



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	

- | <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 as well as a closing annual report | \$ 550 |
| <input type="checkbox"/> <u>Permanent authority to transfer</u> under the exceptions in <u>WAC 480-15-187.</u> 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 <u>WAC 480-15-450</u>). Complete pages 3-5 and include a statement justifying the reinstatement. | \$ 250 |
| <input type="checkbox"/> <u>Name Change or Addition of d/b/a</u> – Complete pages 3-5 and Attachment D. | \$ 35 |

BUSINESS INFORMATION

Legal Name: I HAUL, LLC

Trade Name, if applicable _____

Physical Address 1005 MOUNTAIN VIEW AVE ... TACOMA, WA 98406

Mailing Address 1004 MARTIN LUTHER KING JR WAY SUITE 145 TACOMA, WA 98407

Telephone Number (253) 324.3001 Email: IHAUL253@GMAIL.COM

Contact Name: MARKESS COOPER / ASHLEY COOPER

BUSINESS INFORMATION - continued

USDOT #: 3187643 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 #: 604-213-407 Department of Labor & Industries (L&I)

Worker's Comp account # _____

Employment Security Department (ESD) registration # _____

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.

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>MARKLUS COOPER</u>	<u>CHIEF EXECUTIVE OFFICER</u>	<u>50%</u>
<u>ASHLEY COOPER</u>	<u>GENERAL MANAGER</u>	<u>50%</u>

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: PLEASE SEE ATTACHED

2. Briefly describe your experience in the transportation/household goods moving industry:
I'VE WORKED FOR SEVERAL ON-FLEET TRANSPORTATION APPS FOR THE LAST 3 YEARS TO NOT ONLY CREATE A REVENUE STREAM FOR MY FAMILY BUT TO ALSO RAISE CAPITAL/ MARKETING PROMOTIONAL OPPORTUNITIES FOR MY OWN ENTREPRENEURIAL EFFORTS. I CURRENTLY DELIVER LOCALY FOR THE LIKES OF BIG LOTS, COSTCO AND OTHER LOCAL RETAILERS FOR (DOLLY, LLC) WHICH IS A ON-DEMAND MOBILE APP HAILING AND DELIVERY SERVICE. I'VE SUBCONTRACTED THROUGH THEM FOR 3 YEARS NOW. I ALSO SUB-CONTRACT WITH (LUBG) FEB 2019 WHERE WE DELIVER FOR THE LIKES OF RESTORATION HARDWARE (RH), WORLD MARKET,

(BACK)

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# 132491

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

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: <i>MARLISS COOPER</i> 	Position: <i>CEO</i>
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PLEASE SEE ATTACHED

FINANCIAL STATEMENT

Complete the following or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank	\$	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	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

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
2019	INTERNATIONAL	CS6215N	1HTMMMML21KH000722	26,000

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: MARLUSS COOPER	Position: CEO
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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: MARLUSS COOPER	Position: CEO
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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.

MARLUSS COOPER



9/16/19

Print name of applicant

Signature of Applicant

Date

20 32181774E1530



USA WASHINGTON DRIVER LICENSE

44 LIC [REDACTED]
1 SIM [REDACTED]
2 ASHLEY NICOLE

9 CLASS DONOR

4a ISS 06/26/2018

15 SEX F
16 HGT 5'-04"
12 RESTRICTIONS NONE

18 EYES BRO
17 WGT 137 lb
9a END NONE
4b EXP 07/03/2020

5 D [REDACTED]

REV 01/06/2015

20 31180374E1457



USA WASHINGTON DRIVER LICENSE

44 LIC [REDACTED]
1 COOPER-EVANS
2 MARKISS AVERY L

9 CLASS [REDACTED]

4a ISS 02/06/2018

13 SEX M
16 HGT 5'-08"
12 RESTRICTIONS NONE

17 WGT 155 lb
9a END NONE
4b EXP 03/06/2024

3 DOE [REDACTED]
8 [REDACTED]

5 D [REDACTED]

REV 01/06/2015



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: MARKISS COOPER, IHAUL

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

TIM JUMPER DIRECTOR - HILLTOP CENTER FOR STRONG

Address (include street address, mailing address, city, state, zip, and county): FAMILIES AT SOUND OUTREACH.

