



0074973

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

<b>FOR OFFICIAL USE ONLY</b>			
Date Filed:	DOL/SOS:	ID:	Docket # <u>180258</u>
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	<u>111-0268-207-02</u>	<u>111-0268-013-20</u>	

- | <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, and a closing annual report from current company | \$ 550              |
| <input type="checkbox"/> <u>Permanent authority to transfer</u> under the exceptions in <u>WAC 480-15-187</u> . Complete pages 3-8, Attachments B & C, and a closing annual report from current company  | \$ 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: Joel Cisneros  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable: ALWAYS MOVIN' MOVING COMPANY

Physical Address: 17003 9th AVE SE. Mill Creek WA 98012

Mailing Address: 17003 9th AVE SE Mill Creek WA 98012

Telephone Number: 425 979 1119 Fax Number ( ) \_\_\_\_\_

**BUSINESS INFORMATION - continued**

UBI #: 1004 197 532 Email: always movin4u@gmail.com

USDOT #: 3107733 (If you currently don't have one, go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.dot.gov/online-registration) to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # 149,361-01

Employment Security Department registration number 000730052008

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 \_\_\_\_\_

List the name, title and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or % of Shares

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 moving service of household goods. there are very few moving businesses and an additional business will provide customers more choice, another business already provides competition in the small city.

2. Briefly describe your experience in the transportation/household goods moving industry: I have worked for 2 different moving companies, one for 2 years and the other for 4 1/2. I am now becoming my own business now that I have moved. I know protocols, safety rules and how to properly move household goods.

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, 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	\$ 5000.00	Salaries/Wages Payable	\$ 1,200.00
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 172,000.00
Other Current Assets	\$ 0	Mortgages Payable	\$ 1,500.00
Prepaid Expenses	\$ 0	<b>TOTAL LIABILITIES</b>	\$ 174,700.00
Land and Buildings	\$ 240,000.00	<b>NET WORTH</b>	93,900.00
Trucks and Trailers	\$ 23,400.00	Preferred Stock	\$ 0
Office Furniture	\$ 200.00	Common Stock	\$ 0
Other Equipment	\$ 0	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
<b>TOTAL ASSETS</b>	\$ 268,600.00	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 268,600.00

**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
2014	GMC	C55955L	1GD3T4CG3E1910487	<del>9,000</del> 12,300

**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: Joel Cisneros 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: <u>Joel Cisneros</u>	Position: <u>owner</u>
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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: <u>Joel Cisneros</u>	Position: <u>owner</u>
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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.

<u>Joel Cisneros</u> Print name of applicant	<u>[Signature]</u> Signature of Applicant	<u>4/19/2018</u> Date and Location
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# 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:** Joel Cisneros

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name: Joel Cisneros ALWAYS MOVING MOVING COMPANY.

Address (include street address, mailing address, city, state, zip, and county):  
15615 UTLEY RD Snohomish 98290.

Phone Number: 425-326-9643

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
MOVING TO A TOWN HOME FROM MY 3 BED. HOME.

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:  
IMMOVING.

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 MOVING MY FAMILY TO A BETTER NEIGHBORHOOD. I NEED THE SERVICE

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? THE SERVICE THIS COMPANY PROVIDES SUITS MY FAMILY NEEDS IN EVERY ASPECT.

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

Sonia Petrakopoulos 5-12-18.  
Signature of Person Completing Form Date and Location



# ATTACHMENT A

## HOUSEHOLD GOODS STATEMENT OF SUPPORT

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**Applicant Name:** Joel Cisneros

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name: Joel Cisneros, Owner, Always Movin Moving Company

Address (include street address, mailing address, city, state, zip, and county):  
8813 S. Lake Stevens rd. Unit B  
Lake Stevens, WA 98258

Phone Number: (425) 760-8779

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:  
I will be moving from an apartment and hopefully into a house once my lease is up in 9 months.

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: Providing this business with a household goods permit will provide me with more choices on choosing more moving services, not only will benefit from this moving services but will also give the community an other local moving business.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I believe this company has potential and will care not only for the customer but for customer's belongings as well, there for granting them this permit will make them successful.

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

[Signature]  
Signature of Person Completing Form

5/18/2018 Lake Stevens  
Date and Location



ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: Joel Cisneros

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Always Moving Company Joel Cisneros

Address (include street address, mailing address, city, state, zip, and county): 1315 107 AVE SE SNOHOMISH WA 98290

Phone Number: 206-769-3846

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? [X] No [ ] Yes If yes, please describe your future moving needs:

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: THIS COMPANY WILL BENEFIT ME WITH MY BUSINESS BECAUSE I SELL AND BUILD HOMES I WILL BE ABLE TO INCLUDE THIS SERVICE IN THE SALE. IT HELPS THE COMMUNITY BY ADDING ANOTHER SERVICE FOR THE LOCALS TO CHOOSE FROM.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? THIS BUSINESS MAY BE NEW BUT LOOKS TO HAVE THE EXPERIENCE.

