since 2010). Over the years Ive had the opportunity to work with Kyle Parr on a number of projects. Hes helped me move, Stock, relocate, organize, and take on many tasks with me when Ive needed him. Kyle has always showed above average work ethick, reliability, and effort always. I trust that he can get the job done.

Best Regards,

A handwritten signature in black ink, appearing to read "Lenny Volpe". The signature is written in a cursive style with a large initial "L" and "V".

Lenny Volpe
Fortunatoe Enterprises LLC
Spokane Wa
509-688-5071

To whom it may concern,

I have known Joe Fennen for many years now and only have the upmost respect for him! Joe always acts with the highest integrity and moral value and I would expect him to succeed in any of his endeavors. His involvement with community action and charities is very encouraging. You can always count on Joe to go above and beyond for friends, family or anyone in need.

Respectfully submitted by

Stephanie Benjamin

A handwritten signature in black ink, appearing to read 'SMB', written over a horizontal line.

(509) 570-8950



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/18/2018

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).

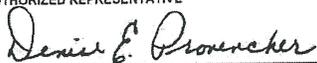
PRODUCER Duncan & Associates Insurance Brokers P.O. Box 1458 - 2111 Harrison Ave NW Olympia, WA 98502	CONTACT NAME: Judy Land
	PHONE (A/C, No, Ext): 360-352-7588 FAX (A/C, No): 360-943-6304 E-MAIL ADDRESS: Judy@duncanins.com
INSURER(S) AFFORDING COVERAGE	
INSURER A:	United Specialty Insurance Co
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 00000000-0 REVISION NUMBER: 1

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/VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ 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 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 OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Cargo		USA-4193870	04/18/2018	04/18/2019	1,000 Ded. 100,000

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

CERTIFICATE HOLDER Proof of Insurance ONLY XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX, XX 0000	CANCELLATION 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  (JAL)
---	--

PROGRESSIVE
PO BOX 94739
CLEVELAND, OH 44101



Named insured

SPOKANE PROFESSIONAL
MOVERS
SPOKANE PRO MOVERS
1811 E HOLYOKE AVE STE 7
SPOKANE, WA 99217

Policy number: 06670961-0

Underwritten by:
United Financial Casualty Company
April 4, 2018
Policy Period: Apr 2, 2018 - Oct 2, 2018
Page 1 of 2

progressive.com

Online Service

Make payments, check billing activity, print policy documents, or check the status of a claim.

1-800-895-2886

For customer service and claims service,
24 hours a day, 7 days a week.

Commercial Auto Insurance Coverage Summary

This is your Declarations Page
Your policy information has changed

Your coverage began the later of April 2, 2018 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on October 2, 2018 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852WA (09/05), MCS90 (01/17), 4852WA (09/05), 4881WA (06/12) and Z228 (01/11).

The named insured organization type is a partnership.

Policy changes effective April 3, 2018

Premium change: \$572.00

The changes shown above will not be effective prior to the time the changes were requested.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$3,438
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Underinsured Motorist Bodily Injury	\$100,000 combined single limit		74
Underinsured Motorist Property Damage	\$100,000 each accident	\$100	50
		\$300 hit & run	
Personal Injury Protection	Rejected		--
Subtotal policy premium			\$3,562
Fees			35
Total 6 month policy premium and fees			\$3,597

Rated drivers

1. JOSEPH FENNEN
2. KYLE PARR



Auto coverage schedule

1. **2000 GMC 6H4**
VIN: 1GDE6H1B7YJ900060 Garaging Zip Code: 99217 Radius: 500

	Liability	UIM BI	UIM PD	Auto Total
Liability Premium	\$1,719	\$37	\$25	\$1,781

2. **2000 GMC 6H4**
VIN: 1GDE6H1B7YJ900852 Garaging Zip Code: 99217 Radius: 500

	Liability	UIM BI	UIM PD	Auto Total
Liability Premium	\$1,719	\$37	\$25	\$1,781

Company officers

Patricia M. Conner

Secretary

