

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

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

Table with 4 columns: 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: JOHNSON'S MOVING LLC
Trade Name, if applicable
Physical Address 407 E. BALLARD RD. COLBERT WA 99005
Mailing Address
Telephone Number (509) 370-8677 Fax Number
Email: JOHNSONS MOVING LLC@gmail.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 #: 604-233-691 USDOT #: 310 9289

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

Department of Labor & Industries (L&I) Worker's Comp account # 662,641-00

Employment Security Department (ESD) registration # 000-753706-00-8

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 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>CARY Johnson</u>	<u>owner</u>	<u>50%</u>
<u>KEVIN TURNER</u>	<u>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: We will provide Excellent Customer Service and focus on helping the elderly

2. Briefly describe your experience in the transportation/household goods moving industry: HAVE WORKED IN THE MOVING INDUSTRY

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# _____

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	\$ 1000 ⁰⁰	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	\$ 2500 ⁰⁰	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 3500 ⁰⁰	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
1989	INTER	B648672	LHTJU3 RK4K H66 4827	26,000

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: WENDY Turner

Position: Office Lady

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>Wendy Turner</i>	Position: <i>office</i>
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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: <i>Wendy Turner</i>	Position: <i>office</i>
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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.

<i>Kevin Turner</i>	<i>[Signature]</i>	<i>4-11-18</i>
<i>CARY Johnson</i>	<i>[Signature]</i>	<i>4-11-18</i>
Print name of applicant	Signature of Applicant	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: CARY Johnson, Kevin Turner

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: DANA CAMPANA

Address (include street address, mailing address, city, state, zip, and county):
3214 E. TANA DR

Phone Number: 509-205-8799

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:
MOVING CAR & TRUCK & HOUSE TO ANOTHER LOCATION

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:
ALWAYS THERE WHEN NEEDED

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
GOOD FASTER SERVICE!

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: [Signature] Date and Location: 4-10-18 Spokane



ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: CARY Johnson, Kevin Turner

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Theresa Kiger

Address (include street address, mailing address, city, state, zip, and county): 1712 E Dalke Spokane WA 99208

Phone Number: (509) 499-8047

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
~~Moving my sister out of an apartment complex to a house.~~

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 my sister out of an apartment complex to a house

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:
 Honest, Sincere, Hard working

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
 Hard working get the job done

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

Theresa M Kiger _____ 4/11/18 Spokane
 Signature of Person Completing Form Date and Location



