

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 #	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: 1st Choice Movers LLC

Trade Name, if applicable _____

Physical Address 3512 S Juneau Street APT 305 Seattle, WA 98118

Mailing Address Same as above

Telephone Number (206-480-7932) Fax Number () _____

Email: matthew@1stchoicemovers.co

BUSINESS INFORMATION - continued

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

UBI #: 604239000 USDOT #: 3109300

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 # 669,274-00

Employment Security Department (ESD) registration # 781126-00-7

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.

N/A

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>N/A</u> <u>Matteo - Gonnella</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: Affordable, honest, stress free, moving service.

2. Briefly describe your experience in the transportation/household goods moving industry:

I have over 5 years experience in the moving industry from sales to the operations.

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	\$ ⁰	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	\$ ⁰
Land and Buildings	\$ ⁰	NET WORTH	
Trucks and Trailers	\$ ⁰	Preferred Stock	\$ ⁰
Office Furniture	\$ ⁰	Common Stock	\$ ⁰
Other Equipment	\$ ⁰	Retained Earnings	\$ ⁰
Other Assets	\$ ⁰	Capital	\$ ⁰
TOTAL ASSETS	\$ ⁰	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
2016	International Durastar		1HTMMMMLOGH379422	Under 10,000

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: Matthew Comella	Position: Owner
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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: Matthew Comella	Position: Owner
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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: Matthew Comella	Position: Owner
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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.

Matthew Comella

Print name of applicant



Signature of Applicant

11/8/13 Seattle

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: matthew cornella

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
AMANDA GIBREAB, Vocational Rehabilitation Counselor, DVR

Address (include street address, mailing address, city, state, zip, and county):
1200 12th Ave. S. suite 730 Seattle, WA 98144 King

Phone Number:
206 273 7131

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 may relocate at some point and need moving services.

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:
In working with the applicant on his vocational goal and business plan he has the ability to provide great customer service and moving services.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
The applicant is fully committed to providing excellent customer service to the community and outstanding moving services.

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

3/13/18 Seattle, WA
Signature of Person Completing Form Date and Location






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Applicant Name: Matthew Comella

The following must be completed by the Supporter of the applicant		
Name, Title, and Business Name: James McCafferty, Principal, Houston, McCafferty & Associates		
Address (include street address, mailing address, city, state, zip, and county): 1026 Lightning Way Camano Island, WA 98282		
Phone Number: 206-274-1514		
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: It is likely in the future I will move my residence using a full-service moving company.		
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: After discussing the applicant's background and business plan it is my opinion that he would provide an excellent honest service focused on high quality service and care.		
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? The business proposed will provide excellent services with the customer experience in mind - providing dependable and understandable services and pricing.		
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.		
<table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">  <hr/> Signature of Person Completing Form </td> <td style="width: 50%; text-align: center;"> 3/9/18 Camano Island, WA <hr/> Date and Location </td> </tr> </table>	 <hr/> Signature of Person Completing Form	3/9/18 Camano Island, WA <hr/> Date and Location
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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:
 Matthew Comella

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
 Marilyn Llavenas, Rehab Tech, DVR

Address (include street address, mailing address, city, state, zip, and county):
 1200 12th Ave S Ste 730 Seattle, WA 98144

Phone Number:
 (206) 273-7100

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:

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:
 Matthew will be able to help those in the community move goods that are not able to.

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.



 Signature of Person Completing Form

11/9/2016 Seattle, WA

 Date and Location

20 31181812B1139

USA WASHINGTON DRIVER LICENSE FEDERAL LIMITS APPLY

4d LIC CLASS
1 COMPELLA
2 MATTHEW THOMAS

3 DOB [REDACTED] 4 ISS 07/10/2018

15 SEX M 18 EYES BLU
16 HGT 5'-02" 17 WGT 205 LB
12 RESTRICTIONS NONE 19 END NONE
40 EXP [REDACTED]

REV 07/01/2018



CLASS
ENDORSEMENTS:
RESTRICTIONS:
NONE

Please notify the Department of Licensing within 10 days of a change of address.



FIRSCHO-03

JRIORDAN



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/08/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER WAFD Insurance Group, Inc. Thomas and Associates PO Box 457 Stanwood, WA 98292	CONTACT NAME: Jamie Riordan PHONE (A/C, No, Ext): (360) 629-2103 FAX (A/C, No): (360) 629-9702 E-MAIL ADDRESS: jamier@thomasins.com
INSURED	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Evanston Insurance Company 35378 INSURER B : National Indemnity Company 20087 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSTR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			3AA309484	10/24/2018	10/24/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			70TRS095241	11/05/2018	11/05/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Motor Truck Cargo			70TRS095241	11/05/2018	11/05/2019	Motor Truck Cargo 20,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Evidence of Insurance	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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