

09222

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	

- | <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: Pro Piano Move Inc.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 7831 196th St. SW Ste 102, Edmonds, WA 98026

Mailing Address 8310 E Sunnyside School RD, Marysville, WA 98270

Telephone Number 206 604-6131 Fax Number () _____

BUSINESS INFORMATION - continued

UBI #: 604 255 433 Email: billy @ pro piano move. com

USDOT #: 3157489 (If you currently don't have one, go online at www.imcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # 604, 619-00

Employment Security Department registration number 000-756181-00-2

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
<u>William Cornelius</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: We will transport pianos and other instruments from residence to residence.

2. Briefly describe your experience in the transportation/household goods moving industry: I have been involved in piano moving since 2014.

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	\$ 18,000	Salaries/Wages Payable	\$ 6,000
Notes Receivable	\$ 5,000	Accounts Payable	\$ 10,000
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 10,000	Preferred Stock	\$ 0
Office Furniture	\$ 500	Common Stock	\$ 0
Other Equipment	\$ 2,000	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
TOTAL ASSETS	\$ 35,500	TOTAL LIABILITIES & NET WORTH	\$ 16,000

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
2008	Dodge	C58440B	WD0PE145585231457	9990
2003	Mercedes	B712202	WD3PF4009D5751742	11,030
2015	Isuzu	C43812D	2F7005228	14,500
2012	Ford	BlaE5441	1FDW03F52CDA04684	12,500

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).

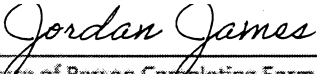
Name: <u>William Cornelius</u>	Position: <u>owner</u>
--------------------------------	------------------------

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: Steinway & Sons Piano Gallery - Seattle

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Jordan James, Manager, Steinway & Sons Seattle
Address (include street address, mailing address, city, state, zip, and county):	1218 3rd Ave Suite 105 Seattle, WA 98101 King County
Phone Number:	206-624-0921
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: Business to Business and Client Residential moving / delivery of Steinway & Sons product.
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: 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:	By allowing our product to be efficiently and successfully delivered, stored and transported in order to do business.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	N/A
<i>I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>	
 _____ Signature of Person Completing Form	7/16/18 _____ 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:

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: Ariel Askren / Operations Manager / Walter Piano Transport, Inc.	
Address (include street address, mailing address, city, state, zip, and county): 2135 Industrial Parkway, Elkhart, IN 46516	
Phone Number: 574-674-6139	
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 have 20+ moves per month that Pro Piano Move assists me with.	
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: 20+ jobs per month for the foreseeable future	
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: Working with Pro Piano Move will allow me to better service my WA based clients.	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Our company depends on Pro Piano Move to service our clients. In addition, Steinway Piano Gallery Bellevue & Naples, both local companies, also depend on Pro Piano Move	
<i>I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>	
Signature of Person Completing Form	Date and Location