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: 5/15/18



**MOTOR VEHICLE LIABILITY INSURANCE  
IDENTIFICATION CARD**

COMPANY NUMBER 70 COMPANY National Indemnity Company

POLICY NUMBER 70 TRS 083716 EFFECTIVE DATE 12/18/2017 12:01 AM EXPIRATION DATE 12/18/2018 12:01 AM

YEAR 2014 MAKE/MODEL GMC SAVANA 3500 CUTAWAY VEHICLE IDENTIFICATION NUMBER 1GD374CG3E1910487

GENERAL AGENCY ISSUING CARD  
Griffin Underwriting Services  
1980 112th Ave NE, Ste 210  
Bellevue, WA 98004

INSURED  
JOEL CISNEROS DBA: ALWAYS MOVIN  
17003 9TH AVE SE  
MILL CREEK, WA 98012

**THIS CARD MUST BE CARRIED  
IN THE INSURED VEHICLE FOR  
PRODUCTION UPON DEMAND**

Report All Accidents To:

**1-800-356-5750**

24 Hour Toll Free

Claims may also be reported at:  
claims@nationalindemnity.com

SEE IMPORTANT NOTICE ON REVERSE SIDE

M-4566a (11/1999)

CUT ALONG THIS LINE

CUT ALONG THIS LINE

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M-4566a (11/1999)

CUT ALONG THIS LINE

CUT ALONG THIS LINE

NEW

RENEWAL NUMBER

**NATIONAL INDEMNITY COMPANY**

OMAHA, NEBRASKA

**BUSINESS AUTO COVERAGE DECLARATIONS**

The Declarations include a second part designated "Part 2".

CROSS REFERENCE NUMBER

**70 TRS 083716**

ITEM ONE NAMED INSURED & ADDRESS

**JOEL CISNEROS  
DBA: ALWAYS MOVIN  
17003 9TH AVE SE  
MILL CREEK, WA 98012**

Producer

**Mario Reyes  
12006 88th Ave NE Ste 102  
Kirkland, WA 98034**

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

NAMED INSURED'S BUSINESS: **MOVING FOR HIRE**

POLICY PERIOD: Policy covers FROM **12/18/2017 12:01 AM** TO **12/18/2018** 12:01 A.M. Standard Time at the Named Insured's Address stated above.

**ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS**

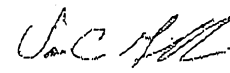
This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto 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 Business Auto Coverage Form shows which autos are covered autos)	LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$ 300,000 CSL	\$ 3,307
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)	7	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS Deductible	\$ 299
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		\$	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists coverage)	10	\$ 300,000 CSL (BI & PD)	\$ 294
<b>PHYSICAL DAMAGE INSURANCE</b>			
COMPREHENSIVE COVERAGE	7	\$ See M 3831c (12/2001)	\$ INCL
SPECIFIED CAUSES OF LOSS		\$	\$
COLLISION COVERAGE	7	\$ See M 3831c (12/2001)	\$ 642
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 \$ 641 ESTIMATED TOTAL PREMIUM \$ 5,183
ENTER SYMBOL 10 DESCRIPTION HERE: Symbol 10 - Only those autos described in Item Three of the Declarations with Liability premium shown.			Broker Fee: \$250.00 Total: \$5,433.00
POLICY SUBJECT TO A FULLY EARNED POLICYWRITING MINIMUM PREMIUM OF \$ 0 IF CANCELLED BY THE INSURED.			
ITEM THREE - SCHEDULE OF COVERED AUTOS		AS ATTACHED	

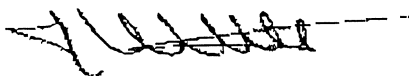
Countersigned At **Griffin Underwriting Services  
Bellevue, WA**

By

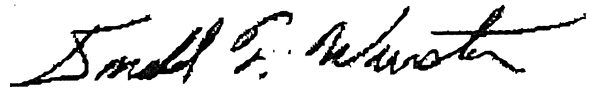
AUTHORIZED SIGNATURE



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



Secretary



President

Please check this policy and endorsements against original order. Griffin Underwriting Services assumes no responsibility for errors. 12/29/2017 18:15 007D9421-A1D9-48DE-8166-242AD207E87E

M-5605 (02/2011)

Received Time May 21, 2018, 12:04 PM, No. 0910 in Underwriting Services, PO Box 3887 Bellevue WA 98009 Phone: 800-562-8095 claims@oodus.com

M-5701 (05/2012)

## SUPPLEMENTAL DECLARATIONS – CARGO COVERAGE

**ITEM TWO**

NAMED PERILS ONLY: Section II, paragraph A.2. applies.

CARGO principally consists of: **HOUSEHOLD GOODS MOVING**

ITEM THREE	SCHEDULE OF COVERAGE	
<b>SPECIFICALLY DESCRIBED AUTOS</b>	<b>CARGO LIMIT OF INSURANCE</b>	<b>PREMIUM</b>
<b>DESCRIPTION OF COVERED AUTO</b>		
1 GMC 1GD374CG3E1910487	\$25,000	See M-5171 (06/2004)
<b>HIRED AUTOS</b>		
<b>ANY AUTOS</b>		
<b>CATASTROPHE LIMIT</b> (\$1,000,000 if left blank)		
<b>DEDUCTIBLE FOR EACH COVERED "AUTO"</b>	1,000	
<b>COVERAGE EXTENSIONS</b>		
Debris Removal & Loss Mitigation Limit \$	5,000	Incl.
Earned Freight Charges Limit \$	N/A	N/A
<b>TOTAL CARGO COVERAGE PREMIUM</b>		<b>641</b>

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

Company Name <b>National Indemnity Company</b>	Policy Number <b>70 TRS 083716</b>
Named Insured <b>JOEL CISNEROS</b>	Supplemental Declarations Effective <b>12/19/2017 12:01 AM</b>
Countersigned at by <div style="text-align: right; margin-top: 10px;">(Authorized Representative)</div>	

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