

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: Seattle Piano moving and storage LLC

Trade Name, if applicable _____

Physical Address 10635 NE 8th Street, Suite 101, Bellevue, WA 98004

Mailing Address Same as above

Telephone Number (206) 719-1309 Email: Admin@Seattle-PianoMoving.com

Contact Name: Aaron Firpo

BUSINESS INFORMATION - continued

USDOT #: 3280828 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 #: 604-384-015 Department of Labor & Industries (L&I)
 Worker's Comp account # 685,154-00

Employment Security Department (ESD) registration # 000-803612-006

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 _____

List the name, title and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or % of Shares
<u>Aaron Fippo</u>	<u>co-owner</u>	<u>1/45</u>
<u>Unit Brothers LLC</u>	<u>co-owner</u>	<u>1/45</u>
<u>Matthew Flynn</u>	<u>co-owner</u>	<u>1/10</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: We specialize in moving pianos, and pianos ONLY! We have several years of experience and aim to offer unparalleled service & presentation

2. Briefly describe your experience in the transportation/household goods moving industry: All members of the company have a long history in the piano trade. This includes restoration, service & sales. With all of this piano moving has been a large roll for each member. All members have several years of piano 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. 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	\$ 5,766.96	Salaries/Wages Payable	\$
Notes Receivable	\$ 0	Accounts Payable	\$
Investments	\$ 1,000	Notes Payable	\$
Other Current Assets	\$ 0	Mortgages Payable	\$
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 15,000	Preferred Stock	\$
Office Furniture	\$ 0	Common Stock	\$
Other Equipment	\$ 0	Retained Earnings	\$
Other Assets	\$ 6,801.77	Capital	\$
TOTAL ASSETS	\$ 28,568.73	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
2012	Mitsubishi Fuso	CVC 816	JL6BNG1A4	10,001

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>Adrian Ferrero</i>	Position: <i>CO-owner</i>
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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: <u>Aaron Firpo</u>	Position: <u>CO-owner</u>
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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: <u>Aaron Firpo</u>	Position: <u>CO-owner</u>
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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.

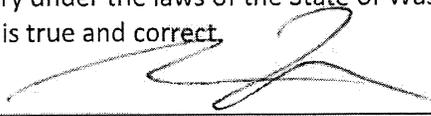
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

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.

<u>Aaron Firpo</u>		<u>4/30/2019</u>
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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: Aaron Firpo, Seattle Piano Moving & Storage LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Frank Chemotti, owner / technician, Chemotti Piano Service LLC

Address (include street address, mailing address, city, state, zip, and county):
7303 Seward Park Ave S, Seattle WA 98118, King Co.

Phone Number: 206 331 7495

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
I refer piano movers to my tuning customers when asked. I also on occasion need pianos moved for my own rebuilding business.

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:
As above, the needs are ongoing.

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:
There are currently very few piano moving services in the Seattle area that I would recommend for critical moves - so another quality piano mover would be welcome.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
I am familiar with the high quality work that Aaron Firpo has already provided to the piano industry - so this business would be very welcome.

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

Sub Lantz May 1, 2019 Bellevue WA

Signature of Person Completing Form Date and Location



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Applicant Name: Aaron Firpo Seattle Piano Moving & Storage LLC

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: <u>BEN KLINGER, GENERAL MANAGER, CLASSIC PIANOS</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>10635 NE 8th St, Bellevue, WA 98004</u>	
Phone Number: <u>425-462-1888</u>	
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: <u>WE ARE A PIANO STORE AND MOVE MANY PIANOS MONTHLY.</u>	
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: <u>SAME AS ABOVE.</u>	
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: <u>WE WILL BE ABLE TO ACCOMMODATE CUSTOMER REQUESTS MORE EFFICIENTLY & EFFECTIVELY.</u>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>I HAVE KNOWN AARON FIRPO FOR MANY MONTHS, AND HE HAS PROVEN TO BE A RELIABLE, ETHICAL AND TRUSTWORTHY PERSON.</u>	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<u></u> Signature of Person Completing Form	<u>5/1/19 Bellevue, WA</u> Date and Location



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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: Aaron Firpo, Seattle Piano Moving Storage LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: TOM MAEDA, OWNER & OPERATOR OF BELLISSIMO PIANO

Address (include street address, mailing address, city, state, zip, and county): 23715 SE 281st Maple Valley
TECH.COM

Phone Number: 253-205-1308

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
 I service many pianos that need to move into my shop for refurbishment. I need Seattle Piano Moving.com's service!

