



**CHECKLIST**

Ensure the following items are included with your Household Goods Moving application:

**Transfer an existing household goods moving company:**

- Completed application and correct fee
- Register with **Department of Labor & Industries**
- Register with **Employment Security Department**
- Register with **Department of Revenue/Business Licensing Service (UBI #)**
- Register with **Secretary of State's Office** (if corporation or LLC)
- Completed required **Household Goods Industry Training**
- Copy of valid driver's license or government issued photo ID card for each person named in the application
- Evidence of your enrollment in a drug and alcohol testing program, or evidence that you have in place your own drug and alcohol testing program, *if your company operates commercial vehicles and has CDL drivers. See 49 CFR 382(e) and 383.5*
- Attachments B & C
- Closing annual report from the current company
- Evidence of insurance - combined single limit of public liability and property damage (Form E) and cargo insurance (Form H)

**HOUSEHOLD GOODS MOVING COMPANY  
 PERMIT APPLICATION**

|                             |  |                            |  |
|-----------------------------|--|----------------------------|--|
|                             |  |                            |  |
| Date Filed: <b>9/2/2020</b> | Company: <b>Merchants Parcel Delivery Inc d/b/a Bekins Northwest</b> | Docket #: <b>TV-200777</b> |  |
| Receipt ID:                 | Payment ID: <b>14917</b>   | Amount Paid: <b>\$550</b>  |  |
| 111-0268-207-02             | 111-0268-032-20  |                            |  |

**Type of Household Goods Authority Requested – Check One**

**Fee**

- 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 3-7, and Attachment B as well as submitting a closing annual report. **\$550**
- Permanent authority to transfer under the exceptions in **WAC 480-15-187**. Complete pages 3-7 and Attachments B & C. **\$250**



**Section 1 - BUSINESS INFORMATION - To Be Completed by the Company Assuming the Permit Authority**

Legal Name: MERCHANTS PARCEL DELIVERY, INC.  
 Trade Name, if Applicable: BEKINS NORTHWEST  
 Physical Address: 4901 AUTO CENTER BLVD. BREMERTON, WA  
 Mailing Address: 940 POPLAR ST SE OLYMPIA, WA 98501 98312  
 Telephone Number: 360-701-5234 Email: jihly@bekins.net  
 Contact Name: JILL IHLI

USDOT#: 527782 If you do not have a USDOT number, go on-line at <https://cms8.fmcsa.dot.gov/registration/forms> to apply or call 360-596-3812 for assistance.

Is your business registered with the Department of Revenue?  No  Yes

Business License/UBI#: 181-006-883

Department of Labor & Industries (L&I) Worker's Comp Account #: 171,126-00

Employment Security Department (ESD) registration #: 152739-00-0

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**

Individual  Partnership  Corporation  Other (LP, LLP, LLC)

State of Incorporation

WA

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

| Name                   | Title                           | Stock Distribution/% of Shares |
|------------------------|---------------------------------|--------------------------------|
| <u>JILLIAN IHLI</u>    | <u>PRESIDENT</u>                | <u>33.3%</u>                   |
| <u>MANDI BEALE</u>     | <u>VICE PRES. OF FINANCE</u>    | <u>33.3%</u>                   |
| <u>KRIS OBANNON II</u> | <u>VICE PRES. OF OPERATIONS</u> | <u>33.3%</u>                   |
|                        |                                 |                                |

Provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application. Upload or email as a separate attachment. Application processing will not begin until the commission/Licensing has received this.



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:

FOR OVER 99 YEARS, MERCHANTS HAS BEEN SERVICING MOVING & STORAGE CUSTOMERS IN THE BREMER/ PENNSULA AREA. MERCHANTS WOULD CONTINUE TO DO SO, JUST UNDER NEW OWNERSHIP

2. Briefly describe your experience in the transportation/household goods moving industry:

JILL, MANDI, AND KRIS HAVE ALL BEEN IN THE MOVING INDUSTRY FOR SEVERAL YEARS - JILL (23 YRS) MANDI (16 YRS) KRIS (6 YRS). JILL AND MANDI ARE CORPORATE OFFICERS OF OLYMPIC MOVING AND STORAGE & BEKINS NORTHWEST COMPANIES. EXTENSIVE EXPERIENCE IN ALL FACETS OF THIS BUSINESS

3. Do you currently hold, or have you ever held, a Household Goods permit in Washington?

No  Yes If yes, please indicate your permit number: HG-21611

4. Have you ever applied for and been denied a Household Goods permit in Washington?

No  Yes If yes, please explain:

5. Do you currently operate interstate?  No  Yes

If yes, please indicate your MC# MC-75805

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? BEKINS VAN LINES, INC.

8. Have you completed commission-sponsored training?  No  Yes If "yes" date: JILL - APPROX 2013

MANDI - 2013

KRIS - 2015/2016

9. Will you be employing CDL drivers?  No  Yes

If "yes", you must attach evidence of enrollment in a drug and alcohol testing program.

