

**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: ESTABLISHED MOVING & STORAGE OF EVERETT INC.

Trade Name, if applicable _____

Physical Address 908 INDUSTRY DR SE TUKWILA WA 98188

Mailing Address 1201 SW 4TH CT. BOCA RATON FL 33432

Telephone Number () 214 869 0870 Fax Number () _____

Email: JCPO@ESTABLISHEDMOVING.COM

BUSINESS INFORMATION - continued

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

UBI #: 604 322 813 USDOT #: 3180497

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 # IN SYSTEM - ACTIVE STATELY

Employment Security Department (ESD) registration # IN SYSTEM - ACTIVE STATELY

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 DE

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

Name	Title	Stock Distribution or % of Shares
<u>JASON CROSSER</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.

- Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: WILL BE PROVIDING INTRASTATE HIG MONES FOR EVERETT & SURROUNDING AREAS. WE WILL BE FILLING AN UNMET NEED FOR SERVICE DUE TO THE AVAILABILITY OF MOVING COMPANIES COMPARED TO THE CONSUMER DEMAND. CAPACITY ISSUES DRIVE UP COST TO CONSUMER.
- Briefly describe your experience in the transportation/household goods moving industry: I HAVE 18 YEARS OF HIG EXPERIENCE WHICH INCLUDES OPERATIONS, SALES, TRAINING, AND CONSTRUCTION.

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 WTC# TH 6067984

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	\$ 50,000 -	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
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	\$ 0	Preferred Stock	\$ 0
Office Furniture	\$ 1,000 -	Common Stock	\$ 0
Other Equipment	\$ 1,000 ✓	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
TOTAL ASSETS	\$ 52,000 -	TOTAL LIABILITIES & NET WORTH	\$ 0

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
2019	FREIGHTLINER	C20955E	2PVA CWD T767HA453	25,999 -

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: JASON CROSSEN

Position: PRESIDENT

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: JASON CROSSEN 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: JASON CROSSEN Position: PRESIDENT

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.

JASON CROSSEN  08.25.18
Print name of applicant Signature of Applicant 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:

ESTABLISHED MOVING & STORAGE

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
 Broad Street Equity, LLC

Address (include street address, mailing address, city, state, zip, and county):
 815 1st Ave, #145, Seattle, WA 98104

Phone Number: 253-237-4331

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

As a real estate investment company we often have the need to move house hold goods (furniture, appliances, etc) around the area. There is often a lack of available moving companies.

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:

Our growing business will continue to need moving companies for the purpose of transporting household goods between properties, both rentals and those listed for sale.

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:

As stated above, moving household goods such as furniture and appliances is a frequent requirement of our business and the need for available moving companies will only increase.

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

Patricia

28 Nov 17 / Seattle, WA

Signature of Person Completing Form

Date and Location

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Applicant Name: ESTABLISHED MOVING & STORAGE

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: Brayden Miller	
Address (include street address, mailing address, city, state, zip, and county): 23210 SE 312th st Black Diamond WA 98010	
Phone Number: (206) 292-6193	
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe your current moving needs: I've been looking for a moving service to help move furniture and appliances from my old apartment in Black Diamond to my next apartment in Bellevue. Unfortunately, many of the moving companies that I've contacted are either too expensive or are booked beyond my move-in period.	
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe your future moving needs: Moving appliances, furniture, and other miscellaneous furnishings from Black Diamond to Bellevue.	
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: Currently, there are too few moving companies in the market to service the growing population of people moving into and residing in Western Washington.	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Not that I can think of.	
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 Brayden Miller	December 5, 2017 – Seattle, WA

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: ESTABLISHED MOVING & STORAGE

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: <u>Hans Vieser, Associate, CBRE</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>10022 NE 23rd St, Bellevue WA 98004</u>	
Phone Number: <u>425-765-7926</u>	
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: <u>My lease is up in March, I will need a home mover to help me relocate to a more affordable area. Seattle met area has grown by 1,100 people per week and this demand has priced me out of my neighborhood. I will need to find a local mover to help with my relocation.</u>	
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: <u>Because King county is the Nation's 4th fastest growing county- with 35,714 new residents between 2015 & 2016- it has become difficult to find housing and relocation services. I find that this hyper growth has put a strain on local businesses ability to keep up. It is hard, as a consumer, to book these services at reasonable rates.</u>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>No.</u>	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<u>Hans Vieser</u>	<u>12/1/17 Seattle, WA</u>
Signature of Person Completing Form	Date and Location

We the People

*Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.*



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT
PASAPORTE

UNITED STATES OF AMERICA



Type / Type / Type: P Code / Code / Código: USA Passports No. / No. du Passeport / No. de Pasaporte: [REDACTED]

Surname / Nom / Apellidos: CROSSEN

Given Names / Prénoms / Nombres: JASON BRENT

Nationality / Nationalité / Nacionalidad: UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento: [REDACTED]

Place of birth / Lieu de naissance / Lugar de nacimiento: FLORIDA, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición: 28 Oct 2015

Date of expiration / Date d'expiration / Fecha de caducidad: 27 Oct 2025

Endorsements / Mentions spéciales / Añadidos: SEE PAGE 27

Sex / Sexe / Sexo: M

Authority / Autorité / Autoridad: United States

Department of State