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 refer out several piano moving companies into to my clients. Seattle Piano Moving.com is one of them!

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:
 There are very, very few "piano" specific movers in Seattle area, not just a goods mover.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
 Most of the reputable "piano" movers are very overbooked (some retiring) and we are in need of newer/younger crew "piano" mover in our area.

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: Tom Maeda
 Date and Location: 5/1/2019 Bellave WA

WA USA WASHINGTON DRIVER LICENSE FEDERAL LIMITS APPLY

4d LIC [REDACTED] 9 CLASS [REDACTED] 10 DONOR [REDACTED]

1 FIRPO
2 AARON MICHAEL

3 DOB [REDACTED] 4a ISS 12/13/2018

15 SEX M 16 HGT 5'-03" 17 WGT 160 lb
18 EYES HAZ 19 END NONE
12 RESTRICTIONS NONE 4b EXP 04/26/2024

20 [REDACTED] REV 09/04/2018

Aaron Firpo

OREGON CLASS C DRIVER LICENSE

[REDACTED] Expires 11-04-2023

UNIS, BRIAN JAMES

DOE [REDACTED] Issue Date 10-19-2016

Endorsements:	Sex	Record Created
Restrictions	Height	Weight
D	5'07"	170

UNIS, BRIAN JAMES

Brian Unis
(Unis Brothers LLC)

WA USA WASHINGTON DRIVER LICENSE FEDERAL LIMITS APPLY

4d LIC [REDACTED] 9 CLASS [REDACTED]

1 FLYNN
2 MATTHEW C

3 DOB [REDACTED] 4a ISS 03/12/2019

15 SEX M 16 HGT 5'-07" 17 WGT 165 lb
18 EYES BRO 19 END NONE
12 RESTRICTIONS NONE 4b EXP 01/01/2025

20 [REDACTED] REV 09/04/2018

Matthew Flynn



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/2/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER LaPorte & Associates, Inc. 5515 SE MILWAUKIE AVENUE Portland OR 97202	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Renee Cleveland</td> </tr> <tr> <td>PHONE (A/C. No. Ext): 503-239-4116</td> <td>FAX (A/C. No.): 503-231-9021</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: rcleland@laporte-insurance.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A : Ohio Security Insurance Co.</td> <td style="text-align: right;">NAIC # 24082</td> </tr> <tr> <td>INSURER B : The Ohio Casualty Insurance Co</td> <td style="text-align: right;">24074</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	CONTACT NAME: Renee Cleveland		PHONE (A/C. No. Ext): 503-239-4116	FAX (A/C. No.): 503-231-9021	E-MAIL ADDRESS: rcleland@laporte-insurance.com		INSURER(S) AFFORDING COVERAGE		INSURER A : Ohio Security Insurance Co.	NAIC # 24082	INSURER B : The Ohio Casualty Insurance Co	24074	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER C :																					
INSURER D :																					
INSURER E :																					
INSURER F :																					
INSURED SEATPIA-01 Seattle Piano Moving 10635 NE 8th St. Ste. 101 Bellevue WA 98004-4372																					

COVERAGES **CERTIFICATE NUMBER: 1892573887** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BKS59505398	2/12/2019	2/12/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAS59505398	2/12/2019	2/12/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			USO59505398	2/12/2019	2/12/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Motor Truck Cargo			BMO59558060	2/12/2019	2/12/2020	Single Conveyance \$200,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate Holder and all required entities are additional insured when required by written contract. Endorsements attached.

CERTIFICATE HOLDER Washington Utilities and Transportation Commission 1300 S Evergreen Park Dr SW Olympia WA 98504	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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