



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

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID:	Docket #
	Insurance:		THG-
Payment #	111-0268-207-02	111-0268-013-20	

- | <b>Type of Household Goods Authority Requested – check one</b>  | <b>Fee Required</b> |
|---|---------------------|
| <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: Kastl Express LLC

Trade Name, if applicable KASTL Express LLC

Physical Address 272 Welsian way Richland, WA 99352

Mailing Address 314 Sadwin ave Richland, WA 99352

Telephone Number (509) 528-0154 Email: Kastlexpress@gmail.com

Contact Name: Max Kastl

**BUSINESS INFORMATION - continued**

USDOT #: 3215621 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 #: 604193545 ~~001-0004~~ Department of Labor & Industries (L&I)

Worker's Comp account # 691943

Employment Security Department (ESD) registration # 82-3646965

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>Max Kastl</u>	<u>OWNER</u>	<u>100 %</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: A full service moving & storage Co. trained technicians, for Above the normal service. Specializing in Pool Tables, Piano's, Grandfather clocks, local moving, Packing service.

2. Briefly describe your experience in the transportation/household goods moving industry: I have 22 years this year in the relocation industry, I have a 3rd party team to assemble and disassemble special items to be moved, I have performed many moves estimated over 5000. I am familiar with UTC, WA TARIFFS, and Intrastate Regulations.

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
DU 4th Degree	2014	Benton County Benton City, WA

\*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	\$ 5,000	Salaries/Wages Payable	\$ 3,500
Notes Receivable	\$ 10,000	Accounts Payable	\$
Investments	\$	Notes Payable Warehouse Rent -	\$ 2,500
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$ <del>20,000.00</del>	<b>NET WORTH</b>	
Trucks and Trailers	\$ 6,000	Preferred Stock	\$
Office Furniture	\$ 1,000 <sup>00</sup>	Common Stock	\$
Other Equipment	\$ 2,000	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$

### 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
1989	International	C 130 48 P	1HTJAZRKH6744 28	22,000

# Kastl Express LLC.

## BALANCE SHEET

As of May 9, 2019

	TOTAL
<b>ASSETS</b>	
Current Assets	
Bank Accounts	
Basic Business Checking (5838)	66,815.70
Cash on hand	2,879.95
<b>Total Bank Accounts</b>	<b>\$69,695.65</b>
Other Current Assets	
Payroll Advance - Wages	5,459.71
Undeposited Funds	225.75
<b>Total Other Current Assets</b>	<b>\$5,685.46</b>
<b>Total Current Assets</b>	<b>\$75,381.11</b>
<b>TOTAL ASSETS</b>	<b>\$75,381.11</b>
<b>LIABILITIES AND EQUITY</b>	
Liabilities	
Current Liabilities	
Credit Cards	
mss	46.90
<b>Total Credit Cards</b>	<b>\$46.90</b>
Other Current Liabilities	
Payroll Liabilities	5,120.06
Richland Payable	994.80
<b>Total Other Current Liabilities</b>	<b>\$6,114.86</b>
<b>Total Current Liabilities</b>	<b>\$6,161.76</b>
<b>Total Liabilities</b>	<b>\$6,161.76</b>
Equity	
Opening Balance Equity	787.21
Owner's Investment	-4,200.00
Owner's Pay & Personal Expenses	-37,327.66
Retained Earnings	87,581.54
Net Income	22,378.26
<b>Total Equity</b>	<b>\$69,219.35</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$75,381.11</b>

### 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:

*Max Kett*

Position:

*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:

Max Kastl

Position:

owner

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:

Max Kastl

Position

owner.

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.

