

621 Woodland Square Loop SE 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:	Property of the second	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				
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 <u>WAC 480-15-450</u>). Complete pages 3-5 and include a statement justifying the reinstatement.				
\square Name Change or Addition of d/b/a – Complete pages 3-5 and Attachment D.	\$ 35			
BUSINESS INFORMATION				
Legal Name: Keystone Hauling Services, Lic	A			
Trade Name, if applicable College Hunks Hauling Junk and Moving				
Physical Address 7125 E. Broadway Ste 100, Spokane Valley, WA 99212				
Mailing Address 11110 N waikikikikd. Spokane, WA 99218	3			
Telephone Number (50) 530 - 0858 Email: Price, paramon	re @ chh, com			
Contact Name: Price Paramore				

BUSINESS INFORMATION - continued				
USDOT #: 3539968 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 <u>Department of Revenue</u> ? □ No 「Yes Business License/UBI #: <u>604~464~613</u> Department of <u>Labor & Industries</u> (L&I) Worker's Comp account # <u>(694.320~00</u>				
Employment Security Department (ESD) registration # Submitted 9/9/19 - Application still process EAWS 855 - 839 - 9243 #4 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:				
Name Price Paramore Managing Member Stock Distribution or % of Shares Wanging Member Wo%				
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 stress free junk removal and moving experiences. We provide a Honest White and knowled geable Service (H.U.N.K.S) 2. Briefly describe your experience in the transportation/household goods moving industry: I have many experiences as a customer. I have moved 5 times				
2. Briefly describe your experience in the transportation/household goods moving industry: I have many experiences as a customer. I have moved 5 times In 13 years, 4 of which were international moves.				

