

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	

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: JOHN F. TUTTLE

Trade Name, if applicable ALTO MOVING

Physical Address 3014 SW GENESEE ST. #3 Seattle WA 98126

Mailing Address (same)

Telephone Number () 206 319 2298 Fax Number () N/A

Email: jtuttledigital@gmail.com

BUSINESS INFORMATION - continued

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

UBI #: 604147081 USDOT #: 3061361

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 # 653,797-00

Employment Security Department (ESD) registration # 000-722720-00-3

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:

Name	Title	Stock Distribution or % of Shares
<u>JOHN F. Tuttle</u>	<u>Owner</u>	<u>100%</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: A Focus on Residential 2-3 bedroom homes / Retirement. Also can provide competitive rates and the best movers and equipment available.

2. Briefly describe your experience in the transportation/household goods moving industry: I, John Tuttle have been a lead / driver for PMC in Lynnwood WA for 5+ years, and I am requested all of the time by reputation & skill.

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	\$ 2000 ⁰⁰	Salaries/Wages Payable	\$ —
Notes Receivable	\$ 500 ⁰⁰	Accounts Payable	\$ —
Investments	\$	Notes Payable	\$ —
Other Current Assets	\$	Mortgages Payable	\$ —
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$	NET WORTH	\$ 55,000 ⁰⁰
Trucks and Trailers	\$ 38000 ⁰⁰	Preferred Stock	\$
Office Furniture	\$ 10000 ⁰⁰	Common Stock	\$
Other Equipment	\$ 2500 ⁰⁰	Retained Earnings	\$
Other Assets	\$ 2000 ⁰⁰	Capital	\$
TOTAL ASSETS	\$ 55000 ⁰⁰	TOTAL LIABILITIES & NET WORTH	\$ 55,000 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
2009	International	C22223M	1HTMMAAL49H057-954	26000

SAFETY AND OPERATIONS	
<p>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.</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>	
<p>Name: <i>JOHN F. Tuttle</i></p>	<p>Position: <i>Owner.</i></p>

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>JOHN F. TUTTLE</i>	Position: <i>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>John F. Tuttle</i>	Position: <i>Owner.</i>
<p>If you would like to receive information about new household goods carriers, check here <input type="checkbox"/></p> <p style="text-align: center;">DECLARATION OF APPLICANT</p> <p>I understand that filing this application <u>does not</u> 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>	
<i>John F. Tuttle</i>	<i>[Signature]</i>
Print name of applicant	Signature of Applicant
<i>May 14 2018 / Seattle WA</i>	
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: John F. Tuttle

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Deborah E. Hoyt

Address (include street address, mailing address, city, state, zip, and county): 4401 Five Willow Way NW Olympia, WA 98502

Phone Number: 360-580-4299

Do you currently need the services of a residential household goods moving company?
No Yes If yes, please describe your current moving needs:
My daughter is relocating - will be moving in with me.

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:
We are shuffling furniture, etc in and out of storage.

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 am a senior. Most of the folks I know are as well. From time to time we need help moving large household furniture/appliances.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
He is an honest and respectable young man. He listens to what I am saying and responds with respect.

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: Deborah E. Hoyt
Date and Location: 2/16/18 Olympia, WA



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Applicant Name: John Tuttle

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: Paul A. Nelson	
Address (include street address, mailing address, city, state, zip, and county): 1612 Springwood Ave. Olympia, WA 98506	
Phone Number: 360-584-4085	
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: I am renting & looking for permanent housing - He is someone I would trust - careful.	
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 currently rent a room. I will be moving to a house or apartment.	
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: There is always a need for a safe reliable mover. The business are growing & shifting. John is careful, thorough - we need such small businesses.	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? He is very solid in his care for goods. He has been a help to me. Looking forward to working with him.	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
Paul A. Nelson Signature of Person Completing Form	February 4, 2018/Olympia 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: *Juggernaut Inc., APO Movers*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: *LEE, LENNY L. / President / Juggernaut Inc.*

Address (include street address, mailing address, city, state, zip, and county):
19237 98th Pl. S., Renton, WA 98055

Phone Number: *206-852 6149*

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
I have a need for a reliable mover to transport my products.