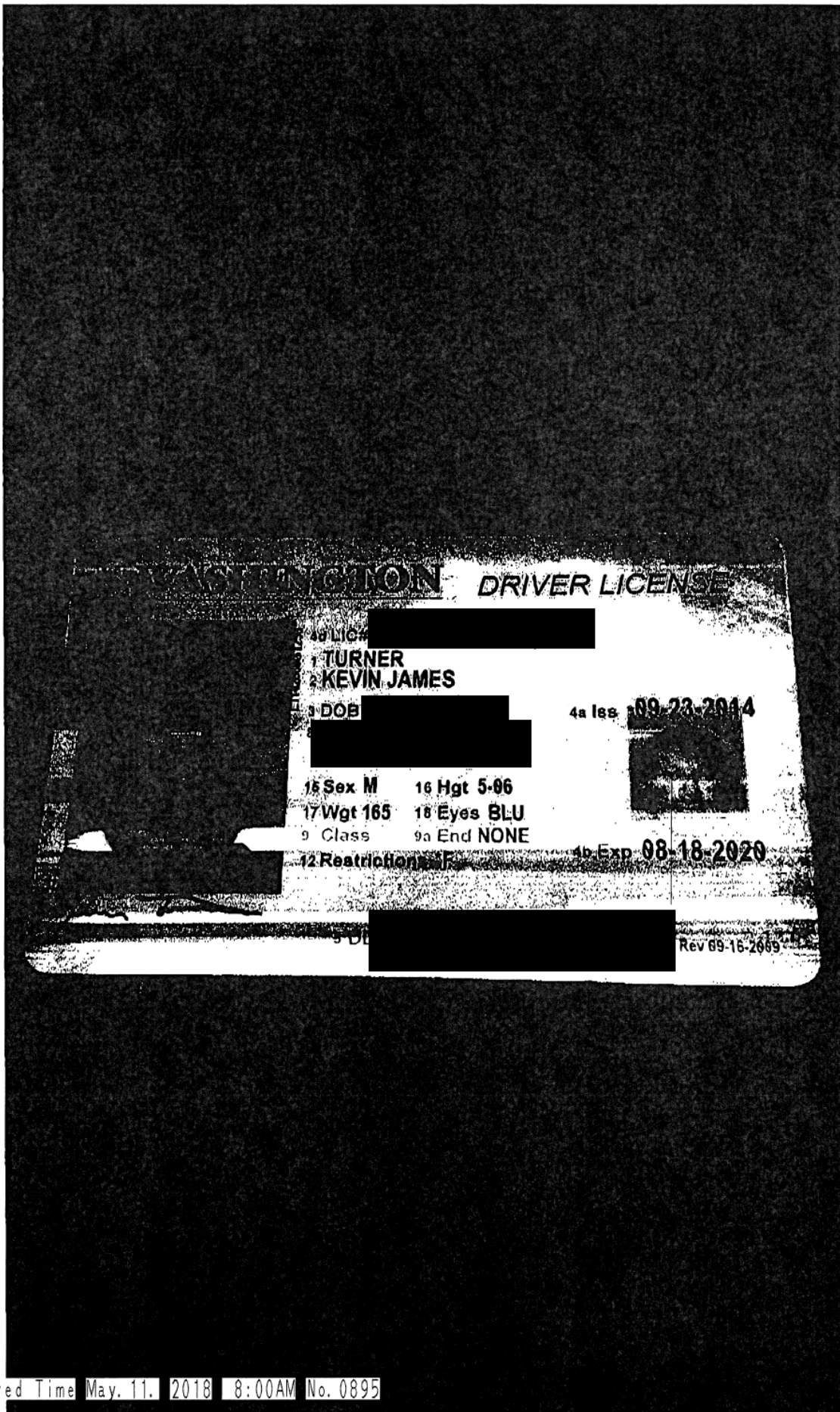
ATTACHMENT A

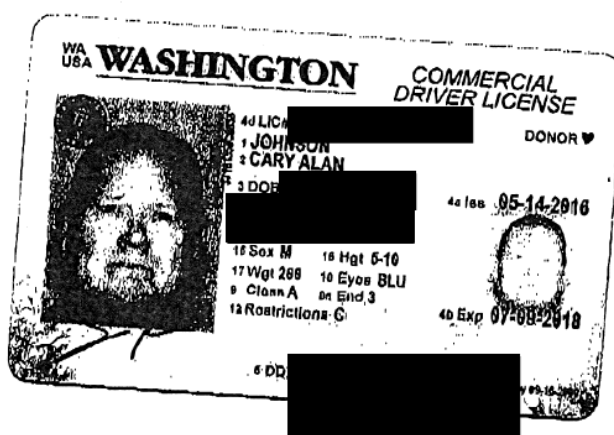
HOUSEHOLD GOODS STATEMENT OF SUPPORT

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:
Cary Johnson, Kevin Turner

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Alea Dye
Address (include street address, mailing address, city, state, zip, and county):	2712 W Wabash ave Spokane, wa 99205 Spokane County
Phone Number:	509-481-0994
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 am moving from my house to an apartment before the summer.
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:	They have helped me before and have helped my family by donating their time to get stuff done.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	They have a heart of gold and always try to do the right thing.
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
<i>Alea Dye</i>	4-11-18 Spokane





M-5446 (01/2010)

FORM H
UNIFORM MOTOR CARRIER CARGO
CERTIFICATE OF INSURANCE
(EXECUTED IN TRIPLICATE)

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)
(Name of Commission)

This is to certify, that the Columbia Insurance Company
(Name of Company)

(hereinafter called Company) of 1314 Douglas Street, Suite 1400, Omaha, NE 68102-1944
(Home Office Address of Company)

has issued to JOHNSON'S MOVING LLC
(Name of Motor Carrier)

of 407 E BALLARD RD, COLBERT, WA 99005
(Address of Motor Carrier)

a policy or policies of insurance effective from 05/05/2018 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 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 Commissioner.

