



1300 S. Evergreen Park Drive SW  
P.O. Box 47250  
Olympia, WA 98504-7250  
Phone: 360-664-1222  
Fax: 360-586-1181  
TTY: 360-586-8203  
or  
1-800-416-5289  
email: transportation@utc.wa.gov

**HOUSEHOLD GOODS MOVING COMPANY  
PERMIT APPLICATION**

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed:	DOL/SOS:	ID: 1474	Docket #
Staff Assigned	Insurance	Inspection \$ 550	Permit Issued THG 06024
Reception #	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 – Complete pages 3-5 and Attachment D. \$ 35

**BUSINESS INFORMATION**

Legal Name: A+ Moving, LLC

Trade Name, if applicable \_\_\_\_\_

Physical Address 10709 NE Coxley Dr., Vancouver, Wa 98662

Mailing Address 10709 NE Coxley Dr., Vancouver, Wa 98662

Telephone Number ( 360-553-5993 )      Fax Number (    ) \_\_\_\_\_

Email: jcook@aplus-moving.com

**BUSINESS INFORMATION - continued**

USDOT #: 3387641 If you do not have a USDOT number, go online at [www.fmcsca.dot.gov/online-registration](http://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 #: 604-227-648 Department of [Labor & Industries](#) (L&I)  
Worker's Comp account # 663,384-00

[Employment Security Department](#) (ESD) registration # 756163-00-0

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 WA

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>Jennifer Cook</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: We will be providing the transport of Household goods & OFFICES throughout the state of Washington, Providing top notch Customer Service with Competitive Pricing.

2. Briefly describe your experience in the transportation/household goods moving industry: I have been part of the Moving Industry for almost 8 years!

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. Do you operate interstate as an agent of another company?  No  Yes  
 If yes, what is the name of the company? \_\_\_\_\_

7. 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

8. 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

9. 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

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

<b>EQUIPMENT LIST</b>				
Describe the equipment you will own or lease to provide moving services (attach additional sheets if necessary).				
Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2013	Freightliner	C45054N	3ALACWDTZDDFE2473	26,000

A+ Moving LLC

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## Budget

### Budget Table

	FY2019	FY2020	FY2021
<b>Operating Expenses</b>			
Salaries and Wages	\$12,700	\$124,000	\$130,000
Employee-Related Expenses		\$20,000	\$20,000
Marketing & Promotions	\$13,000	\$1,800	\$1,800
Existing Office Space and Truck Storage	\$0	\$0	\$0
Utilities	\$1,800	\$1,800	\$1,800
Office Supplies	\$1,200	\$1,200	\$1,200
Insurance	\$9,000	\$13,500	\$18,000
Vehicle Maintenance	\$6,000	\$6,000	\$6,000
Equipment Rental	\$12,964	\$25,520	\$40,368
Moving Supplies	\$6,482	\$12,760	\$20,184
Amortization of Other Current Assets	\$3,650		
<b>Total Operating Expenses</b>	<b>\$66,796</b>	<b>\$206,580</b>	<b>\$239,352</b>

**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: Jennifer Cook

Position: Owner

**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: Jennifer Cook	Position: Owner
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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: Jennifer Cook	Position: Owner
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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.

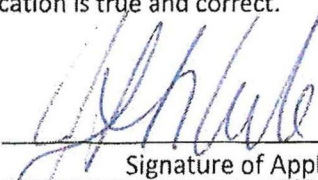
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

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.

Jennifer Cook		3-11-19
Print name of applicant	Signature of Applicant	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: Jennifer Cook

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Tara Halko, CFO, N.P. Chiropractic Clinic

Address (include street address, mailing address, city, state, zip, and county): 5103 NW 141st St, Vancouver, WA 98685

Phone Number: 503-888-9943

Do you currently need the services of a residential household goods moving company? No Yes If yes, please describe your current moving needs: I'm not moving my entire household at the moment, but I use moving services often through work + large purchases

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: Moving houses, businesses, and large purchases.

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 always a need for healthy competition.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? This would be a minority owned company + I believe our community could use more of.

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 1/18/19





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: Jennifer Cook

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Jennifer McDonald

Address (include street address, mailing address, city, state, zip, and county): 3710 Daniels Street Vancouver WA 98660

Phone Number: 503 310 5886

Do you currently need the services of a residential household goods moving company?
[X] No [ ] Yes If yes, please describe your current moving needs:
Not at this time, but there is always a need for a quality moving company.

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 may need a future move and look for quality in a moving company. We need healthy competition to keep companies at high quality.

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:
It will provide healthy competition to provide and maintain quality moving services.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
This company would be minority owned which would be a great benefit to our community.

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: [Signature]

Date and Location: 11/11/19



**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:** Jennifer Cook

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name: Sean Lanyi - Blast Motion Golf

Address (include street address, mailing address, city, state, zip, and county):  
4309 NW 140th Way Vancouver WA 98685

Phone Number: (702) 327-0608

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
Not at this time but always good to have a reputable moving service!

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 sisters family will eventually be needing a moving service moving into her new 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:  
It's great to have local choices when scheduling a move.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
Our community will be strengthened and many will benefit from alot, enrich our county and local businesses

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

Sean Lanyi  
Signature of Person Completing Form

3/14/2019  
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: Jennifer Cook

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Tiffany Smith Kjet Realty

Address (include street address, mailing address, city, state, zip, and county): 4309 NW 190th Way Vanc wa 98148 Black

Phone Number: 402 319-0032

Do you currently need the services of a residential household goods moving company? [X] No [ ] Yes If yes, please describe your current moving needs: Not currently but know how important having a reliable moving company in town is.

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 have family who need a moving company and he may be moving 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: An increase in local business will keep competition honest and it is great to have choices when hiring for a move.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Additional minority owned business' in our community will strengthen and enrich our county and local towns.

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

Tiffany Smith Signature of Person Completing Form

3.13.19 - Vanc. Wa Date and Location

WA USA **WASHINGTON** DRIVER LICENSE

4d LIC# [REDACTED] DONOR 

1 COOK  
2 JENNIFER LYNN

3 DOB 10-17-1982 4a Iss 11-20-2015

4 1911 NW 286TH ST  
RIDGEFIELD WA 98642-8995

16 Sex F 16 Hgt 5-06  
17 Wgt 145 18 Eyes BRN  
9 Class 9a End NONE  
12 Restrictions NONE 4b Exp 10-17-2022

5 DI [REDACTED] Rev 99-10-2003



*Jennifer Lynn Cook*