



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: ASD Ventures Inc

Trade Name, if applicable DBA College Hunks Hauling Junk & Moving

Physical Address 2114 6th St., Bremerton WA 98312

Mailing Address PO Box 656 Gig Harbor, WA 98335

Telephone Number (253) 514 6057 Fax Number (844) 645-0487

Email: suzan.ruiz@chhj.com

FILING YOUR APPLICATION

Select one of the following:

- File your application and pay online at efileapp.utc.wa.gov.
- Scan/PDF to transportation@utc.wa.gov and pay online at payments.utc.wa.gov.
- Fax to 360-586-1181 and pay online at payments.utc.wa.gov, or,
- Mail your application *with* your check or money order to the following address:
UTC, PO Box 47250, Olympia, WA 98504-7250

ACH online (no service fee) or credit card online at payments.utc.wa.gov (2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing).

DO NOT EMAIL OR FAX YOUR CREDIT CARD INFORMATION

BUSINESS INFORMATION - continued

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

UBI #: 604-287-195 USDOT #: 3151264

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 # called asked for a Representative *Will call me back*

Employment Security Department (ESD) registration # 000-763872-00-2

If you will not be setting up an account with L&I or ESD because you do not have employees, please explain how you plan to obtain workers. Per WAC 480-15-555, a criminal background check must be completed on each person you intend to hire. If you intend to hire day labor from a temp agency, they must perform the criminal background check. Refer also to WAC 480-15-302 and 305.

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation _____

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

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or % of Shares</u>
<u>William Beisley</u>	<u>President</u>	<u>51%</u>
<u>Paula Beisley</u>	<u>Vice President</u>	<u>49%</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: While there may be larger interstate companies we are hoping to fill a need for intrastate moving for the all american families

2. Briefly describe your experience in the transportation/household goods moving industry:
NONE

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:

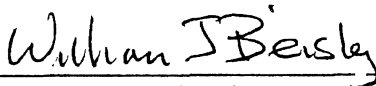

Violation	Date	RCW/WAC

*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	\$ 150,000	Salaries/Wages Payable	\$ 30,000 month
Notes Receivable	\$	Accounts Payable	\$ 10,000 month
Investments	\$	Notes Payable Truck Financing	\$ 2500.00 month
Other Current Assets	\$	Mortgages Payable Rent	\$ 2,200.00 month
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 44,700 a month
Land and Buildings	\$	NET WORTH New Franchise	
Trucks and Trailers	\$ 154,000	Preferred Stock	\$
Office Furniture	\$ 5,000	Common Stock	\$
Other Equipment	\$ 5,000	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 314,000	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
2017	Ford F-750		1FDNF7AYOHDB08085	26,999
2018	Isuzu Dump		54DC4W1B4JS803545	14,500

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 (FMCSR)</u> and <u>Washington State Laws and commission rules (WAC)</u> as described below. Please refer to the <u>WAC rules, Fact Sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating"</u> 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: William Beisley</p>	<p>Position: President</p>

OPERATIONAL RESPONSIBILITIES		
Annual Reports and Regulatory Fees (<u>WAC 480-15-480</u>). You must annually file a report of your financial operations and pay regulatory fees.		
Name: William Beisley	Position: President	
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: William Beisley	Position: President	
<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 does not in itself constitute authority to operate as a household goods mover.</p> <p>As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.</p> <p>I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-305 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.</p> <p>My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.</p> <p>I understand the commission will complete a criminal background check on each person named in the application.</p> <p>I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.</p>		
 _____ Print name of applicant	 _____ Signature of Applicant	6-20-18 _____ Date and Location

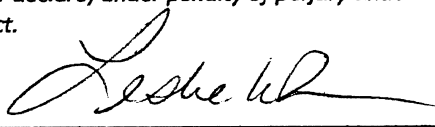


ATTACHMENT A

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: WILLIAM BEISLEY

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: LESLIE WILLIAMS	
Address (include street address, mailing address, city, state, zip, and county): 36015 TAHOMA PL W UNIVERSITY PLACE WA 98466	
Phone Number: 253-475 8740	
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: MOVING 1500sq FT HOUSE TO STORAGE UNIT	
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: STORAGE UNIT TO NEW HOME	
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 MAKE IT EASIER THAN ME HAVING TO HIRE LABOR AND Rent a TRUCK	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	
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	6/20/18 Gig Harbor WA Date and Location



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Applicant Name: *William Beistey*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: *SUZAN DOWELL*

Address (include street address, mailing address, city, state, zip, and county):
14304 126th Ave E Puyallup WA 98374

Phone Number: *360-731-5614*

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
SOW House getting ready to move.