1106 MLK JR. WAY
TACOMA, WA 98405

Phone Number: (253) 719-3789

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:

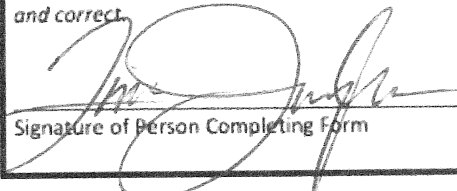
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

OUR ORGANIZATION IS INTERESTED IN SUPPORTING SMALL BUSINESS DEVELOPMENT IN TACOMA.

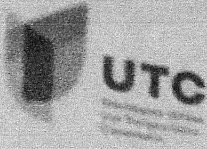
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

THIS IS A GREAT BUSINESS THAT SEEMS TO BE GROWING AND THRIVING UNDER STRONG LEADERSHIP

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

3/7/19 TACOMA, WA
Date and Location



ATTACHMENT A

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Applicant Name:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Ashley Schmidt, Owner Zowls1nest LLC

Address (include street address, mailing address, city, state, zip, and county):
1105 Steele St. S unit III, Tacoma

Phone Number:
971-235-7946

Do you currently need the services of a residential household goods moving company?
No Yes If yes, please describe your current moving needs:
I use a service to deliver custom furniture to clients' homes.

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:
Delivering furniture to clients' homes.

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:
allowing this permit, will allow me to continue offering delivery to my clients.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Inval assists an array of our local community in their moving and hauling needs. This service is greatly appreciated!

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

Ashley Schmidt
Signature of Person Completing Form

3/11/19, Tacoma, WA
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: MARKISS COOPER

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
CHRIS DUSH, PORT CAPTAIN, WESTWOOD SHIPPING LINES

Address (include street address, mailing address, city, state, zip, and county):
1019 39TH AVE SE, PUYALLUP, WA 98374, PIERCE COUNTY

Phone Number:
(253) 209-7772

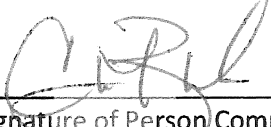
Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:

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:
WILL BE RELOCATING OUT OF STATE WITHIN THE NEXT SIX MONTHS, AND RELOCATION SERVICES WILL BE NEEDED.

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:
HAUL HAS AN IMPECCABLE REPUTATION FOR OUTSTANDING CUSTOMER SERVICE AND PROFESSIONALISM. GRANTING THIS COMPANY A PERMIT WILL RAISE THE STANDARD OF HOUSEHOLD GOODS SERVICES WITHIN THE STATE.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? INTEGRITY AND PROFESSIONALISM ARE A COUPLE OF THE MOST NOTABLE QUALITIES OF THIS COMPANY AND I HIGHLY RECOMMEND THAT A PERMIT BE GRANTED.

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

3/6/2019 / PUYALLUP, WA
 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: *DAVID JENSEN*

Address (include street address, mailing address, city, state, zip, and county):
3818 Ray Nash Dr NW Gig Harbor, WA 98335

Phone Number: *253-225-7636*

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:
We use Markiss and iHaul 253 any time we are moving or transferring larger items.

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 used Markiss on many occasions as previous owners of a Tacoma furniture store. I have rarely met such an honest, conscientious small business owner.*

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? *only that their professional ethics and customer service standards exceed expectations.*

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

David Jensen
Signature of Person Completing Form

March 18, 2019
Date and Location

Business Information

Company Information

What products/services do you provide? A service tailored to the speed and cost of delivery to customers desires with flexible delivery options, such as alternative drop-off locations, updates about orders in progress, special services for delivering oversized items and strategies that continuously reinforce the brand and lets consumers know how much we care.

What is your companies' mission? To provide a fast and friendly experience without undermining that satisfaction is guaranteed.

What is your companies' vision? To become the #1 logistics fleet in the nation by providing those in my community an opportunity in achieving upward mobility.

What are your companies' core values? List up to 5: Faith / Integrity / Honestly / Respect /

Briefly describe your companies' short-term goals: To successfully have a fleet of 5 trucks with subcontractors at the helm.

Briefly describe your companies' long-term goals: To become the #1 logistics fleet in the nation and secure a distribution center for shipping/receiving goods.

Who are your primary target audience? Limit to 3: Government agencies, E-commerce merchants, Retail chains.