Max A. Kastl

*Max Kastl*

4/8/19

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:  
*Dan Pasco, Project Manager, Murley's floor Covering*

Address (include street address, mailing address, city, state, zip, and county):  
*6159 W. Deschutes Ave Kennewick, WA 99336*

Phone Number:  
*509-302-9819*

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:  
*In the future we will need help moving customer furniture, and personal items so we can complete our projects*

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 do projects where the customer will need their belongings boxed up and moved or stored, having a company like this is a must!*

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
*Have worked with them in the past, they are very organized, Professional, and would be a great asset to moving industry.*

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

*[Signature]*  
 Signature of Person Completing Form

*4/9/19 Kennewick 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:** Kastl Express LLC (Max Kastl)

**The following must be completed by the Supporter of the applicant**

**Name, Title, and Business Name:**  
James Sappington, Owner, Promotional Express

**Address (include street address, mailing address, city, state, zip, and county):**  
  
3221 W Opal St, Pasco, WA 99301

**Phone Number:**  
509-545-5641

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:  
My next move will involve transitioning to a house more suited to a retirement lifestyle. At present, we are empty-nesters but not yet retired. A house with a better layout might meet our needs better. When that time comes, I will be calling Max.

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:  
One of the most important assets a moving company can have is the trust of the consumer. I worked with Max Kastl at another moving company and found him to be someone I would trust with my personal goods. I believe many other people would agree with me.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
Max's years of experience in the moving business qualify him to lead a moving company that will serve this community well. He puts the customer's needs first and has the expertise to exceed their expectations. He will compete and force other companies to do better.

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

James Sappington  
Signature of Person Completing Form

08APR2019 Pasco, 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:** Kastl Express LLC (Max Kastl)

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Clifford A. Ashley, Manager/Owner, Ebony & Ivory Pianos LLC
Address (include street address, mailing address, city, state, zip, and county):	721 Tudwin Ave, Richland, WA 99352
Phone Number:	Store: 509-943-8811, Direct 509-948-3007
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:	Need moving company to move grands, baby grands, & uprights pianos. Kastl Express is our dedicated piano mover.
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 a piano store and always have pianos to move to our customers. Kastl Express is our dedicated piano mover.
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 need a licensed mover to move our pianos, and will benefit our state to have a reliable, licensed, & bonded.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	Kastl Express has always been reliable and completed special piano moves without incidents.
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
	4/8/19 Ebony & Ivory Pianos 721 Tudwin Ave, Richland, WA 99352

**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: Max KASTL

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<u>Emily Bailey, Broker Professional Realty Services</u>
Address (include street address, mailing address, city, state, zip, and county):	<u>7601 W Clearwater Ave Ste 430 Kennewick, WA 99336</u>
Phone Number:	<u>509-222-0114</u>
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:	<u>As a local REALTOR I have clients that have a need for services of a residential household goods moving company. It's great to be able to refer a local moving company w/ confidence.</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>Max KASTL has been helping people move for years. He does an excellent job meeting the needs of his clients.</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've known Max for several years &amp; he is a responsible &amp; honest individual that will provide excellent customer service to his clients.</u>
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	<u>Emily Bailey</u>
Date and Location	<u>4/11/2019</u>

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: Teresa Culverhouse, Broker, RC SOTHEBYS REALTY

Address (include street address, mailing address, city, state, zip, and county): 329 N. Kellogg St., Kennewick, WA 99336

Phone Number: (509) 531-7134

Do you currently need the services of a residential household goods moving company? [X] 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 [X] Yes If yes, please describe your future moving needs: Often have clients, (home buyers & sellers) needing assistance with moving their 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: Our community has a very active real estate market, which is supported by having quality services for moving clients.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I have found Max Kashi to be a very honest and dependable person to call on.

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

Teresa Culverhouse

4-11-19

Signature of Person Completing Form

Date and Location

WA USA **WASHINGTON** ENHANCED COMMERCIAL DRIVER LICENSE

4d LIC [REDACTED] 9 CLASS B DONOR

1 KASTL  
2 MAX ANDREW

3 DOB [REDACTED] 4a ISS 11/08/2017

45 SEX M 18 EYES GRN  
16 HGT 6'-00" 17 WGT 220 LB  
12 RESTRICTIONS 9a END L  
JK 4b EXP 11/08/2023

*Max Kastl*

REV 01/06/2015