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:
Items to 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 CANT move by myself. I have lifting restrictions

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

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: *6.20.18 Puyallup - WA*



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Applicant Name: *William Beisley*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
WILFRED Ruiz

Address (include street address, mailing address, city, state, zip, and county):
*814 N. 33RD St.
Roxe WA 98056*

Phone Number:
425-801-1973

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
My house sold.

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:
Items to Storage - on Auction

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:
No time to move myself

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

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]* _____
Signature of Person Completing Form Date and Location

WA USA **WASHINGTON** DRIVER LICENSE

20 3M151604K0032

4d LIC [REDACTED] 9CLASS DONOR

1 **BEISLEY**

2 **WILLIAM JOSEPH**

3 DOB [REDACTED] 4a ISS **05/29/2018**

15 SEX **M** 18 EYES **HAZ**

16 HGT **6'-00"** 17 WGT **215 lb**

12 RESTRICTIONS **J** 9a END **L**

4b EXP **08/24/2020**

William Beisley

[REDACTED]

REV 01/06/2015

WA
USA **WASHINGTON** DRIVER LICENSE

 **BEILLEY
PAULA VIRGINIA**

05-06-2014

04-26-2019

Paula Beilley

16 Hgt 5-08
17 Wgt 142 18 Eyes BLU
19 Class 20 End NONE
21 Restrictions NONE

Rev 09-16-2009

ASD Ventures Inc.
Drug and Alcohol Policy

1. Policy:

ASD Ventures Inc. is committed to maintaining a safe work environment for all employees and those in the public who may be affected, while ensuring that all employees are treated fairly and with respect. Everyone who works for and with our Company is expected to understand the risks of alcohol and drug use to workplace safety, and to be able to identify and respond to those risks in compliance with this policy. Employees are expected to comply directly with this policy and any supporting Company programs. Contractors who conduct work on behalf of our Company are expected to develop and enforce comparable policies and programs to manage alcohol and drug risks among their employees.

2. Work Rules:

- 2.1. All employees will be informed regarding this policy at the time of employment. Additionally it will be discussed periodically at "tailgate" safety meetings.
- 2.2. An employee who has a substance problem is encouraged to seek immediate assistance. **The Office Administrator** will provide the employee with the name and address of local agencies or facilities that are equipped to provide the rehabilitation assistance needed by the employee.
- 2.3. The following actions are strictly prohibited;
 - 2.3.1. While on company property or at a company worksite, to use, consume, possess, distribute, sell or transfer:
 - i. Alcohol (unless contained in sealed (unopened) packaging, and secured in vehicle for transfer to home or official company-sanctioned event) or
 - ii. Drugs other than those permitted by this policy as described below, or
 - iii. Drug paraphernalia;
 - 2.3.2. From reporting to work or performing work while the employee's ability to safely perform his or her duties is adversely affected by use of drugs or alcohol.
 - 2.3.3. From refusing to;
 - i. Comply with a request to confirm he or she is in compliance with this policy when a supervisor or manager has reasonable grounds to believe the employee may not be in compliance, or
 - ii. Comply with a request to submit to an alcohol or drug test:
 - a. When a supervisor or manager has reasonable grounds to believe the employee may not be in compliance with the policy and the employee cannot confirm compliance without a test;

ASD Ventures Inc.
Drug and Alcohol Policy

- b. Following an incident or near miss if a supervisor or manager present at the workplace has reasonable grounds to believe that the employee was involved in the incident or near miss and there is no objective evidence to believe that the use of alcohol or drugs did not contribute to the cause of the incident or near miss;
 - c. When applying for or transferring into a safety-sensitive position;
 - d. As periodically required by the Company throughout the time the employee is working in a safety-sensitive position; and
 - e. When the employee has previously tested positive and is returning to work after an assessment by a substance abuse expert.
- 2.4. This Work Rule permits the possession or use of prescription and non-prescription drugs under the following conditions:
- i. Any prescription drug in the employee's possession or used by the employee is prescribed to the employee, and
 - ii. The employee is using the prescription or non-prescription drug for its intended purpose and in the manner directed by the employee's physician or pharmacist or the manufacturer of the drug, and
 - iii. The use of the prescription or non-prescription drug does not adversely affect the employee's ability to safely perform his or her duties, and
 - iv. The employee has notified his or her supervisor or manager before starting work of any potentially unsafe side effects associated with the use of the prescription or non-prescription drug.

