



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: ~~Dean Jacobsen~~ ↑ _____

Trade Name, if applicable : White Glove Moving LLP _____

Physical Address 7031 South 196th St. Suite 1-4 Kent, WA 98032 _____

Mailing Address: 25316 142nd Ave SE Kent, WA 98042 _____

Telephone Number: (206) 384-9298 _____

Contact Name: Dean Jacobsen _____

BUSINESS INFORMATION - continued

USDOT #: 3281411 . 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? - YES

Business License/UBI #: 604-436-277 .

Department of Labor & Industries (L&I) Worker's Comp account # : N/A

Employment Security Department (ESD) registration # N/A

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 not be setting up an account with L&I or ESD because we are owner operators and will not be hiring any employees.

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other (LP, LLP, LLC) in State of Washington

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

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or % of Shares</u>
<u>Dean Jacobsen</u>	<u>Owner Operator</u>	<u>50%</u>
<u>Kelsey Anderson</u>	<u>Owner Operator</u>	<u>50%</u>

(FYI: Kelsey Anderson is soon to be Kelsey Jacobsen we just married 7/13/19)

Provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.

Attached

- Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: I (Dean Jacobsen) am a licensed real estate agent and my fiancé (Kelsey Anderson) and I own a home staging company, within Washington state. We currently move the staging furniture in and out of the listed homes using a van but we are looking to buy a box truck so we can 1) do larger stages and 2) Provide our client home owners the needed service of moving their furniture items to their new home when their home is sold. (For some time now, our clients have been requesting a moving service from us as we have already built a

trusting and satisfactory relationship with them by demonstrated our abilities during the staging of their home.)

2. Briefly describe your experience in the transportation/household goods moving industry: Years ago, I (Dean Jacobsen) worked with Greenbaun Home Furnishings in Bellevue, WA as a fulltime furniture delivery and setup person, a few years later I began working at the United Parcel Service in Redmond, WA. After working there for several years and graduating to driver I went back to school to obtain my Masters Degree in Clinical Social Work. After working in that profession for several years, I have found myself in Real estate coupled with home staging. I have continued to work in the real estate industry since 2001, and now, with your assistance, have the ability to satisfy my clients needs further by adding much needed furniture moving services.
3. Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?
- No If yes, please indicate your permit number N/A.
4. Have you ever applied for and been denied a permit to operate as a motor carrier of property in Washington? - No If yes, please explain N/A.
5. Do you currently operate interstate? - No If yes, please indicate your MC# N/A
6. If you have interstate authority, have you registered for Unified Carrier Registration - No
7. Do you operate interstate as an agent of another company? - No
If yes, what is the name of the company? N/A
8. Do you have, or have you ever had a business-related legal proceeding against you in Washington, or in any other state? - No
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? - Yes (Dean Jacobsen) If yes, please list below:

Type of Conviction	Date	City/State
TRAFF.MDMA,PHEN 10-U/200 GR	12/31/2001	Orland, FL.

**Please see attached letter of explanation for more detail.*

1. Has any person named in this application, been cited for violation of state laws or Commission rules? - No
2. If you would like to receive information about new household goods carriers, check here - No

FINANCIAL STATEMENT			
Complete the following or attach a balance sheet, profit and loss statement, or business plan.			
Assets		Liabilities	
Cash in Bank	\$36,000	Salaries/Wages Payable	\$0
Notes Receivable	\$0	Accounts Payable	\$0
Investments	\$0	Notes Payable	\$0
Other Current Assets	\$0	Mortgages Payable	\$0
Prepaid Expenses	\$0	TOTAL LIABILITIES	\$0
Land and Buildings	\$0	NET WORTH	\$36,000
Trucks and Trailers	\$0	Preferred Stock	\$0
Office Furniture	\$0	Common Stock	\$0
Other Equipment	\$0	Retained Earnings	\$0
Other Assets	\$0	Capital	\$0
TOTAL ASSETS	\$36,000	TOTAL LIABILITIES & NET WORTH	\$36,000

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
2015	Freightliner	TBD	3ALACWDT4FDGD7916	Less than 26k

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:

Dean Jacobsen

Position:

Owner Operator

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: <i>Dean Jacobsen</i>	Position: <i>Owner Operator</i>	
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>Dean Jacobsen</i>	Position <i>Owner Operator</i>	
<p>If you would like to receive information about new household goods carriers, check here </p> <p style="text-align: center;">DECLARATION OF APPLICANT</p> <p>I understand that filing this application does not in itself constitute authority to operate as a household goods mover.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>I understand the commission will complete a criminal background check on each person named in the application.</p> <p>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.</p>		
<i>Dean Jacobsen</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <small>Authentisign</small> <i>Dean Jacobsen</i> <small>7/21/2019 5:10:09 PM PDT</small> </div>	07/21/2019
Print name of applicant	Signature of Applicant	Date

Sara Miller, Broker

Windermere Real Estate/Northeast, Inc.

Business 425.968.8181

Cell 206.669.4755

SaraMiller@windermere.com

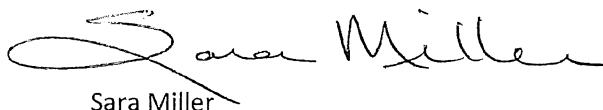
May 15, 2019

To Whom It May Concern:

My company has been working with Kelsey Anderson for the last three years through her staging company, The Essential Home. We understand she and her partner are launching White Glove Moving LLP and are very excited to hire them. I am certain they will provide exceptional service to our clients during their moving process.

