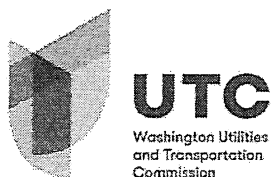


*Safe - paid*



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: South Sound College Hunks LLC

Trade Name, if applicable College Hunks Hauling Junk

Physical Address 1130 Industry Drive Tukwila, WA 98188

Mailing Address 1130 Industry Drive Tukwila, WA 98188

Telephone Number (206) 334-8841 Email: susan.davis@chhj.com

Contact Name: Susan Davis

**BUSINESS INFORMATION - continued**

USDOT #: 3194572 If you do not have a USDOT number, go online at [www.fmcsca.dot.gov/online-registration](http://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 #: 601 387 057 Department of Labor & Industries (L&I)  
 Worker's Comp account # 858, 545-05

Employment Security Department (ESD) registration # 000-797805-00-7

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.

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**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:

Name	Title	Stock Distribution or % of Shares
<u>Susan Davis</u>	<u>Managing Partner, Owner</u>	<u>51%</u>
<u>Millard P. Davis</u>	<u>Owner</u>	<u>49%</u>

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: we will be providing the movement of house hold goods within the state of WA. we are honest, hardworking and professional, raising the bar, we believe in this industry.
- Briefly describe your experience in the transportation/household goods moving industry: I have no experience but am backed by our franchise partner that has over 14 years in the industry.

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	\$ 102,100	Salaries/Wages Payable	\$ 4,200
Notes Receivable	\$	Accounts Payable	\$ 14,000
Investments	\$	Notes Payable	\$ 129,000
Other Current Assets	\$	Mortgages Payable	\$ 2,700
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$ 140,900
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$ 139,000	Preferred Stock	\$
Office Furniture	\$ 2,000	Common Stock	\$
Other Equipment	\$ 2,500	Retained Earnings	\$ 4,700
Other Assets	\$	Capital	\$ 100,000
<b>TOTAL ASSETS</b>	\$ 245,600	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 245,600

**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

Please note: we have ordered a truck but it has not yet been delivered.

**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:

*Susan Davis*

Position:

*Managing Partner / 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: <i>Suean Davis</i>	Position: <i>MANAGING PARTNER / OWNER</i>
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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: <i>Suean Davis</i>	Position: <i>MANAGING PARTNER / OWNER</i>
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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.

<i>SUEAN DAVIS</i>	<i>Suean Davis</i>	<i>4/23/2019</i>
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:**

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	LINDA COLSON
Address (include street address, mailing address, city, state, zip, and county):	7212 141st St N.E., DUYALUP WA 98373
Phone Number:	253-539-7212
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 type="checkbox"/> Yes If yes, please describe your future moving needs:	With aging family members, it would provide us with peace of mind knowing we could trust the people moving their most treasured belongings.
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 bring some much needed positive quality traits to the industry such as trust, honesty, reliability & integrity as well as providing a needed service.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	Please consider the good value the company would bring to our area but also a much needed service.
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
Linda Colson	4/24/19



**ATTACHMENT A**

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**Applicant Name:**

The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: Mindy Gretty
Address (include street address, mailing address, city, state, zip, and county): 5512 33rd Ave Ct E, Tacoma, WA 98443
Phone Number: 253-926-1456
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: We are planning on putting our home up for sale and will need movers then.
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: They are trustworthy, reliable and competent. We looking forward to being able to hire them.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Dependable people are hard to find, the owners or this company are just that.
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> </div> <div style="width: 45%;"> </div> </div>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">                     Signature of Person Completing Form                 </div> <div style="width: 45%;">                     Date and Location                 </div> </div>





**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:**

<b>The following must be completed by the Supporter of the applicant</b>	
<p>Name, Title, and Business Name: Joyclyn Wise</p>	
<p>Address (include street address, mailing address, city, state, zip, and county): 5520 43rd Ave E Tacoma WA 98443</p>	
<p>Phone Number: 253-777-2972</p>	
<p>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:</p>	
<p>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:</p>	
<p>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 plan to move in the near future. If my move ends up in the location covered by this business I would be greatly to work with an honest company that I know I can trust.</p>	
<p>Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?                      I know this family and their company would be a great asset to any area they are able to service. They always put the customers needs first and Im sure abiding by any guidelines set before them would be of utmost importance to them.</p>	
<p><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></p>	
<p style="text-align: center;">                       _____                      Signature of Person Completing Form                 </p>	<p style="text-align: center;">                     4/29/2019                      _____                      Date and Location                 </p>

# WASHINGTON DRIVER LICENSE



DAVIS  
MALCOLM PEARSON

[REDACTED]

[REDACTED]

[REDACTED]

SEX: M  
HEIGHT: 5'11"  
HAIR: BRN  
EYES: BRN  
DOB: 03-23-2071

[REDACTED]

EXPIRES: 03-19-2016

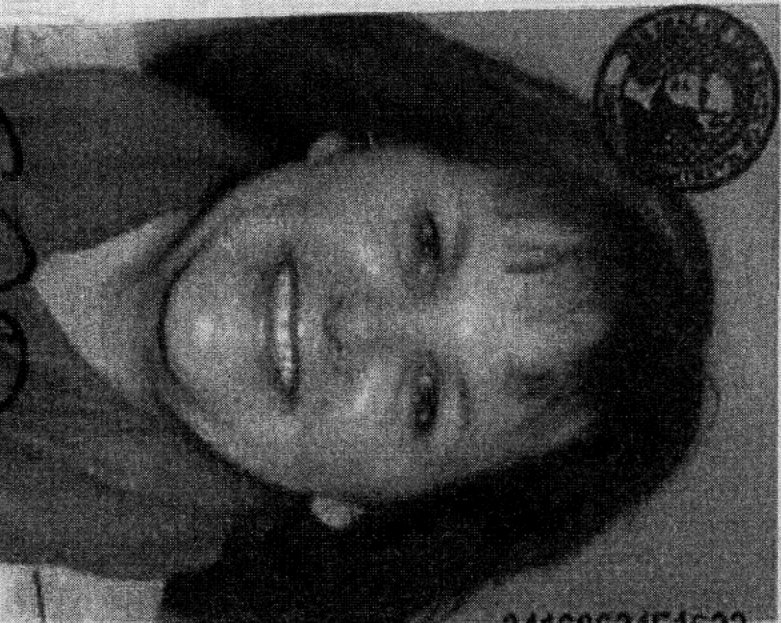
DOB: 03-23-2071

EXPIRES: 03-19-2016

WA  
USA

# WASHINGTON

## DRIVER LICENSE



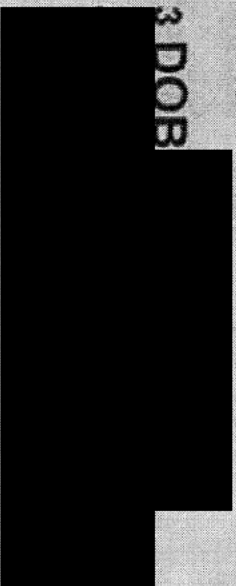
34160624F1622

4d LIC#

1 DAVIS

2 SUSAN STOLTZE

3 DOB



15 Sex F 16 Hgt 5-06

17 Wgt 165 18 Eyes BLU

9 Class 9a End NONE

12 Restrictions NONE

DONOR

4a Iss 03-02-2016

4b Exp 09-21-2020

