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 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: Queen City Business Movers LLC
(must be individual, partners of a partnership or corporation)
 Trade Name, if applicable Queen City Movers
 Physical Address 661 W. Nickerson St. #2 Seattle, WA 98119
 Mailing Address SAME AS ABOVE
 Telephone Number () 206.295.1467 Fax Number () N/A

BUSINESS INFORMATION - continued

UBI #: 604-108-336 Email: quencitymovers@hotmail.com

USDOT #: 3003889 (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.)

PAC# 63560621

Department of Labor & Industries Worker's Comp account # 268, 303-01

Employment Security Department registration number 000-698833-00-2

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>Johnathan Jacobs</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: Household Goods Moving
We work hard, honest and have more integrity than
many others.
- Briefly describe your experience in the transportation/household goods moving industry:
I have worked as a mover for 6 years.
- 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 _____
- 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 I had a misdemeanor Assault
Conviction in Nov 18th, 2013.
- Do you currently operate interstate? No Yes If yes, please indicate your MC# _____
- 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
Judgment Exposure	Dec 11 th 2012	Seattle, WA
Misdemeanor Assault	Nov 2012	Lynnwood, WA

*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
I was ordered to stop after my permit was denied in early 2014	January 2014?	Commission Rules

*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	\$ 4,500	Salaries/Wages Payable	\$ -
Notes Receivable	\$ -	Accounts Payable	\$ -
Investments	\$ -	Notes Payable	\$ -
Other Current Assets	\$ -	Mortgages Payable	\$ -
Prepaid Expenses	\$ -	TOTAL LIABILITIES	\$ -
Land and Buildings	\$ -	NET WORTH	
Trucks and Trailers	\$ 10,000	Preferred Stock	\$ -
Office Furniture	\$ -	Common Stock	\$ -
Other Equipment	\$ -	Retained Earnings	\$ -
Other Assets	\$ -	Capital	\$ -
TOTAL ASSETS	\$ 14,500	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
1997	ISUZU FTR	N/A Just purchased	4GTJ7C123VJ600151	26000
1990	VOLVO FE613	C60382A	YB3UGA7A1LB446079	26000

SAFETY AND OPERATIONS	
<p>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.</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 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</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>	
Name:	Johnathon Jardo
Position:	Owner

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: Jonathan Jorde Position: Owner

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: Jonathan Jorde Position: Owner

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.

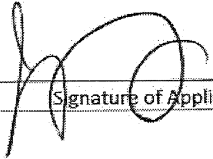
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

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.

Jonathan Jorde  11/19/18 Seattle, WA
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: John Jorde, Queen City Moving

The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: Sally Julien, Owner, Modernous LLC
Address (include street address, mailing address, city, state, zip, and county): 1935 152nd Place NE #100, Bellevue WA 98007
Phone Number: 206.399.1419
Do you currently need the services of a residential household goods moving company?
Do you anticipate a future need for the services of a residential household goods 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:
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: Sally Julien
Date and Location: Bellevue, 11/26/18




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Applicant Name:	Drake Jurado
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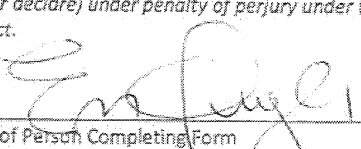
The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Drake Jurado
Address (include street address, mailing address, city, state, zip, and county):	321 Broadway E apt 107 Seattle WA 98102
Phone Number:	(206) 850-0347
Do you currently need the services of a 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:	I may be moving in the near future to a new location and am planning to call upon the services of Queen City Movers
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:	The company would benefit me because it would fit my needs to move at a fair and reasonable price for quality work done efficiently. I believe that the company would serve as a suitable professionally legitimate business to serve the greater puget sound area and beyond.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	I believe this is a company that can provide a service that we all need in our lives and it is good to have options when shopping around for this particular service. I believe many in the community will come to the conclusion that this this will be the greatest option based upon the quality of the service provided.
<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>	
	11/27/18 Seattle WA
Signature of Person Completing Form	Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: John Jorda / Queen City

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Erin Quigley - Owner - Open House Stairing
Address (include street address, mailing address, city, state, zip, and county):	4640 Union Bay Pl. NE # C Seattle 98105
Phone Number:	206 465 9347
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:	We have weekly needs moving our clients
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:	See 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:	We prefer to have a full service mover. Our clients depend on us for references and excellent moving.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	John can run a great operation. We have used 10 in the last 15 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	Date and Location
	11.27.18