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:
Same as above

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 provides other options as there currently isn't enough movers that can provide reliable services for short + long runs*

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? *This mover has moved for me before and is reliable and motivated. He is an asset to the local business community*

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
Lenny L. Lee *2-20-18 Renton, WA*
Signature of Person Completing Form Date and Location



ATTACHMENT A

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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: JOHN TUTTLE / ALTO MOVING

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: MARY SARKENT, LEASING AGENT, THE EDGE APARTMENTS

Address (include street address, mailing address, city, state, zip, and county): 3101 SW AVALON WAY SEATTLE WA 98126

Phone Number: 206.935.3860

Do you currently need the services of a residential household goods moving company? No Yes If yes, please describe your current moving needs: TENANTS WHO MOVE OUT NEED MOVERS.

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: WE HAVE TENANTS MOVE OUT MONTHLY IN NEED OF A MOVING SERVICE.

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 WILL BENEFIT OUR COMPLEX TO HAVE A MOVER ON SITE.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? JOHN IS A TRUSTWORTHY TENANT AND IT WILL BE VERY CONVENIENT TO HAVE A MOVER WE KNOW!

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 9/13/17 3101 SW AVALON WAY SEATTLE WA 98126

WA USA **WASHINGTON** DRIVER LICENSE

4d LIC# [REDACTED] DONOR



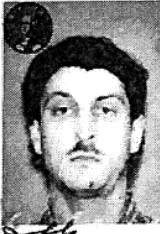
1 TUTTLE
2 JOHN FLETCHER

3 DOB [REDACTED] 4a Iss 03-02-2016

15 Sex M 16 Hgt 6-0
17 Wgt 160 18 Eyes Br
9 Class 5a Feet 12 5/8 10 Exp 03-03-2022

12 Restrictions NONE

Rev 03-16-2009



NEW
RENEWAL NUMBER

CROSS REFERENCE NUMBER

05 TRM 028404 - 01

ITEM ONE NAMED INSURED & ADDRESS

**ALTO MOVING
3014 SW GENESEE ST APT 3
SEATTLE, WA 98126**

**CONTINENTAL DIVIDE INSURANCE
COMPANY
DENVER, COLORADO
TRUCKERS COVERAGE DECLARATIONS**

The Declarations include a second part designated "Part 2"

Producer
Heritage Insurance, Inc.
24401 104th Ave SE, Ste 102
Kent, WA 98030

FORM OF NAMED INSURED'S BUSINESS: **Individual**

NAMED INSURED'S BUSINESS: **HOUSEHOLD GOODS MOVER**

POLICY PERIOD: Policy covers FROM **04/26/2018 12:24 PM** TO **04/26/2019 12:01 A.M.** Standard Time at the Named Insured's Address stated above.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Truckers Coverage Form next to the name of the coverage

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Truckers Coverage Form shows which autos are covered autos)	LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	46	\$ 750,000 CSL	\$ 3,909
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS Deductible	\$
ADDED P.I.P. (or equivalent added No-fault cov)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INSURANCE (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS	46	\$ 5,000	\$ 387
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (when not included in Uninsured Motorists coverage)	51	\$ 100,000 CSL (BI & PD)	\$ 81
TRAILER INTERCHANGE COVERAGE		\$	\$
PHYSICAL DAMAGE INSURANCE			
COMPREHENSIVE COVERAGE	46	\$ See M 3831c (12/2001)	\$ INCL
SPECIFIED CAUSES OF LOSS		\$	\$
COLLISION COVERAGE	46	\$ See M 3831c (12/2001)	\$ 542
TOWING AND LABOR		\$ Deductible FOR EACH COVERED AUTO	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION See M4572 (12/1994)		PREMIUM FOR ENDORSEMENTS	\$ 963
		ESTIMATED TOTAL PREMIUM	\$ 5,882
ENTER SYMBOL 51 DESCRIPTION HERE: Only those autos described in Item Three of the Declarations with Liability premium shown.			
POLICY SUBJECT TO A FULLY EARNED POLICYWRITING MINIMUM PREMIUM OF \$		0	IF CANCELLED BY THE INSURED.
ITEM THREE - SCHEDULE OF COVERED AUTOS		AS ATTACHED	

