



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 # <u>140600</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: Smooth Movers, LLC

Trade Name, if applicable _____

Physical Address 1402 Auburn Way N Suite 273 Auburn, WA

Mailing Address 1402 Auburn Way N Suite 273 Auburn, WA 98002

Telephone Number 206 794 2539 / 206 899-7100 Email: hello@smoothmoverssea.com

Contact Name: Richard Christiansen or Clint Frazier

BUSINESS INFORMATION - continued

USDOT #: 3301817 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 #: 604459877 Department of Labor & Industries (L&I)

Worker's Comp account # We are an owner operator LLC. Richard Christensen, partner in the LLC is the driver, Clint Frazier is a mover/manager.

Employment Security Department (ESD) registration # We are only planning on working on a part time basis as owner operators.

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 will be using Human Resources Inc. out of Auburn, WA for our worker/employee needs.

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

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: Residential moving service. We want to give customers another choice for their moving needs, by providing a competitive price.

2. Briefly describe your experience in the transportation/household goods moving industry: For the past year, I've helped a family member that owns a staging business. Fully furnish houses that are placed on the market for real estate agents. Then un-stage the houses after the sale of said house.

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	\$ 6,000	Salaries/Wages Payable	\$ ∅
Notes Receivable	\$	Accounts Payable	\$ ∅
Investments Thrift Savings Acct.	\$ 216,000	Notes Payable	\$ ∅
Other Current Assets	\$	Mortgages Payable	\$ 1900.00
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ ∅
Land and Buildings	\$ 200,000	NET WORTH	
Trucks and Trailers	\$ 12,000	Preferred Stock	\$ ∅
Office Furniture	\$	Common Stock	\$ ∅
Other Equipment	\$	Retained Earnings	\$ ∅
Other Assets	\$	Capital	\$ ∅
TOTAL ASSETS	\$ 434,000	TOTAL LIABILITIES & NET WORTH	\$ 1900

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
2000	GMC	C68513K	1GDTJ6HC8XJS1285	26,000

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>Clint Frazier</i>	Position: <i>Manager</i>
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OPERATIONAL RESPONSIBILITIES		
Annual Reports and Regulatory Fees (<u>WAC 480-15-480</u>). You must annually file a report of your financial operations and pay regulatory fees.		
Name: <u>Richard Christiansen</u>	Position: <u>Manager</u>	
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>Clint Frazier</u>	Position: <u>Manager</u>	
If you would like to receive information about new household goods carriers, check here <input checked="" type="checkbox"/>		
DECLARATION OF APPLICANT		
I understand that filing this application <u>does not</u> 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>Richard Christiansen</u>	<u>[Signature]</u>	<u>6-8-2019</u>
Print name of applicant	Signature of Applicant	Date

WA USA **WASHINGTON** DRIVER LICENSE

4d LIC# [REDACTED] DONOR ♥

1 CHRISTIANSEN II
2 RICHARD S

3 DOB [REDACTED] 4a Iss 05-02-2016

15 Sex M 16 Hgt 6-09
17 Wgt 194 18 Eyes HAZ
9 Class 9a End 3
12 Restrictions NONE 4b Exp 05-06-2022

Richard S Christian

Rev 09-16-2009

WA USA **WASHINGTON** DRIVER LICENSE
FEDERAL LIMITS APPLY

4d LIC# [REDACTED] 9 CLASS

1 FRAZIER
2 CLINT

3 DOB [REDACTED] 4a ISS 03/25/2019

15 SEX M 18 EYES BRO
16 HGT 5'-07" 17 WGT 220 LB
12 RESTRICTIONS B 9a END NONE
4b EXP 06/18/2025

Clint Frazier

REV 09/04/2018

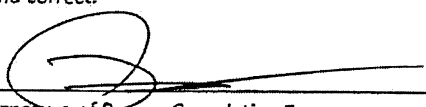


ATTACHMENT A

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: Richard Christiansen

The following must be completed by the Supporter of the applicant Name,	
Title, and Business Name: Paul Hesch, Operations Officer Better Properties Solutions	
Address (include street address, mailing address, city, state, zip, and county): <u>2221 1st Street NE Auburn, WA 98002</u>	
Phone Number: <u>253-736-2999</u>	
Do you currently need the services of a residential household goods moving company? YES <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: We are a real estate brokerage and our clients are always asking for moving company recommendations	
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: The rise of seniors is also a need for moving and packing services. Do you anticipate a future need for the services of a residential household goods moving company?	
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: Home buyers and sellers are always in need for moving services in our area.	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? The high volume of house sales and purchases need new businesses to meet the demand	
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>6-5-19</u> _____ Date and Location