Countersigned at 1314 Douglas Street, Suite Omaha NE 68102-1944
(Street Address) (City) (State) (ZIP Code)

this 8th day of May, 20 18



Authorized Representative

Insurance Company File No. 71TRR238888
(Policy Number)

This form determined by the National Association of Regulatory Utilities Commissioners and promulgated pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C. § 302[b](2)) and 49 CFR § 387.301

M-5447 (01/2010)

FORM I UNIFORM MOTOR CARRIER CARGO INSURANCE ENDORSEMENT

It is agreed that:

1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulation promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for motor carrier cargo liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. This endorsement 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 Commission with which such certificate has been filed, such thirty (30) days notice to commence to run from the date the notice is actually received in the office of such Commission.
3. The Uniform Motor Carrier Cargo Certificate of Insurance has been filed with the State Commission indicated below:

X - Indicated State Commission with whom Uniform Motor Carrier Cargo Certificate of Insurance has been filed.


Alabama	Illinois	Montana	Rhode Island
Alaska	Indiana	Nebraska	South Carolina
Arizona	Iowa	Nevada	South Dakota
Arkansas	Kansas	New Hampshire	Tennessee
California	Kentucky	New Jersey	Texas
Colorado	Louisiana	New Mexico	Utah
Connecticut	Maine	New York	Vermont
Delaware	Maryland	North Carolina	Virginia
District of Columbia	Massachusetts	North Dakota	Washington
Florida	Michigan	Ohio	West Virginia
Georgia	Minnesota	Oklahoma	Wisconsin
Hawaii	Mississippi	Oregon	Wyoming
Idaho	Missouri	Pennsylvania	

(The attaching clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

Attached to and forming part of policy No. 71TRR238889

Issued by Columbia Insurance Company, herein called
 Company, of 1314 Douglas Street, Suite 1400, Omaha, NE 68102-1944
 To JOHNSON'S MOVING LLC
 of COLBERT, WA

Dated at Omaha, NE this 5th day of May, 20 18

Countersigned by 
 Authorized Representative

This form determined by the National Association of Regulatory Utilities Commissioners and promulgated pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C. § 302(b)(2)) and 49 CFR § 387.301.

750,000 CSL

M-5444 (01/2010)

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

(EXECUTED IN TRIPLICATE)

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)
(Name of Commission)

This is to certify, that the Columbia Insurance Company
(Name of Company)

(hereinafter called Company) of 1314 Douglas Street, Suite 1400, Omaha, NE 68102-1844
(Home Office Address of Company)

has issued to JOHNSON'S MOVING LLC
(Name of Motor Carrier)

of 407 E BALLARD RD, COLBERT, WA 99005
(Address of Motor Carrier)

a policy or policies of insurance effective from 05/05/2018 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 Commissioner.

Countersigned at 1314 Douglas Street, Suite 1400 Omaha NE 68102-1844
(Street Address) (City) (State) (ZIP Code)

this 8th day of May, 20 18



Authorized Representative

Insurance Company File No. 71TRR239889
(Policy Number)

750,000 CSL

This form determined by the National Association of Regulatory Utilities Commissioners and promulgated pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C. § 302(b)(2)) and 49 CFR § 387.301

M-5445 (01/2010)

FORM F UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE ENDORSEMENT

It is agreed that:

1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulation promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. This endorsement 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 Commission with which such certificate has been filed, such thirty (30) days notice to commence to run from the date the notice is actually received in the office of such Commission.
3. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the State Commission indicated below.

X - Indicated State Commission with whom Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed.

Alabama	Illinois	Montana	Rhode Island
Alaska	Indiana	Nebraska	South Carolina
Arizona	Iowa	Nevada	South Dakota
Arkansas	Kansas	New Hampshire	Tennessee
California	Kentucky	New Jersey	Texas
Colorado	Louisiana	New Mexico	Utah
Connecticut	Maine	New York	Vermont
Delaware	Maryland	North Carolina	Virginia
District of Columbia	Massachusetts	North Dakota	Washington
Florida	Michigan	Ohio	West Virginia
Georgia	Minnesota	Oklahoma	Wisconsin
Hawaii	Mississippi	Oregon	Wyoming
Idaho	Missouri	Pennsylvania	

(The attaching clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

Attached to and forming part of policy No. 71TRR238889

Issued by Columbia Insurance Company, herein called

Company, of 1314 Douglas Street, Suite 1400, Omaha, NE 68102-1844

To JOHNSON'S MOVING LLC of COLBERT, WA

Dated at Omaha, NE this 6th day of May, 20 18

Countersigned by

Authorized Representative

This form determined by the National Association of Regulatory Utilities Commissioners and promulgated pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (40 U.S.C. § 302(b)(2)) and 49 CFR § 387.301.

Received Time May. 11. 2018 8:00AM No. 0895