REDACTED per RCW 42.56.230

Washington? ☑No ☐ Yes If yes, please explain	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				3.
*attach additional pages if necessary Type of Conviction Type of	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				
6. If you have interstate authority, have you registered for Unified Carrier Registration	Do you currently operate interstate? ாNo □ Yes If yes, please indicate your MC# <u>Plan on ව</u> ර්†வ ்வ MC♯.				
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 W or in any other state? No Yes If yes, please list below: Type of Legal Proceeding Date Stat *attach additional pages if necessary 9. Has any person named in this application ever been convicted of any crime involving th burglary, assault, sexual misconduct, identity theft, fraud, false statements, or the mansale, or distribution of a controlled substance? No Yes If yes, please list below: Type of Conviction Date City/S *attach additional pages if necessary 10. Has any person named in this application, been cited for violation of state laws or Comrules? No Yes If yes, please list below:	If you have interstate authority, have you registered for Unified Carrier Registration \(\subseteq \) No \(\subseteq \) Yes when \(\subseteq \)				
or in any other state? ☑No ☐ Yes If yes, please list below: Type of Legal Proceeding Date Stat *attach additional pages if necessary 9. Has any person named in this application ever been convicted of any crime involving th burglary, assault, sexual misconduct, identity theft, fraud, false statements, or the mansale, or distribution of a controlled substance? ☑No ☐ Yes If yes, please list below: Type of Conviction Date City/S *attach additional pages if necessary 10. Has any person named in this application, been cited for violation of state laws or Comrules? ☑No ☐ Yes If yes, please list below:	. Do you operate interstate as an agent of another company? ☑ No □ Yes				
*attach additional pages if necessary 9. Has any person named in this application ever been convicted of any crime involving th burglary, assault, sexual misconduct, identity theft, fraud, false statements, or the many sale, or distribution of a controlled substance? No Yes If yes, please list below: Type of Conviction Date City/S *attach additional pages if necessary 10. Has any person named in this application, been cited for violation of state laws or Comrules? No Yes If yes, please list below:	ashington,	; against you in W			3.
*attach additional pages if necessary 9. Has any person named in this application ever been convicted of any crime involving th burglary, assault, sexual misconduct, identity theft, fraud, false statements, or the man sale, or distribution of a controlled substance? No Yes If yes, please list below: Type of Conviction Date City/S *attach additional pages if necessary 10. Has any person named in this application, been cited for violation of state laws or Com rules? No Yes If yes, please list below:	е	Stat	Date	Type of Legal Proceeding	
*attach additional pages if necessary 9. Has any person named in this application ever been convicted of any crime involving th burglary, assault, sexual misconduct, identity theft, fraud, false statements, or the many sale, or distribution of a controlled substance? No Yes If yes, please list below: Type of Conviction Date City/S *attach additional pages if necessary 10. Has any person named in this application, been cited for violation of state laws or Comrules? No Yes If yes, please list below:		,			
9. Has any person named in this application ever been convicted of any crime involving th burglary, assault, sexual misconduct, identity theft, fraud, false statements, or the manusale, or distribution of a controlled substance? ▶ No ☐ Yes ☐ If yes, please list below: Type of Conviction ☐ Date ☐ City/S *attach additional pages if necessary 10. Has any person named in this application, been cited for violation of state laws or Comrules? ▶ No ☐ Yes ☐ If yes, please list below:			- 1 4		
burglary, assault, sexual misconduct, identity theft, fraud, false statements, or the manusale, or distribution of a controlled substance? ☑ No ☐ Yes ☐ If yes, please list below: Type of Conviction ☐ Date ☐ City/S *attach additional pages if necessary 10. Has any person named in this application, been cited for violation of state laws or Comrules? ☑ No ☐ Yes ☐ If yes, please list below:				*attach additional pages if necessary	
*attach additional pages if necessary 10. Has any person named in this application, been cited for violation of state laws or Comrules? No Yes If yes, please list below:	ufacture,	nents, or the man llease list below:	eft, fraud, false stateme No 🗆 Yes If yes, ple	burglary, assault, sexual misconduct, identity the sale, or distribution of a controlled substance?	э. Г
10. Has any person named in this application, been cited for violation of state laws or Comrules? ☑ No ☐ Yes If yes, please list below:					r
10. Has any person named in this application, been cited for violation of state laws or Comrules? ☑ No ☐ Yes If yes, please list below:	. 7				F
rules? ☑ No ☐ Yes If yes, please list below:				*attach additional pages if necessary	L
Violation Date RCW/	mission	state laws or Com	cited for violation of st	/	10
97.42 - 13 - 1 - 1	WAC	RCW,	Date	Violation	
			,	3* 3* · · · · · ·	
*attach additional pages if necessary			1	*attach additional pages if necessary	L

Page **5** of **12**

As of Oct 2019. Target Open date Dec 2019.

FINANCIAL STATEMENT

Complete the following or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	Liabilities	
Cash in Bank	\$ 42,495	Salaries/Wages Payable	\$ 6	
Notes Receivable	\$ 0	Accounts Payable	\$ 112,888 (Lease)	
Investments	\$ 0	Notes Payable	\$ O	
Other Current Assets	\$ 6	Mortgages Payable	\$ 🔿	
Prepaid Expenses	\$ O	TOTAL LIABLITIES	\$ 112,888	
Land and Buildings	\$ 0	NET WORTH	4 42,495	
Trucks and Trailers	\$ 112,888	Preferred Stock	\$ 0	
Office Furniture	\$ 0	Common Stock	\$ 0	
Other Equipment	\$ O	Retained Earnings	\$ O	
Other Assets	\$ O	Capital	\$ O	
TOTAL ASSETS	\$ 155,383	TOTAL LIABILITIES & NET WORTH	\$ 42,495	

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
2019	ızuzu	in process for licensel registration	540c4W162K380625	2 14,500
2019	ruru	1 2 101.55	54004W1B2K5805W	8 25,999
		. 0	•	-

REDACTED per RCW 42.56.230

SAFETY AND OPERATIONS

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (<u>Title 49</u>, <u>Code of Federal Regulations Part 382 and Part 40</u>). 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 <u>Federal Motor Carrier Safety Regulations</u> (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)

