

1300 S. Evergreen Park Drive SW
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 email: transportation@utc.wa.gov

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed:	DOL/SOS:	ID:	Docket #
	Insurance:		THG-
Payment #	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 or Addition of d/b/a – Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: Doceo, LLC

Trade Name, if applicable Holt Moving, Holt Movers, Holt Moving Consultants

Physical Address 8915 196th st SW Edmonds, WA, 98026

Mailing Address 8915 196th st SW Edmonds, WA, 98026

Telephone Number (206) 948 0050 Email: Jackholt647@gmail.com

Contact Name: Jack Holt

BUSINESS INFORMATION - continued

USDOT #: N/A: gross/combination vehicle weight < 10,000lb If you do not have a USDOT number, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.

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

Business License/UBI #: 604-042-511 Department of Labor & Industries (L&I)

Worker's Comp account # N/A

Employment Security Department (ESD) registration # N/A

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.

We intend to use only independent contractors for labor throughout the moving process

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation WA

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>
Jack Holt	President	65%
Benjamin Harbert	Vice-President	35%

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: _____

We intend to offer a moving service specializing in quality moves and information to the consumer. We will consult with consumers about their options within the industry and find solutions that fit them, whether that's using our company, or simply helping them move themselves in a safer way through expert consulting

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

Worked in a consulting capacity with a local household goods carrier, "Seattle Moves and More". Additionally performed extensive market research and received extensive consulting from current moving industry participants

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. If you have interstate authority, have you registered for Unified Carrier Registration?
 No Yes

7. Do you operate interstate as an agent of another company?
 No Yes
 If yes, what is the name of the company? _____

8. 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

9. 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

10. 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

11. If you would like to receive information about new household goods carriers, check here

FINANCIAL STATEMENT			
Complete the following or attach a balance sheet, profit and loss statement, or business plan.			
Assets		Liabilities	
Cash in Bank	\$10000	Salaries/Wages Payable	\$0
Notes Receivable	\$	Accounts Payable	\$0
Investments	\$	Notes Payable	\$0
Other Current Assets	\$	Mortgages Payable	\$0
Prepaid Expenses	\$2600	TOTAL LIABILITIES	\$0
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$4000	Preferred Stock	\$0
Office Furniture	\$	Common Stock	\$0
Other Equipment	\$1000	Retained Earnings	\$0
Other Assets	\$1000	Capital	\$0
TOTAL ASSETS	\$18600	TOTAL LIABILITIES & NET WORTH	\$0

EQUIPMENT LIST				
List the equipment you own or lease to provide moving services (attach additional sheets if necessary).				
Year	Make	License Number	Vehicle ID Number	GVW
1997	Chevrolet	C01684D	2GCEC19M0V1215396	6000

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: Jack Holt	Position: President
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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: Jack Holt	Position: President
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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: Jack Holt	Position: President
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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.

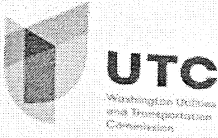
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-305 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.

Jack Holt		4/3/2019
Print name of applicant	Signature of Applicant	Date



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: Holt Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Hannah Nystrom

Address (include street address, mailing address, city, state, zip, and county):
4200 Whitman Court NE, McMahon Hall, Room 709, Seattle, WA, 98105, United States

Phone Number:
(360)-487-9985

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
I will be moving back to Vancouver Washington soon. I only have a few months left in the school year.

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 have to move large amounts of household goods a few times a year, as I am a student who lives out of town.

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:
I think that having this company around will allow the community to have greater diversity in the options of who we trust with our possessions.

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.

Hannah Nystrom
 Signature of Person Completing Form

4/3/19 Seattle WA
 Date and Location



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HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: Holt Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Lydia Carr - North Star Realty

Address (include street address, mailing address, city, state, zip, and county):
16528 37th Ave NE Lake Forest Park WA 98155

Phone Number: 206 718-4472

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
I have many clients who need help moving.

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 have at least 2 clients per month who need moving help.

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:
I sell real estate and my clients need good, honest, careful movers to help them get to their new space.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Jack Holt is a responsible and professional community member, his business will improve lives.

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

Lydia Carr
 Signature of Person Completing Form

4-2-19 Lake Forest Park
 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:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Rachel Mann

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

4338 8th Ave Ne Seattle Wa 98105

Phone Number:

503-550-9518

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:

Moving from my current residence within Seattle to a future location once my current lease has ended

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 would help me move all my belongings, being someone who doesn't have a car, it would be very beneficial. Also would support small local businesses

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.

Rachel Mann
Signature of Person Completing Form

4/2/19 Seattle Wa.
Date and Location

WA USA **WASHINGTON** DRIVER LICENSE
FEDERAL LIMITS APPLY

20-7011819251910

4d LIC [REDACTED] 9 CLASS [REDACTED]
1 HOLT [REDACTED]
2 JACK ROHAN [REDACTED]

3 DOB [REDACTED] 4a ISS 01/18/2019

15 SEX M 16 HGT 6'-01" 17 WGT 170 lb 18 EYES BLU
12 RESTRICTIONS NONE 9a END NONE 4b EXP 04/17/2021

REV 09/04/2018

WA USA **WASHINGTON** INTERMEDIATE LICENSE

4a Iss 08-08-2014
4b Exp 04-19-2020

1 HARBERT [REDACTED]
2 BENJAMIN ALLEN [REDACTED]

16 Sex M 17 Wgt 165 18 Eyes BRN
9 Class [REDACTED] 9a End NONE
12 Restrictions NONE

Your ID Cards


Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.

✂

DOCEO LLC



Form A022 (03/11)

IF YOU'RE IN AN ACCIDENT

1. Remain at the scene. Don't admit fault.
2. Find a safe location, call the police, and exchange driver information.
3. Call Progressive right away.

TO REPORT A CLAIM
Call 1-800-274-4499 or go to claims.progressive.com.

PROGRESSIVE

KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.

INSURANCE IDENTIFICATION CARD - Washington

Policy Number: 00579607-0
Effective Date: 04/02/2019 **Expiration Date:** 10/02/2019
Policy Type: Commercial
Insurer: United Financial Casualty Company 1-800-444-4487
P.O. BOX 94739 Cleveland, OH 44101

Named Insured(s):
DOCEO LLC
DBA: HOLT MOVING
Your Agent:
ALL PRO INS AGENCY 1-206-230-0111
3047 78th Ave SE, #202
Mercer Island, WA 98040

Year	Make	Model	VIN
1997	CHEVROLET	C1500/K1500	2GCEC19M0V1215396

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