

Unpaid



UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Drive SW
P.O. Box 47250
Olympia, WA 98504-7250
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or
1-800-416-5289
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HOUSEHOLD GOODS MOVING COMPANY
PERMIT APPLICATION

Table with 4 columns: 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

- Checked box: The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A. \$ 550
Other options include permanent authority to transfer, permanent authority to transfer under exceptions, reinstatement of permit, and a fourth option with a \$ 35 fee.

BUSINESS INFORMATION

Legal Name: MIRACLE MAN MOVERS LLC
Trade Name, if applicable: SAME
Physical Address: 113 NE 92ND Ave #C
Mailing Address: Same
Telephone Number: (360) 313 6907
Fax Number: (509) 619-0352

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 <i>num.</i>	
Cash in Bank	\$ 2100.00	Salaries/Wages Payable	\$ 60,000.-
Notes Receivable	\$	Accounts Payable	\$ 10,000.-
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable <i>Rent</i>	\$ 6500.-
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 86,500.-
Land and Buildings	\$	NET WORTH	81,500.-
Trucks and Trailers	\$	Preferred Stock	\$ —
Office Furniture	\$	Common Stock	\$ —
Other Equipment	\$	Retained Earnings	\$ —
Other Assets	\$	Capital	\$ —
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$ 86,500.-

see attached

INCOME/PROJECTED INCOME STATEMENT APPLICANT (NAME)

YEAR	\$
REVENUES	
LOCAL CARTAGE MOVING SALES	45000.00
OTHER THAN LOCAL CARTAGE SALES	
INTERSTATE MOVING SALES	40000.00
WAREHOUSING SALES	
OTHER SALES REVENUE	1000000
GROSS INCOME	95000.00
OPERATING EXPENSES	
SALARIES & WAGES	60,000.00
FRINGE BENEFITS & PAYROLL TAXES	10,000.00
FUEL	5000.00
MAINTENANCE EXPENSE	5000.00 ✓
UTILITIES	
RENT	3500.00 ✓
INSURANCE	6500.00 ✓
TOTAL EXPENSES	86500.00 ✓
OPERATING INCOME	
OTHER INCOME (EXPENSE)	
EXTRAORDINARY GAIN (LOSS)	
INTEREST EXPENSE	
DEPRECIATION EXPENSE	
NET PROFIT BEFORE TAXES (PRETAX INCOME)	
TAXES	
NET INCOME	

I SOLEMNLY DECLARE AND CERTIFY THAT THE ABOVE STATEMENT AND SCHEDULES ON PAGES 3 AND 3A GIVE A TRUE AND COMPLETE ACCOUNT OF MY FINANCIAL CONDITION ON THE DATE STATED ABOVE.

SIGNATURE *Chris Bellock*

DATE *3-1-19*

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
2007	FRIT	NW 42064	WDPP 4453	9500 ?

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.

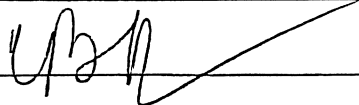
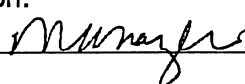
DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.

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: 	Position: 
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OPERATIONAL RESPONSIBILITIES

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

Name: <i>Chris Bullock</i> <i>Aneka Bullock</i>	Position: <i>Owner</i> <i>manager</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>Aneka Bullock</i>	Position: <i>Manager</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>Aneka Bullock</i>	<i>[Signature]</i>	<i>3-19-19</i>
Print name of applicant	Signature of Applicant	Date and Location