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AUG - 7 2018
WASH. UT. & TP. COMM

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**

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed:	DOL/SOS:	ID:	Docket #
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception # <u>06595</u>	111-0268-207-02 <u>330</u>	111-0268-013-20	

6704

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, and a closing annual report from current company **\$ 550**
- Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete pages 3-8, Attachments B & C, and a closing annual report from current company **\$ 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: Backbreakers NW, LLC

(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 4777 Commercial Street, STE B1, Clinton WA 98236- Soon to be 1689 E. Main Street, Freeland WA 98249

Mailing Address PO Box 1016 Clinton WA 98236

Telephone Number (360-579-1998) Fax Number (360-331-0358)

BUSINESS INFORMATION - continued

UBI #: 603-297-599 Email: LMBOREN@WHIDBEY.NET

USDOT #: 3166061 (If you currently don't have one, go online at www.fmcsa.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # 051,100-02

Employment Security Department registration number 46-2759536

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 WA

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>LeRoy Boren</u>	<u>Member</u>	<u>67%</u>
<u>Jeffrey Hansen</u>	<u>Member</u>	<u>33%</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 began as a junk hauling company. Our customers really love us, and we see a big need for providing local moving services in our region. We believe our reputation for customer service, and hiring of high quality staff will be of benefit to customers

2. Briefly describe your experience in the transportation/household goods moving industry: 5 years working with homeowners removing their unwanted items and trucking those to the dump or to donation locations. Previous personal experience working for moving and shipping companies

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	\$ 13641	Salaries/Wages Payable	\$
Notes Receivable	\$ 9,974	Accounts Payable	\$ 3611
Investments	\$	Notes Payable	\$
Other Current Assets	\$ 3522	Mortgages Payable	\$
Prepaid Expenses	\$ 5150	TOTAL LIABILITIES	\$ 3611
Land and Buildings	\$	NET WORTH	75,927
Trucks and Trailers	\$ 42,000	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$ 3886	Retained Earnings	\$
Other Assets	\$ 1365	Capital	\$
TOTAL ASSETS	\$ 79,538	TOTAL LIABILITIES & NET WORTH	\$ 79,538

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
2005	GMC	C17184L	J8DC4B16457003268	14,000

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: Leroy Boren	Position: Member
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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: **Leroy Boren**

Position: **Member**

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: **Leroy Boren**

Position: **Member**

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.

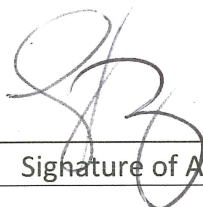
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-305 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.

Leroy Boren, Member



08/01/2018 Clinton WA

Print name of applicant

Signature of Applicant

Date and Location

Backbreakers NW, LLC

•••

8/1/2018

Leroy Boren
Backbreakers NW, LLC
PO Box 1016, Clinton WA 98236

Utilities and Transportation Commission
PO Box 47250
Olympia, WA 98504-7250

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To Whom it May Concern-

Please find the enclosed completed HHG Application

Additionally, I want the Commission to be aware of the fact that there may be some address discrepancies in our paperwork submitted to various agencies. When began filing the necessary forms with USDOT/FMCSA, and obtaining both Form E and Form H insurance, we starting taking steps to establish a new office and garaging location. Based on the date I filled out a form, the location of the business may differ. The original location was 4777 Commercial Street, B1, Clinton WA (Shared space between Leroy M. Boren Construction, Inc., and Backbreakers NW LLC). The new location is 1689 East Main Street, Suite 1, Freeland Wa. The proof of Form H insurance incorrectly notes our address as 1685 Main Street, Freeland. The underwriter is correcting that. Our Form E has our information as our mailing address - PO Box 1016, Clinton WA. This is still our current valid mailing address. I will amend and conform all forms to the proper address.

Best Regards,

Leroy Boren
Member
Backbreakers NW, LLC

Backbreakers NW, LLC

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ENCLOSED:

HHG Permit Application (8 pages)

Form E Filing (1 page)

Insurance Identification Cards (1 page)

Form H Filing (1 page)

Form I Endorsement (1 page)

Attachment A from HHG Application- 6 separate Statements.

Copies of Drivers licenses- Jeff Hansen & LeRoy Boren

REDACTED per RGW 42.56.230

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

Liability Limit: 100/300/50

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Cas Co (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to BACKBREAKERS NW, LLC of PO BOX 1016, CLINTON, WA 98236-0000 a policy or policies of insurance effective from 07/16/2018 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 Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 17th day of July, 2018

Insurance Company File No. CA 03191790

(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B

**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 National Indemnity 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 BACKBREAKERS NW LLC
(Name of Motor Carrier)

of 1685 MAIN ST, FREELAND, WA 98249
(Address of Motor Carrier)

a policy or policies of insurance effective from 08/26/2018 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 1st day of August, 20 18



Authorized Representative

Insurance Company File No. 70MTS020808
(Policy Number)