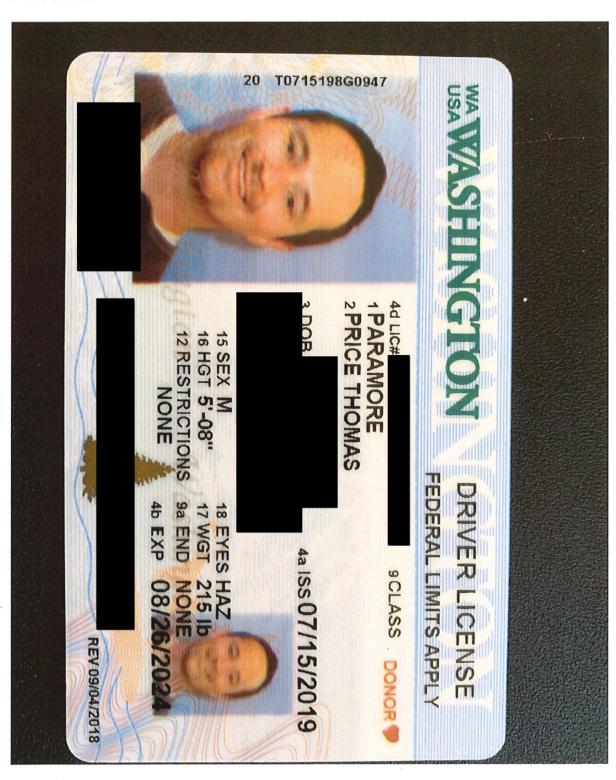
CARGO INSURANCE REQUIREMENTS (WAC 480-15-550). You must maintain cargo insurance coverage (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more).

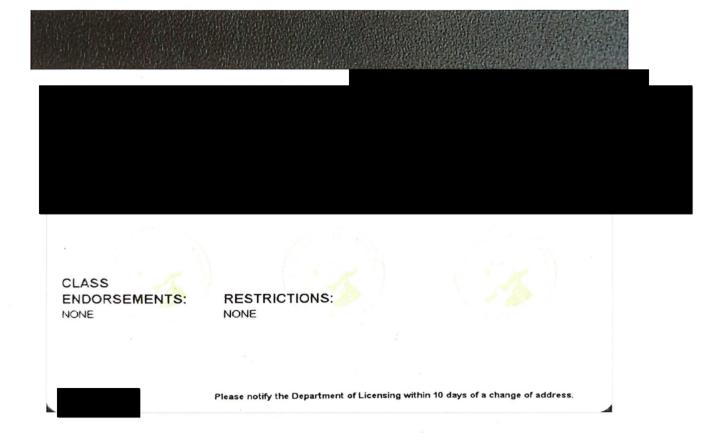
pounds gywk of more).	
Name:	Position:
Price Paramore	managing Member

REDACTED per RCW 42.56.230

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: Price Paramore	Position: Managing Member agulations: Individuals and companies doing business in			
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: Price Paramore	Position			
711 (W. W. M.	Managing Member			
If you would like to receive information about	new household goods carriers, check here			
DECLARATI	ON OF APPLICANT			
	in itself constitute authority to operate as a household			
	understand the responsibilities of a motor carrier and I l regulations governing businesses, including household			
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.				
Price Paramore Price Paramre 10/2/19				
Print name of applicant Si	ignature of Applicant Date			

Price DL







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.