What credentials/experience establish you as an expert in your field and have contributed to your success? Include degrees, personal and professional experience, hobbies, affiliations, etc.) I currently possess a commercial driver's license which allows me to transport Intrastate Commerce within the state of Washington. For the last two and a half years I've worked as an independent contractor for several on fleet/on-demand startup companies which now gross well over \$4M & \$5.4M annually. For the first year and half as an independent contractor I worked with a start up called Dolly which is a peer-to-peer mobile application that eliminates the stress of moving, hauling and delivering. For the latter year of my independent contract services (prior to going into business for myself) I did contract work with TaskRabbit which is a on-demand hiring platform that allows users to outsource everyday tasks including cleaning, moving, delivery and handyman services. Both have propelled my small business to the level it is today and has given me the platform and institutional knowledge that is invaluable. I currently possess my Associates of Arts & Science and working to complete my Bachelors in Business Marketing from The Evergreen State College. Besides spending time with my beautiful wife and kids I love working/networking with fellow business owners and entrepreneurs seeking to create their own destiny. I'm currently an active member of Ignite-U which is a powerful membership-based networking group that has well over 500 members.

Who are your core team members and what are their roles? Markiss Cooper, Ashley Cooper, LeVoy Cooks (Chief Operating Officer, Director of Operations, Delivery Operations Manager)

Why do you need assistance at this point in your business? To shift my focus on growing the business and not working the business.

What is your desired timeline for this project? 5 years

Is there anything else you would like us to know about your business and/or this project? My wife and I started this business January of 2018 off the blood sweat and tears off of our own backs. We are a family owned and operated business that looks to not only better the future for our family but also those in are community.

When is the best time to contact you? Weekends, Evenings, etc.: Weekends or evenings.

REFERENCES (3)

Company: Fearless Furnishing's

Address: Gig Harbor, WA

Relationship: Professional

Phone: (253) 225-7636

Full name: Scott Neste

Company: Minor Details

Address: 2603 N Proctor St Tacoma, WA 98407

Relationship: Professional

Phone: (253) 468-4965

Full name: Lorenzo Camacho

Company: Boka Island Fusion

Address: Olympia, WA

Relationship: Professional

Phone: (360) 561-7961

Outline of coverage

Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$3,700
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Underinsured Motorist Bodily Injury	\$100,000 combined single limit		38
Underinsured Motorist Property Damage	Rejected		--
Personal Injury Protection	\$35,000 each person		157
Comprehensive			224
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,747
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$5,866

Motor Truck Cargo coverage part

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$100,000	\$1,000	\$621
Subtotal policy premium			\$621
Fees			35
Total 6 month policy premium and fees			\$6,522

Rated driver

- 1. MARKIS COOPER

Rated commodities

- 1. OTHER MISC.

Auto coverage schedule

- 1. **2019 International 4300** Stated Amount: *\$80,000 (including Permanently Attached Equip)
 VIN: 1HTMMML2KH000722 Garaging Zip Code: 98503 Radius: 500

Liability Premium	Liability	UIM BI	PIP		
	\$3,700	\$38	\$157		
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$1,000	\$224	\$1,000	\$1,747	\$5,866

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Premium discount

Policy	Discount
00560554-0	Business Experience



IHAUL LLC

Profit & Loss

January through December 2018

	<u>Jan - Dec 18</u>
Ordinary Income/Expense	
Income	
Moving Income	71,490.04
Total Income	<u>71,490.04</u>
Cost of Goods Sold	
Bank - Merchant Fees	2,213.00
Contract Labor	16,374.75
Equipment Rental for Jobs	3,286.46
Fuel - Equip	7,784.00
Repairs and Maint - Equip	12,216.32
Tools and Small Equipment	2,080.03
Total COGS	<u>43,954.56</u>
Gross Profit	27,535.48
Expense	
Auto and Truck Expenses	
Parking and Tolls	86.00
Total Auto and Truck Expenses	86.00
Business Licenses and Permits	162.00
Dues and Subscriptions	86.00
Internet and Network Expenses	1,242.00
Insurance Expense	1,650.00
Meals and Entertainment	2,714.00
Office Supplies	0.00
Professional Fees	669.30
Promotional and Advertising	2,205.07
Rent	3,300.00
Repairs and Maintenance	0.00
Taxes - B&O	176.00
Telephone Expense	3,022.00
Travel Expense	181.00
Total Expense	<u>15,493.37</u>
Net Ordinary Income	<u>12,042.11</u>
Net Income	<u><u>12,042.11</u></u>