



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, 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: ~~KEDRIC DWAIN JACKSON~~ A
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable: ACME MOVING LABOR, LLC

Physical Address: 839 1ST AVENUE NORTH, KENT, WA 98032

Mailing Address: SAME ABOVE

Telephone Number: (253) 653 8635 Fax Number () _____

BUSINESS INFORMATION - continued

UBI #: 604-045-542 Email: ACMEMOVINGLABOR@GMAIL.COM

USDOT #: 2154291 (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of [Labor & Industries](#) Worker's Comp account # 304,636-01

[Employment Security Department](#) registration number 000-712297-00-1

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 LLC

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

Name	Title	Stock Distribution or % of Shares
<u>KEDRIC D. JACKSON</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: MY SERVICE WILL PROVIDE CUSTOMER(S) WITH CHOICE TO USE A FULL SERVICE ~~FOR~~ MOVING COMPANY, A COMPANY LIKE PODS (MOVING HELP), OR USE A RENTAL TRUCK LIKE UHAUL.
- Briefly describe your experience in the transportation/household goods moving industry: I HAVE BEEN PROVIDING MOVING ASSISTANCE TO CUSTOMER(S) FOR APPROXIMATELY 15 YEARS. I HAVE PROVIDED SERVICES FROM PACKING AND UNPACKING OF BOXES, TO LOADING AND UNLOADING OF HOUSEHOLD GOODS FURNITURE.
- 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 MC-036345 / HHG 067625
- 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 _____
- Do you currently operate interstate? No Yes If yes, please indicate your MC# 036345
- Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? COLONIAL VAN LINES

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
ON FILE WITH UTC	" "	" "
NOTHING HAS CHANGED	" "	" "

*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
BACK GROUND CHECK / ESTIMATE	MAY 1, 2018	480-15-555
" "	" "	480-15-630

*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	\$ 4,200.00	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 11,000.00	Accounts Payable	\$ 1,725.00
Investments	\$ 0	Notes Payable	\$ 8,000.00
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 1,725.00	TOTAL LIABILITIES	\$ 9,725.00
Land and Buildings	\$ 0	NET WORTH	\$ 44,700.00
Trucks and Trailers	\$ 32,000.00	Preferred Stock	\$ 0
Office Furniture	\$ 3,000.00	Common Stock	\$ 0
Other Equipment	\$ 2,500.00	Retained Earnings	\$ 15,000.00
Other Assets	\$ 0	Capital	\$ 21,000.00
TOTAL ASSETS	\$ 54,425	TOTAL LIABILITIES & NET WORTH	\$ 80,700.00

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	7x14 ENCLOSED	A3213092	4YMBC1425KR000847	7,000 lbs
→	TRAILER/CARRYON			
2006	FRIGHTLINER	C15419F	1FVACWDC76DX16838	26,000 lbs
1996	FORD CLUB W/G		1FBJS31H4THB25940	6,000 lbs

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 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</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:	Position:
KEDRIC JACKSON	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: KEDRIC JACKSON	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: KEDRIC JACKSON	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.

KEDRIC JACKSON		3/22/19	KENT, WA
Print name of applicant	Signature of Applicant	Date and Location	



ATTACHMENT B

Transfer of Household Goods Authority
Per [WAC 480-15-187](#)

Current Name on Permit (Seller): CHERYL BALL
Current Trade Name on Permit (Seller): AEMB MOVING LABOR, LLC
Address (Seller): 839 1ST AVE NORTH
HG Permit Number: 067625 Phone Number (Seller): 206.518.7803

Does the transfer of this permit fall under the provisions of [WAC-480-15-187\(2\) or \(3\)](#)?
 No Yes If yes, please complete Attachment C.

Have all fines or penalties owed to the commission been paid? No Yes
Has the closing annual report been filed? Yes

Note: A company transferring operations must submit an [annual report](#) for that portion of the year in which the company operated.

A customer may file a loss or damage claim for up to nine months following a move and may file a loss or damage lawsuit for up to two years following a move. Who will be responsible for handling claims filed by customers for loss or damage that occurred on moves taking place prior to the sale and transfer? KEDRIC JACKSON

RELEASE OF AUTHORITY

I, the seller, have sold or otherwise released interest in my household goods permit number HG-067625 to the following:

Name of Buyer: KEDRIC JACKSON
Trade Name of Buyer: AEMB MOVING LABOR, LLC

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

Cheryl Ball 3/22/19 Kent, WA
Seller's Signature Date and Location

Kedric Jackson 3/22/19 KENT, WA
Buyer's Signature Date and Location



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/14/2019

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 Vern Fonk Insurance Services Inc 23830 Pacific Hwy S Ste 104 Kent, WA 98032	CONTACT NAME: STELLA BISSETTE
	PHONE (A/C, No, Ext): 206-859-4894 FAX (A/C, No): 206-859-4899 E-MAIL ADDRESS: stella@vernfonk.com
INSURED ACME MOVING LABOR, LLC 839 1ST AVE NORTH KENT, WA 98032	INSURER(S) AFFORDING COVERAGE: SCOTTSDALE INSURANCE COMPANY NAIC #
	INSURER B: PROGRESSIVE COMMERCIAL 11770
	INSURER C: UNDERWRITERS AT LLOYDS, LONDON 112200
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER: 00000000-596116** **REVISION NUMBER: 11**

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.

