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 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	

- | <u>Type of Household Goods Authority Requested – check one</u> | <u>Fee Required</u> |
|---|---------------------|
| <input type="checkbox"/> . 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 as well as a closing annual report | \$ 550 |
| <input type="checkbox"/> <u>Permanent authority to transfer</u> under the exceptions in Complete pages 3-8 and Attachments B & C. | \$ 250 |
| <input type="checkbox"/> <u>Reinstatement of permit</u> (must be filed within 30 days of cancellation, depending on criteria set forth in). Complete pages 3-5 and include a statement justifying the reinstatement. | \$ 250 |
| <input type="checkbox"/> – Complete pages 3-5 and Attachment D. | \$ 35 |

BUSINESS INFORMATION	
Legal Name:	<u>A perfect Mover LLC</u>
Trade Name, if applicable	_____
Physical Address	<u>4031 205th Pl SW Lynnwood WA, 98036</u>
Mailing Address	<u>Same as above</u>
Telephone Number	<u>(206) 747-7101</u>
Fax Number ()	_____
Email:	<u>Shane-Freeman@APerfectmover.com</u>

BUSINESS INFORMATION - continued

Is your business registered with the No Yes

UBI #: 604-321-980 USDOT #: 3264337

If you currently do not have a USDOT number, go online at _____ to apply or call 360-596-3812 for assistance.

Department of _____ (L&I) Worker's Comp account # 672098-00
(ESD) registration # 000-776055-00-

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 _____, 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 _____ and _____.

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>Shane Freeman</u>	<u>Owner/CEO</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: I Plan to revolutionize the moving industry with a new standard for moving.

2. Briefly describe your experience in the transportation/household goods moving industry: I have 5 years moving experience.

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	\$ 2000	Salaries/Wages Payable	\$ 4000
Notes Receivable	\$	Accounts Payable	\$ 0
Investments	\$	Notes Payable	\$ 0
Other Current Assets	\$	Mortgages Payable	\$ 0
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 4000
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 6000	Preferred Stock	\$ 0
Office Furniture	\$	Common Stock	\$ 0
Other Equipment	\$	Retained Earnings	\$ 22,000
Other Assets	\$	Capital	\$ 0
TOTAL ASSETS	\$ 8000	TOTAL LIABILITIES & NET WORTH	\$ 26,000

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
2000	GMC	C32768P	16DECH1D1YJ90018	20,000

SAFETY AND OPERATIONS

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (

) . 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 (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: *Share Freeman*

Position: *Owner / CEO*

OPERATIONAL RESPONSIBILITIES

Annual Reports and Regulatory Fees (). You must annually file a report of your financial operations and pay regulatory fees.

Name: Shane Freeman

Position: Owner / CEO

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: Shane Freeman

Position: Owner / CEO

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.

Shane Freeman
Print name of applicant

[Signature]
Signature of Applicant

3-24-19
Date and Location

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:

Shane Freeman

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Marie Benoit, massage therapist; Lakeside Massage Studio

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

7520 50th PL NE
Marysville, WA. 98270

Phone Number:

425 314 0609

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 trust in the future I will be able to rely on Shane and his company. He has shown me over the years how strong his work ethic is.

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 really is a good company with a great business plan. His ideas could really revolutionize the moving industry with his vision.

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

I can't think of someone else who would deserve this more. He truly just wants to just make a difference in the community and how people view moving.

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

Marie Benoit

Signature of Person Completing Form

April 4, 2019 Marysville, WA

Date and Location

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: SHANE FREEMAN

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
SHERI TADA, POKER DEALER, CASINO

Address (include street address, mailing address, city, state, zip, and county):
13302 60TH DR SE
EVERETT, WA 98208

Phone Number: 206 399 7352

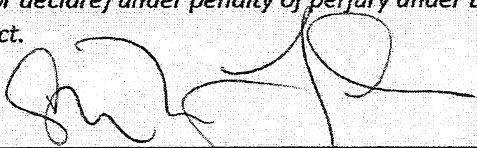
Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:

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:
AT THIS TIME I DO NOT HAVE ANY MOVING NEEDS UNTIL AUG WHEN MY LEASE IS EXPIRED. THEN I WILL NEED TO MOVE A 4 BEDROOM HOME.

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:
EVERY HOUSEHOLD HAS TO MOVE & MANY PEOPLE MOVE EVERY FEW YEARS/MONTHS. THIS COMPANY WILL HELP MANY FAMILIES DURING THE STRESS & CHAOS OF MOVING.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? THEY ARE A GREAT COMPANY THEY CARE ABOUT MAKING THE CUSTOMER HAPPY & WANT TO MAKE MOVING EXPERIENCE AS EASY AS POSSIBLE.

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

APRIL 3, 2019 EVERETT, WA
Date and Location

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: Shane Freeman

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Paul Rooney, Shift Manager, Tulalip Casino

Address (include street address, mailing address, city, state, zip, and county):
14523 51st Ave SE
EVERETT, WA 98204 SWOTHOMISH

Phone Number: 206-228-4269

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:
5 bedroom house

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:
From everything I've seen with this company their customer service standards will be a game changer in the moving industry

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? In all the years I've worked with Shane he has shown nothing but honor & integrity

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

Paul Rooney 4-3-2019 Everett wa
Signature of Person Completing Form Date and Location