

100285



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 Lacey, WA 98503
 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	

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: Community Transitions

Trade Name, if applicable: Holda K. Fuchs

Physical Address: 9119 E Boone Suite C

Mailing Address: same

Telephone Number (509) 867-3930 Email: comtranhf@gmail.com

Contact Name: Helda Fuchs

BUSINESS INFORMATION - continued

USDOT #: 3318940 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 #: W03-608-302 Department of Labor & Industries (L&I)

Worker's Comp account # W00-556-00

Employment Security Department (ESD) registration # W00-796-867-00-0

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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or % of Shares</u>
<u>Helda Fuchs</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: To provide moving services to general population and contact with Department of Social and Health Services to assist disabled population move.

2. Briefly describe your experience in the transportation/household goods moving industry: I have worked w/ multiple moving companies to coordinate moves. Personally have moved self and community members several times.

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	\$ 7,847	Salaries/Wages Payable	\$ 5,500/mo
Notes Receivable	\$ /	Accounts Payable	\$ 1,500/mo
Investments	\$ /	Notes Payable	\$ 2,800/mo
Other Current Assets	\$ 2,000	Mortgages Payable	\$ /
Prepaid Expenses	\$ 3,000	TOTAL LIABILITIES	\$ 9,800
Land and Buildings	\$ /	NET WORTH	60,000
Trucks and Trailers	\$ 16,000	Preferred Stock	\$ /
Office Furniture	\$ 3,000	Common Stock	\$ /
Other Equipment	\$ 1,500	Retained Earnings	\$ /
Other Assets	\$ /	Capital	\$ /
TOTAL ASSETS	\$ 33,347	TOTAL LIABILITIES & NET WORTH	\$ 69,800

EQUIPMENT LIST				
List the equipment you own or lease to provide moving services (attach additional sheets if necessary). You must own or have a long term lease for any vehicle you operate, you may not rent vehicles on a job by job basis				
Year	Make	License Number	Vehicle ID Number	GVW (lbs) - ^{cash}
1996	Ford F250	C73067H	1FTHW2LEF9TEB66222	8,800/6,201
2002	FORD	95922AC	4X4T5EF252N27868	9,600/4,000

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)

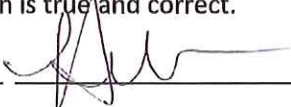
CARGO INSURANCE REQUIREMENTS (WAC 480-15-550). You must maintain cargo insurance coverage (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more).

Name:

Helda K Fuchs

Position:

Owner

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: <i>Helda Fuchs</i>	Position: <i>Owner</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>Helda Fuchs</i>	Position: <i>Owner</i>	
<p>If you would like to receive information about new household goods carriers, check here <input type="checkbox"/></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>Helda K Fuchs</i>		<i>8/6/19</i>
Print name of applicant	Signature of Applicant	Date

REDACTED per RCW 42.56.230

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

4d LIC [REDACTED] CLASS DONOR 

1 FUCRS

2 HELDA KATHERINE

3 DOE [REDACTED] 4a ISS 03/27/2019

15 SEX F 18 EYES BLU
16 HGT 5'-07" 17 WGT 185 lb
12 RESTRICTIONS NONE 9a END NONE
4b EXP 03/26/2025

20 RC32718801014

5 [REDACTED]

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: Helda Fuchs

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<u>Donna Ochampcaugh, Business Office Mgr. Fairfield Care</u>
Address (include street address, mailing address, city, state, zip, and county):	<u>503 S Hilltop Ln Fairfield WA 99012</u>
Phone Number:	<u>509-283-2232</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>I work in an Assisted living facility. There are many times we could use this service to move in/out residents.</u>
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	<u>Services to move the elderly in this area are pretty much non-existent and we are constantly trying to round up enough people with trucks to help move the elderly's items - This would be a huge help to be able to move everything in one truck/trip</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>	<u>9/10/19 Fairfield WA</u>
Signature of Person Completing Form	Date and Location



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Applicant Name: *Helda Fuchs*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: *Teresa Holm, Healthcare Coordinator, Palouse Country Assisted Living*

Address (include street address, mailing address, city, state, zip, and county): *205 E Brewster, Fairfield, WA 99012*

Phone Number: *509-283-2123*

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
I would definitely refer her to family in need of services

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:
Will be retiring and downsizing my home.

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: *a local reliable company is necessary.*

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? *This person (Helda) has been amazing working with my family + friends.*

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

Teresa Holm
Signature of Person Completing Form *9/16/19 Fairfield, WA*
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: *Helda Fuchs*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Logan Posey

Address (include street address, mailing address, city, state, zip) and county):
Physical: 360 S. Palouse Hwy Waverly, WA 99039 Mailing: P.O. Box 154 Waverly, WA 99039

Phone Number:
(615) 482-0208

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 near future, if I decide to move, having a nearby moving company will help me greatly, since there aren't any moving companies near me in the Palouse.

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 is a need in our rural community to have an affordable moving company that could also help in moving the elderly who have little to no relatives left.

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 business owner, Helda Fuchs has a strong passion in regards to helping the elderly and/or vulnerable individuals who need extra help. A moving company that understands that 'type' of assistance is invaluable.

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

Logan Posey
Signature of Person Completing Form

9/16/19 Spokane Co, WA
Date and Location