INSR 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:	Y	Y	CPS2847987	07/24/2018	07/24/2019	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 <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			08325393-0	11/01/2018	05/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	CARGO			CK57848A18	09/27/2018	09/27/2019	36,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is additional insured, coverage is Primary & Non-Contributory and Waiver of Subrogation applies where required by written contract or agreement per attached Blanket Additional Insured Endorsement (GLS-150S CG24 04 CG 20 01)

CERTIFICATE HOLDER MINIMOVERS INC 4413 W ROOSEVELT RD SUITE 103 HILLSIDE, IL 60162	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  (STE)

© 1988-2015 ACORD CORPORATION. All rights reserved.

WASHINGTON INSURANCE IDENTIFICATION CARD

Vern Fonk Insurance Services Inc 23830 Pacific Hwy S Ste 104 Kent, WA 98032			THIS CARD MUST BE CARRIED IN INSURED VEHICLE TO BE PRESENTED UPON DEMAND		
Company Number Company 11770 PROGRESSIVE COMMERCIAL			IF YOU HAVE AN ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Before calling, obtain the following information:		
Policy Number Effective Date Expiration Date 08325393-0 11/01/2018 05/01/2019			- Name and address of each driver, passenger and witness. - Name of Insurance Company and policy number for each vehicle involved.		
Coverage provided by this policy meets the minimum liability limits prescribed by law.			Additional Drivers On This Policy: Jackson, Kedric		
Named Insured ACME MOVING LABOR, LLC 839 1ST AVE NORTH KENT, WA 98032			Company / Claim Phone Number PROGRESSIVE COMMERCIAL / 1-800-274-4499		
Yr/Make/Model 2019 Carry-On Trailer C			VIN 4YMBC1425KR000847		
			Insurance Agency / Phone Number Vern Fonk Insurance Services Inc 206-859-4894		

Printed by STE on March 01, 2019 at 02:01PM



2019 UCR Registration is VALID!



Confirmation # 000-0119-0870

Generated 03/27/2019 17:42:28 local

Registered on: 03/27/2019 17:41:08 local

Year: 2019

Paid: UCR Fee: \$62.00
Convenience Fee: \$1.00
Total: \$63.00

Bracket: 0 to 2 vehicles


USDOT#: 2154291

Legal Name: ACME MOVING LABOR LLC

Base State: Washington

Principal: 839 1ST AVE NORTH
KENT, US_WA 98032
US

WA USA **WASHINGTON** DRIVER LICENSE



4d LIC [REDACTED]
 1 JACKSON
 2 KEDRIC DWAIN
 3 DOB [REDACTED] 4a Iss 11-03-2016

15 Sex M 16 Hgt 6-02
 17 Wgt 270 18 Eyes BRN
 9 Class 9a End NONE 4b Exp 10-21-2022
 12 Restrictions NONE

Kedric Jackson

Rev 09-16-2009

WASHINGTON PUBLIC SAFETY
 LICENSING

[REDACTED]

CLASS: N
 ENDORSEMENTS:
 NONE

RESTRICTIONS:
 NONE

[REDACTED]

**ACME Moving Labor, LLC - 839 1st Avenue North
Kent, Washington 98032**

March 28, 2018

TO: Utilities Transportation Commission

FROM: Kedric Jackson, ACME Moving Labor, LLC

The ownership of ACME Moving Labor, Cheryl Ball, to Kedric Jackson, ACME Moving Labor was done because Cheryl Ball was diagnosed with Cervical Cancer.

To ensure that customers continue to receive continual quality service, and economic viability of ACME Moving Labor transfer of ownership is required.

Furthermore, to continue safe operations, and quality service to customers most preexisting steps will remain, as follows:

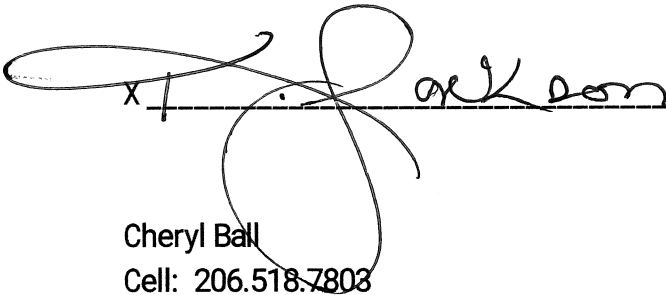
1. Continual communication, of overall business operations, between Cheryl Ball and Kedric Jackson.
2. Continue to advise and work with employee(s) on their safety on what to expect from them.
3. Continue to check all vehicles, equipment, tools, and work environment for potential hazards.
4. Continue showing employee(s) how to move furniture, lift boxes.
5. Continue to communicate with employee(s), and staff on health and other safety issues.
6. Keep better records of all inspections and training activities.
7. Continue to provide good customer service through communication and very low damage ratio.

////

**ACME Moving Labor, LLC - 839 1st Avenue North
Kent, Washington 98032**


Sincerely,

Kedric Jackson
Cell: 253.653.8635
New Owner & Operations Manager
ACME Moving Labor, LLC
acmemovinglabor@gmail.com
www.acmemovinglabor.com

x  _____

Date: 3/28/2019

Cheryl Ball
Cell: 206.518.7803
Former Owner
ACME Moving Labor, LLC
acmemovinglabor@gmail.com
www.acmemovinglabor.com

x  _____

Date: 3/28/2019