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Applicant Name: *Richard Christiansen*

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<i>Kimber Lee - Real Estate Broker - John L Scott LTP</i>
Address (include street address, mailing address, city, state, zip, and county):	<i>21108 State Route 410 E Lake Tapps, WA 98391</i>
Phone Number:	<i>253. 921. 1551</i>
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:	<i>We represent both buyers & sellers who need moving services. we also assist sellers with staging & decorating in which we need help moving furniture w/ home prep.</i>
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:	<i>We have needed and will continue to need moving services. our clients also refer to us for services of moving companies.</i>
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>It's hard to find good companies & services from companies. when we refer moving companies we put our name on it so it is important to have good, reliable names to refer.</i>
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	<i>I have known Rich for a long time & he is honest & trustworthy. I would feel comfortable putting my name on a referral for Rich & his company & will refer him.</i>
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="text-align: center; margin-bottom: 10px;"><i>[Signature]</i></div> Signature of Person Completing Form	<div style="text-align: center; margin-bottom: 10px;"><i>6.8. 2019</i></div> Date and Location



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Applicant Name: Richard Christensen

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Lee Gaskill STAGE IT. LIST IT. SELL IT

Address (include street address, mailing address, city, state, zip, and county):
PO BOX 7133 BONNEY LAKE, WA 98391 - PIERCE COUNTY

Phone Number: 253 355 0453

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
TO MOVE FURNITURE IN AND AROUND THE NORTHWEST FOR CLIENTS

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 A STAGING COMPANY, I REQUIRE MOVING SERVICES IN THE 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:
UTILIZING THIS MOVING COMPANY WILL ENHANCE MY STAGING SERVICES.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
I KNOW THE APPLICANT AND CAN ATTEST TO HIS HARD WORK, HIGH MORAL STANDARDS, ALONG WITH HIS ETHICS.

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

Lee Gaskill
 Signature of Person Completing Form

6-8-19 Bonney Lake, WA
 Date and Location



**Statement of Drug and Alcohol Testing Services
Provided by Drug Free Business**

Retain this document in your drug and alcohol testing records.

This certifies that: Smooth Movers, LLC

is a member of Drug Free Business and receiving drug and alcohol testing services since 7/12/2019.

Drug Free Business (DFB) is a Washington not-for-profit 501(c)(3) corporation providing drug and alcohol testing services for our members that must comply with Federal and Department of Transportation procedures for transportation workplace drug and alcohol testing programs, 49 CFR 40, et.al. and other state requirements and programs. Washington Drug Free Business is located at 18912 North Creek, Suite 202, Bothell, WA, 98011, telephone 425-488-9755.

All testing is primarily performed by a SAMHSA certified laboratories authorized to perform testing under DHHS and DOT standards.

Medical Review Officer (MRO) services are performed by Dee J McGonigle, M.D., Drug Free Business, 18912 North Creek Parkway, Suite 202, Bothell, WA, 98011, (425) 488-9755 or (866) 448-0651.

DFB uses a proprietary computer software program to select drug and alcohol random tests as specified by the Department of Transportation (DOT) or under your own company's policy using the employee data you supply. It is the employer's responsibility to make sure this data is updated and correct.

If you have any questions please call (866) 448-0651

Robi Bolton, C-SAPA
Director MRO Services



UNITED COMMERCIAL
 9196 W EMERALD ST 180
 BOISE, ID 83704
 1-208-229-8222

Policy number: 00871915-0

Underwritten by:
 United Financial Casualty Company
 July 12, 2019
 Page 1 of 1

Certificate of Insurance

Certificate Holder

SMOOTH MOVERS LLC
 32802 MILITARY RD S
 FEDERAL WAY, WA 98001

Insured

SMOOTH MOVERS LLC
 32802 MILITARY RD S
 FEDERAL WAY, WA 98001

Agent

UNITED COMMERCIAL
 9196 W EMERALD ST 180
 BOISE, ID 83704

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Jul 3, 2019

Policy Expiration Date: Jan 3, 2020

Insurance coverage(s)

Limits

Bodily Injury/Property Damage	\$750,000 Combined Single Limit
Underinsured Motorist Bodily Injury	\$100,000 Combined Single Limit
Underinsured Motorist Property Damage	\$10,000 w/\$100 Ded (\$300 if Hit & Run)

Description of Location/Vehicles/Special Items

Scheduled autos only

2000 GMC 6H4 1GDJ6H1C8YJ512858	
Medical Payments	\$5,000
Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded
Downtime	\$100 Per Day (\$3,000 Max)

Certificate number

19319A12915