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: Backbreakers NW LLC

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Candace Jordan, Realtor/Broker Keller Williams South Whidbey Realty
Address (include street address, mailing address, city, state, zip, and county):	14596 SR 525/PO Box 1627, Langley, WA 98260 Island County
Phone Number:	#206-391-0189
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 represent many clients who live out of the area and I assist them preparing them to sell their properties. This often means finding a contractor to remove personal property and debris.
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:	My out of state client needs construction debris removed from a home for sale and another elderly client needs personal property removed and delivered to a recycling and trash station.
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 is critical to my business and all real estate firms to have excellent service to remove trash & debris and move household goods in order to sell homes.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	We are on an island served by a ferry and we need a local contractor available to move trash, debris and then household goods to new homes.
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">Authentisign</div> <div style="margin-right: 20px;"> </div> <div style="margin-right: 20px;">08/01/2018</div> </div> <small>8/1/2018 4:43:02 PM PDT</small> Signature of Person Completing Form	_____ Langley, WA 98260 Date and Location

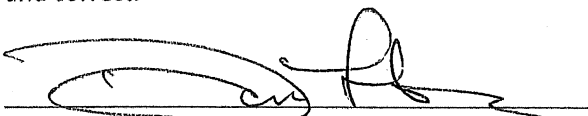


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HOUSEHOLD GOODS STATEMENT OF SUPPORT

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: Backbreakers NW LLC

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Dan Fouts, Broker, Windermere RE South Whidby
Address (include street address, mailing address, city, state, zip, and county):	5531 Freedland Ave Freedland, WA 98249
Phone Number:	360-969-5957
Do you currently need the services of a residential household goods moving company? No <input type="radio"/> Yes <input checked="" type="radio"/> If yes, please describe your current moving needs:	Clients and personally
Do you anticipate a future need for the services of a residential household goods moving company? No <input type="radio"/> Yes <input checked="" type="radio"/> If yes, please describe your future moving needs:	With the increase in people moving to Whidby
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'm currently unaware of a company that provides moving service. This will be a great help.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	NO.
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	 <div style="text-align: right;"> Aug 2, 2018 Freedland, WA </div>



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Applicant Name: Backbreakers NW LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Barbara Taylor, Owner Broker South Island Properties

Address (include street address, mailing address, city, state, zip, and county): P.O. Box 254 4777 Commercial St., A-I, Clinton, WA. 98236

Phone Number: (360) 341-4060 + (360) 929-7863

Do you currently need the services of a residential household goods moving company?

No Yes If yes, please describe your current moving needs:

I manage 100+ rental properties!

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:

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:

There is no one else serving this need in our communities.

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

They, Leroy Boren + Jeff Hansen have great reputations and are longtime island owners/residents

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 8/1/18 Clinton, WA



ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: Backbreakers NW LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

CLAY ANDERSON

Address (include street address, mailing address, city, state, zip, and county):

Po Box 205, Clinton WA 98236

Phone Number:

360-341-3416

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?

[] No [X] Yes If yes, please describe your future moving needs: We will be moving once we find a new home to purchase

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 are no moving companies in my area. Backbreakers has a great reputation hauling junk. I think they could fill this niche

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

I have known the owners for years, and they have a great reputation

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

Clinton, WA

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: Backbreakers NW LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Shannon Hansen

Address (include street address, mailing address, city, state, zip, and county): 3771 Midvale Rd. Clinton WA 98236

Phone Number: 425 322 9907

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? [] No [X] Yes If yes, please describe your future moving needs: We will need household items moved after new home purchase.

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 are no other moving companies on South Whidbey Island so having such a service would help many.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Backbreakers provides great customer service and has been helping the residents of Whidbey Island for over 5 years.

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: [Handwritten Signature]

Date and Location: 7/29/2018



ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: BACKBREAKERS NW LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Rosie Otto

Address (include street address, mailing address, city, state, zip, and county):
1947 Bev. Bch. Rd., Freeland, WA 98249

Phone Number: 360.929.0398

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:
 In the future I plan to move from my home into another one.

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 know my goods will be transferred safely to their next location.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
 LeRoy Boren and Jeff Hansen are good men.

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

07-31-18 Clinton, WA
 Date and Location

WASHINGTON

ENHANCED
DRIVER LICENSE



32170262C1153

4d LIC# [REDACTED]

DONOR ♡

1 BOREN

2 LEROY MARK

3 DOB [REDACTED]

4a Iss 01-26-2017

15 Sex M 16 Hgt 6-00
17 Wgt 200 18 Eyes BLU



9 Class 4b Exp 09-02-2020



9a End NONE

12 Restrictions NONE

5 [REDACTED]

Handwritten signature/initials

WA USA **WASHINGTON** DRIVER LICENSE



4d LIC [REDACTED]
1 HANSEN
2 JEFFREY ROBERT
3 DO [REDACTED]
4a Iss 10-31-2016
15 Sex M 16 Hgt 6-00
17 Wgt 250 18 Eyes BLU
9 Class 9a End NONE
12 Restrictions NONE
4b Exp 11-17-2022

Jeff R Hansen

5 [REDACTED] Rev 09-16-2009