No information collected about an employee under this policy will be disclosed to any person, unless the employee has given consent or the supervisor or manager in possession of the information is legally required to disclose it.

3. Testing Procedures

3.1. Laboratory Testing

ASD Ventures Inc. will designate the laboratories to perform substance testing on blood or urine specimens in accordance with standards set forth by an established industry standard. *For the purpose of this guidance document, the testing procedures and testing minimums are aligned with the Washington State Department of Labor and Industries.* The substances and detection levels covered by this testing program are set forth below. Employees may be asked by collection site personnel to indicate whether there is the potential that they will test positive for prescription or other substances. A consent form and information sheet will be provided. If the employee fails to provide an acceptable urine specimen the company may take the following steps:

ASD Ventures Inc.
Drug and Alcohol Policy

- i. Extend the stay of the employee at the designated collection site, if feasible, until an acceptable specimen can be collected.
- ii. Reschedule the test due to unusual circumstances, i.e. post-operative situations.
- iii. Discipline the employee, up to and including termination, on the first offense for failing to cooperate or refusing to provide an acceptable specimen

All positive urine specimen test results for employees on active status will be confirmed by standard laboratory procedures. In case of testing by means other than urine (i.e. breath or other samples), reliable laboratory or instrument testing procedures will be followed.

3.2. Testing Substances

As a minimum, the following substances and detection levels shall be tested for:

- i. Alcohol level equal to or in excess of 0.04 BAL;
- ii. Equal to or in excess of the urine concentrations set out in the below table;

Drugs or Classes of Drugs	Screening concentration equal to or in excess of ug/ml
Marijuana metabolites	50
Cocaine metabolites	300
Opiates	2000
6-Acetylmorphine	10
Phencyclidine	25
Amphetamines/Methamphetamines	1000
MDMA	500

Concentrations at or in excess of the above levels shall be conclusive proof of unacceptable levels of unauthorized, prohibited, illegal or controlled substances.

4. Disciplinary Action for Policy Violation

4.1 Applicants

- i. If the final result of a pre-employment drug scree is positive, the applicant will not be employed. No applicant can be reconsidered for employment sooner than six (6) months following the date of the positive drug screen.

4.2 Employees

- ii. No drug test will be conducted without written consent. However, any employee who refuses to provide such written consent and fully cooperate

ASD Ventures Inc.
Drug and Alcohol Policy

with this policy will be subject to disciplinary action up to and including discharge from employment.

- iii. Under certain circumstances, disciplinary action may include a mandatory referral to and enrollment in an approved rehabilitation program at the employee's expense. This action may also require an indefinite suspension of regular employment.
- iv. An employee's job is not in jeopardy by reason of his voluntary admission to having a substance problem and request for help and referral to an approved rehabilitation program, provided that such request is made prior to, and well in advance of, any consideration of being tested under the provisions of this policy. Employees participating in this rehabilitation program will be subject to follow-up or "maintenance" testing.

4.3 Contractors, Subcontractors, Vendors, Their Employees' Agents or Representatives.

- i. No drug test will be conducted without written consent. However, anyone who refuses to provide such written consent and does not fully cooperate with this policy will be subject to disciplinary action up to and including removal from the job or job site, as may be appropriate. Preliminary findings of a policy violation may require that the individual involved be suspended from the job pending the results of the company investigation.
- ii. If the final result of a "reasonable cause" or "post-accident" drug screen is positive, the individual will be permanently barred from the job.

5. Client Requirements

In the event that a client has an Alcohol and Drug Testing Guideline that is more stringent than those outlined above, the client's guidelines will be followed for all work done with that client. Examples of more stringent guidelines include but are not limited to:

- i. A greater number of substances (panels) to be tested for
- ii. A lower detection/cut off levels
- iii. Specified number or percent of employees to be tested on the site
- iv. DOT or similar mandated programs