Countersigned At _____ By _____ AUTHORIZED SIGNATURE

In Witness whereof, we have caused this policy to be executed and attested.

Julie A Perry

Secretary

Donald E. Schwab

President

SUPPLEMENTAL DECLARATIONS - CARGO COVERAGE

ITEM TWO FOR THE CARGO COVERAGE FORM ONLY - SCHEDULE OF COVERAGE AND COVERED AUTOS
 This policy provides cargo coverage under the Cargo Coverage Form.

DESCRIPTION of CARGO principally consists of:
Household Goods Moving

Radius N/A miles from the address of the Named Insured, stated in the TRUCKERS COVERAGE DECLARATIONS or the BUSINESS AUTO COVERAGE DECLARATIONS.

COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Cargo Coverage Form shows which types of autos are covered autos.) 46A

ITEM THREE FOR THE CARGO COVERAGE FORM ONLY

SCHEDULE OF COVERAGE

COVERED AUTOS

Covered Auto numbers below refer to the covered auto number and corresponding auto described in Item Three of the Truckers Coverage Declarations or the Business Auto Coverage Declarations attached to this policy

COVERED AUTO NO.	LIMIT OF INSURANCE	RATE	PREMIUM
1	20,000	N/A	963
DEDUCTIBLE FOR EACH COVERED "AUTO" \$ 1,000			\$ 963
TOTAL CARGO COVERAGE PREMIUM			

All other terms, conditions and agreements of the policy shall remain unchanged.

Company Name Continental Divide Insurance Company	Policy Number 05 TRM 028404 - 01
	Supplemental Declarations Effective 04/26/2018 12:24 PM
Named Insured ALTO MOVING	Countersigned at by _____ (Authorized Representative)

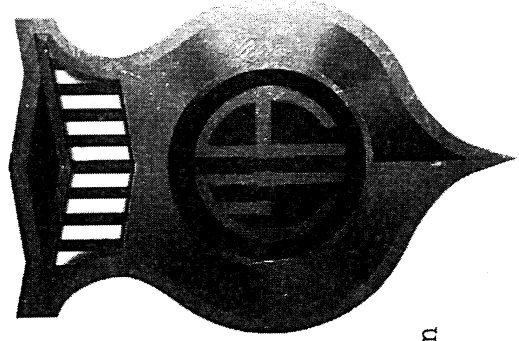
(The Attaching Clause need be completed only when this supplemental declarations is issued subsequent to preparation of the policy)

Moving Authority
Household Goods Arbitration Program

Certificate of Membership

Alto Moving
USDOT: 3061361

Good thru
October 22nd, 2018



This certificate is for the membership of
Moving Authority Household Goods Arbitration Program.
The company stated above participates in our Arbitration
Program up to the date stated above.

FOLEY

Drug & Alcohol

Alto Moving

Account Settings

Manage Contacts & Users

Add New

To edit an existing Contact's role or permissions, select the contact from the list:



John Tuttle
Employee + Contact

Alto Moving

Edit Account

ACCOUNT NUMBER: WEB0060101

DOT NUMBER: 3061361

TELEPHONE: (206) 395-9153

FAX:

ADDRESS: 3014 SW Genesee Street #3

ADDRESS 2:

CITY: Seattle

STATE: WA

ZIP/POSTAL: 98126

Default Settings

NAME DISPLAY:

Last, First



Update Display