



DOR- ✓
SOS- ✓ ~~SOLE~~
SAFER- ✗
UCR- n/a
INS- ✗
PAID- ✓

Redacted per RCW 42.56.230 Personal Information
 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: <u>5/20/19</u>	DOL/SOS:	ID: <u>20304</u>	Docket # <u>190422</u>
	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: ~~Dr. Pulley & Mr Haul Moving Company~~ Specialty Logistics LLC
 Trade Name, if applicable: Grant, Gabriel Wiley
 Physical Address: 1913 S.W. Webster Street, Seattle, WA 98106
 Mailing Address: _____
 Telephone Number (206): 979-4223 Email: drpulleymrhaul@gmail.com
 Contact Name: Gabe Grant

BUSINESS INFORMATION - continued

USDOT #: 3283488 If you do not have a USDOT number, go online at www.fmcsa.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 #: 604 408 558 4104 - 950 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.

We are two partners who do small jobs with 1 truck. Should we need to hire, we will use an agency such as Labor Ready who completes background checks for all their workers. Later on, we can set up L&I & ESD accounts if and when we scale.

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>Gabriel Grant</u>	<u>CEO</u>	<u>60%</u>
<u>Matthew Melton</u>	<u>COO (Chief Operating Officer)</u>	<u>40%</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 will provide professional moving, transportation, delivery, & logistics services using advanced techniques for specialty and/or large/heavy items for a competitive price to meet consumer demand in this only partially met niche in the market.

2. Briefly describe your experience in the transportation/household goods moving industry: I have personally moved my home a dozen times as well as helped family & friends so I understand that pro movers need the right equipment, vehicles, & personnel in order to complete jobs efficiently & safely within budget.

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	\$ 2500	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 1000	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 500	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$ 0	NET WORTH	\$ 20,000
Trucks and Trailers	\$ 10,000	Preferred Stock	\$ 0
Office Furniture	\$ 500	Common Stock	\$ 0
Other Equipment	\$ 4500	Retained Earnings	\$ 0
Other Assets	\$ 1000	Capital	\$ 0
TOTAL ASSETS	\$ 20,000	TOTAL LIABILITIES & NET WORTH	\$ 20,000

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
2004	Nissan UD	7D36840	N/A	19,500

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:

Gabriel Grant

Position:

Chief Executive Officer

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:

Gabriel Grant

Position:

Chief Executive Officer

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:

Gabriel Grant

Position:

Chief Executive Officer

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.

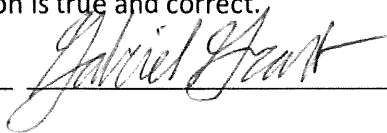
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-305 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.

Gabriel Wiley Grant



4-15-19

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: Gabriel Grant

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Brion Grant - individual

Address (include street address, mailing address, city, state, zip, and county):
1158 17th Ave E
Seattle WA 98112 KING

Phone Number:
206 447-3449

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 large home will need to be vacated in future

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:
Gabriel Grant is well known to me. He is energetic, delivers as promised, and innovative. Smart people like Gabriel are needed in the field.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
None

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

5-1-19 Seattle
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: Shira Brewer Gabriel W. Grant

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Shira Brewer, Teacher, Seattle Public Schools

Address (include street address, mailing address, city, state, zip, and county): 2015 E Prospect St. Seattle, WA 98112

Phone Number: 206-747-2417

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: We will be moving abroad + will need to move our household items (entire house) to storage.

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: Having more competition improves price options for consumers/homeowners needing to move.


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

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. [Signature] Seattle, WA May 1, 2019

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: Gabriel Wiley Grant

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: <u>Lynn A. Grant Editor Wiley Editorial Services</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>1158-17th Ave East Seattle, WA 98112</u>	
Phone Number: <u>(206) 349-1159</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 checked="" type="checkbox"/> No <input type="checkbox"/> 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: <u>It will provide reliable, safe, competitive moving services to community members who have need to move heavy and/or small specialized loads.</u>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>The applicant is determined to run a professional company and is working on fulfilling all necessary requirements.</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>May 20, 2019</u> _____ Date and Location



ATTACHMENT A

Redacted per RCW 42.56.230 Personal Information

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: Andrew Maxwell Cant

Address (include street address, mailing address, city, state, zip, and county): 414A 10th Ave E

Phone Number: 206 596-5933

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: Long-haul transportation of art & building materials.

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: Specialized moving services are much needed & in demand. We need more qualified movers

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? no

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 5/20/08

United States Department of Transportation

FMCSA

Federal Motor Carrier Safety Administration

Payment Info

100%

LOGOUT

MENU

STATUS

SAVE

REPORT

Thank you for submitting your application.

Your entity has been assigned USDOT Number 3283488 .

NEXT

What's Next:

- Your application is being reviewed for statutory and regulatory requirements.
- You will receive a notification with your assigned USDOT Number.
- If you applied for an Operating Authority Registration, you will receive a notification with your assigned Docket Number and PIN Number.
- If you applied for an Operating Authority Registration, the following information provides how your Operating Authority will be presented in the FMCSA Systems:

Operating Authority Contained in Application

Operating Authority Presented in FMCSA Systems

Prior to closing this window, it is recommended that you print and a PDF version of the application to keep for your records. A PDF version of your application can be printed by selecting the print icon.

ATTENTION ATTENTION ATTENTION

- You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.
- Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.
- By using this information system, you understand and consent to the following:
 - You have no reasonable expectation of privacy regarding any communications or data transiting or stored on this information system. At any time, and for any lawful government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.
 - Any communications or data transiting or stored on this information system may be disclosed or used for any lawful government purpose.

WA WASHINGTON
USA

DRIVER LICENSE
FEDERAL LIMITS APPLY

20 L1182132B1619



Matthew Melton

4d LIC#

1 MELTON
2 MATTHEW DAVID

9 CLASS

DONOR

3 DOB



4a ISS 08/01/2018

15 SEX M
16 HGT 5'-06"
12 RESTRICTIONS NONE

18 EYES BRO
17 WGT 240 lb
9a END NONE
4b EXP 11/11/2023



REV 07/01/2018

20 D1213189B1634



Gabriel Wiley

WA WASHINGTON
USA

DRIVER LICENSE
FEDERAL LIMITS APPLY

4d LIC#

1 GRANT

2 GABRIEL WILEY

3 DOB

8

9 CLASS

DCNCR

4a ISS 12/13/2018

15 SEX M
16 HGT 5'-06"
12 RESTRICTIONS NONE

18 EYES BRO
17 WGT 175 lb
9a END NONE
4b EXP 08/25/2020



REV 09/04/2018