Sincerely,

Windermere Real Estate/Northeast, Inc.



Sara Miller



Windermere Real Estate / Northeast, Inc.

11411 NE 124th Street, Suite 110 | Kirkland, WA 98034 | 425.820.5151 | Fax 425.821.9483 | www.windermere.com

May 12, 2019

To Whom It May Concern:

White Glove Moving LLP will undoubtedly be my companies' number one referral for new business. Reliable moving help is the highest request made by our clients, and thus far we have yet to find the right fit. We look forward to the exceptional service that White Glove Moving will provide to our clients and are eager to stand by their services.

Thank You,

A handwritten signature in black ink, appearing to read "Darren Costa", with a long horizontal stroke extending to the right.

Darren Costa
Windermere Real Estate
Darren@KariHaas.com

May 12, 2019

To Whom It May Concern:

I very much look forward to working with White Glove Moving LLP to assist my client's in moving into their new homes.

Thank you,

A handwritten signature in cursive script that reads "Andrea Kearns". The signature is written in black ink and is positioned above the printed name.

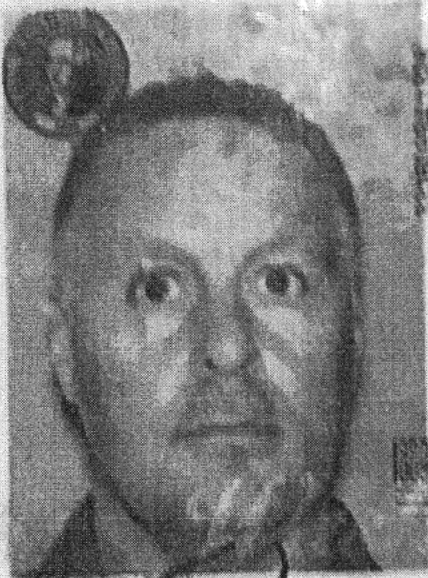
Andrea Kearns

ReMax

Andrea@AndreaKearns.com

WASHINGTON

DRIVER LICENSE



[Handwritten signature]

4d LIC# [REDACTED]

1 JACOBSEN
2 DEAN GREGORY

3 DOB [REDACTED]

15 Sex M 16 Hgt 6-03
17 Wgt 210 18 Eyes BLU

9 Class
9a End NONE
12 Restrictions F*

5 [REDACTED]

4a Iss 04-08-2016



4b Exp 12-30-2018

WA USA

WASHINGTON

DRIVER LICENSE

DONOR ♥



[Handwritten signature]

4d LIC# [REDACTED]

1 ANDERSON
2 KELSEY JEAN

3 DOB [REDACTED]

15 Sex F 16 Hgt 5-05
17 Wgt 125 18 Eyes BLU

9 Class 9a End NONE
12 Restrictions NONE

4a Iss 10-18-2016



4b Exp 04-27-2018

May 2nd, 2019

RE: Dean Jacobsen

To Whom It May Concern:

This letter is to provide the complete details of all events or proceedings for the "YES" answer to question #9 on my UTC Household Goods Moving Company application..

Explanation: On December 13, 2001, I was arrested and later plead "no contest" for Trafficking MDMA (the Drug known as Ecstasy.) By Florida law, possession of 10 grams or more MDMA was classified as TRAFFICKING.

This was my first and only arrest (criminal or otherwise) and was very uncharacteristic for me. At the time, I used poor judgment in befriending a person who later organized my arrest in order to reduce his sentencing for a previous drug related crime. I was sentenced to 13 months in prison, 10 years of probation, and \$795 in fines. I have since completed all the requirements set by the court. My probation was terminated effective 12/23/08.

Court Jurisdiction: Orange County, Florida
Charge: TRAFF.MDMA,PHEN 10-U/200 GR
Case Number: 01-CF-0016863-0
Current Status: CLOSED
Last Action Date: 12/23/08 – Termination of Probation

Please feel free to contact me if additional records or information is needed.

Dean Jacobsen

Phone: (206) 384-9298

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Liability Limit: \$750,000

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Cas Co (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to WHITE GLOVE MOVING LLP of 25316 142ND AVE SE, KENT, WA 98042-0000 a policy or policies of insurance effective from 07/15/2019 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 19th day of July, 2019

Insurance Company File No. CA 00889713
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B

**Form H
UNIFORM MOTOR CARRIER MOTOR TRUCK CARGO CERTIFICATE OF INSURANCE**

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the Lloyd's of London (hereinafter called Company)
of One Lime Street London O0 23221
has issued to WHITE GLOVE MOVING LLP of 116 16th Ave KIRKLAND WA 98033

a policy or policies of insurance effective from 07/15/2019 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Cargo Insurance Endorsement, has or have been amended to provide motor truck cargo insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

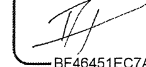
This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 8057 14th Ave. NW Seattle, WA. 98117
this 19th day of July, 2019

Insurance Company File No. B1180D191071/071

Coverage Amount \$20,000

DocuSigned by:



BF46451EC7A04CE...

Authorized Company Representative