College Hunks Hauling Junk and Mou	no
Applicant Name: Price Paramore, keystone Hauling Services, LLC dba	-
The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	
tyle Hartwig	-
Address (include street address, mailing address, city, state, zip, and county):	1
7812 N Stevens St. Spokune WA 99208	
Phone Number: 360 798-7176	
Do you currently need the services of a residential household goods moving company?	7
No 🗆 Yes If yes, please describe your current moving needs:	1
Do you anticipate a future need for the services of a residential household goods moving company?	1
□ No □ Yes If yes, please describe your future moving needs:	1
Not at this time-maybe later.	
Briefly describe how granting this company a permit to provide household goods moving services in Washington	1
State will benefit you, your business, and/or your community:	
Privide a service to people and husinesses to in there moving needs.	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	
Not at this time.	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
Dule Huter 10-18-19 Spokene	
Signature of Person Completing Form Date and Location	



ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

College Hunks Hauling Junk and Moving

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: Price Paramore, keystone Hauling Services, LLC dba
J
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name:
Address (include street address, mailing address, city, state, zip, and county):
ZW ELCUIFF AVE. SPOKEME, WA 99218
Phone Number: 214 717 1435
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? I No I Yes If yes, please describe your future moving needs: Possi But for wasse personal After finished Brighter
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:
Good, HURDWARDLY, HOWEST LARGE PROVIDING NEEDED STANKE
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Leading to the deal of Maghington that the foresting is two
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
18007 2019 SPOKEMEL
Signature of Person Completing Form Date and Location



ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

College Hunks Hauling Junk and Moving

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: Price	aramore,	Keystone	Hauling Services, LLC dba
	ing must be comp	leted by the Sup	oporter of the applicant
Name, Title, and Business Name:			
Address (include street address, i 11112 N Waikiki Rd, Sp	nailing address, cit OKane , WA	ty, state, zip, and 19218 - Spoka	county): ane County
Phone Number: 509-701-1018			
Do you currently need the service	es of a residential h	nousehold goods	moving company?
🕺 No 🗆 Yes If yes, please desc	ribe your current	moving needs:	
Do you anticipate a future need f			sehold goods moving company?
□ No XYes If yes, please des Will need to hive a h relocation.	cribe your future r OUSCHOLD MOV	moving needs: Ying Service	for anticipated future
			sehold goods moving services in Washington
State will benefit you, your busin	ess, and/or your co	ommunity:	de a tra Crossina alarina to
It would benefit ou	ur communut	y due to t	HE INCREASING CLESTIVE TO
use a moving service	e for reloca	Hion purp	he increasing desire to poses.
Is there anything else the Commi	ssion should consider	der when making	g a determination about this company's
There is a growing ne	ed for movi	ng service	3 mitrie spokarie area
due to several large	companies	opening f	acilities in the city.
			tate of Washington that the foregoing is true
1 To The state of			1.0 -1.10
LAN/L		-	_10-21-19
Signature of Person Completing F	orm		Date and Location



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/7/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER. AND THE CERTIFICATE HOLDER.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: PRODUCER Arthur J. Gallagher Risk Management Services, Inc. PHONE (A/C, No, Ext): 918-584-1433 E-MAIL FAX (A/C, No): 918-582-1329 1300 South Main Street Tulsa OK 74119 ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC# License#: BR-724491 INSURER A: Ohio Security Insurance Company 24082 KEYSHAU-01 INSURER B: United Financial Casualty Company 11770 Keystone Hauling Services, LLC INSURER c: RLI Insurance Company 13056 11110 North Waikiki Rd. Spokane WA 99218 INSURER D: **INSURER E:** INSURER F: **COVERAGES CERTIFICATE NUMBER: 813367243** REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSD WVD POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY X BKS60268598 12/1/2019 12/1/2020 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 CLAIMS-MADE | X | OCCUR \$1,000,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$2,000,000 POLICY PRODUCTS - COMP/OP AGG \$2,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** 011956520 \$1,000,000 12/1/2019 12/1/2020 X ANY AUTO BODILY INJURY (Per person) \$ SCHEDULED AUTOS NON-OWNED AUTOS ONLY OWNED BODILY INJURY (Per accident) \$ AUTOS ONLY HIRED AUTOS ONLY PROPERTY DAMAGE ŝ \$ UMBRELLA LIAB **OCCUR EACH OCCURRENCE** \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT S NIA (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Motor Truck Cargo II M0302564 12/1/2019 12/1/2020 Limit 50,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Informational for Insured AUTHORIZED REPRESENTATIVE