**Please answer the following questions completely. If there are multiple persons listed in this application with legal proceedings or criminal convictions to declare, provide documentation on a separate attachment.**

10. Does any person named in this application have, or has ever had a business-related legal proceeding against you in Washington state, or in any other state?  No  Yes If "yes" please list below\*:

| Type of Legal Proceeding | Date | State |
|--------------------------|------|-------|
|                          |      |       |
|                          |      |       |

\*attach additional pages if necessary



11. 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 | State |
|--------------------|------|-------|
|                    |      |       |
|                    |      |       |

\*attach additional pages if necessary

12. Has any person named in this application, been 1) convicted of a criminal offense in Washington state; 2) found to have committed a civil offense in Washington state, or 3) found to have violated commission rules?  No  Yes If yes, please list below\*:

| Violation | Date of conviction | RCW/WAC |
|-----------|--------------------|---------|
|           |                    |         |
|           |                    |         |

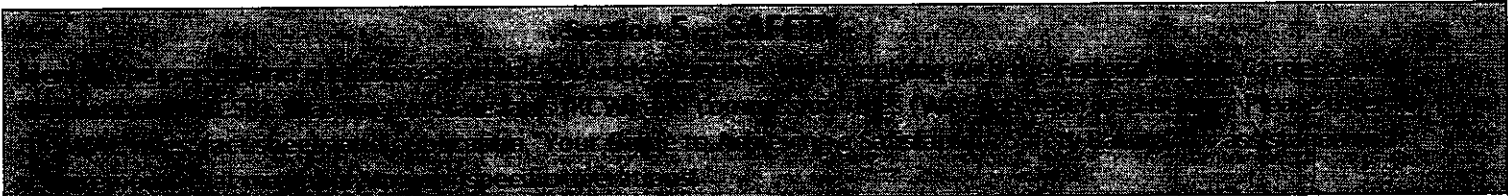
\*attach additional pages if necessary

13. If you would like to receive information about new household goods carriers, check here

| Section 3 - FINANCIAL STATEMENT  |                |  |                |
|--|----------------|--|----------------|
| Complete the following or attach a balance sheet, profit and loss statement, or business plan. |                |  |                |
| Assets   |                | Liabilities                            |                |
| Cash in Bank   | 184,991        | Salaries/Wages Payable                 |                |
| Notes Received   | 58,205         | Accounts Payable                       | 28,944         |
| Investments  |                | Notes Payable                          |                |
| Other Current Assets   | 20,640         | Mortgages Payable                      |                |
| Prepaid Expenses   |                | <b>Total Liabilities</b>               |                |
| Land and Buildings   | 160,749        | Net Worth                              |                |
| Trucks and Trailers  | 454,530        | Preferred Stock                        |                |
| Office Furniture   | 11,219         | Common Stock                           | 10,000         |
| Other Equipment  | 110,208        | Retained Earnings                      | 269,118        |
| Other Assets   | -664,297       | Capital                                | 28,186         |
| <b>TOTAL ASSETS</b>  | <b>336,248</b> | <b>TOTAL LIABILITIES AND NET WORTH</b> | <b>336,248</b> |

| Section 4 - 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 (VIN) | GVW |
| <i>See attached</i>  |      |                |                  |     |
|  |      |                |                  |     |
|  |      |                |                  |     |

\*attach additional pages if necessary



**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 if your company has commercial vehicles and employs CDL drivers.**

**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: KRIS O'BANNON II      Position: V.P. OF OPERATIONS



**Annual Reports and Regulatory Fees (WAC 480-15-480).** You must annually file a report of your financial operations and pay regulatory fees.

Name: MANDI BEALE      Position: V.P. OF FINANCE

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 & 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: JILLIAN IHLY      Position: PRESIDENT



**Section 7 - DECLARATION OF APPLICANT**

INITIAL

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.

Applicant Name:

JILLIAN IHLY

Date:

9/1/20

**Section 8 - ADDITIONAL REQUIRED ATTACHMENTS**

- For 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 **ATTACHMENT B – TRANSFER OF HOUSEHOLD GOODS AUTHORITY** as well as submitting a closing annual report.
- For Permanent authority to transfer under the exceptions in WAC 480-15-187, complete pages 3-7 and **ATTACHMENTS B & C – TRANSFER OF HOUSEHOLD GOODS AUTHORITY** pages 1 and 2.



**ATTACHMENT B**

**Transfer of Household Goods Authority  
Per WAC 480-15-187**

Current Legal Name on Permit (Seller): *MERCHANTS PARCEL DELIVERY, INC.*

Current Trade Name on Permit (Seller): *MERCHANTS MOVING AND STORAGE*

Address (Seller):

HG or THG Permit Number:

Phone Number (Seller):

Does the transfer of this permit fall under the provisions of **WAC-480-15-187(2)** or **(3)**?

No  Yes If yes, please complete page 2 / Attachment C.

Have all fines or penalties owed to the commission been paid?  No  Yes

**A closing annual report must have been filed with the commission by the current company.**

A customer may file a loss or damage claim for up to nine months following a move and may file a loss or damage lawsuit for up to two years following a move. Who will be responsible for handling claims filed by customers for loss or damage that occurred on moves taking place prior to the sale and transfer?

Contact name: *JILL JULY*

Contact phone number: *360-373-2521*

Contact email address:

**RELEASE OF AUTHORITY**

I, the seller, have sold or otherwise released interest in my household goods permit number HG- to the following:

Legal Name of Buyer: *MERCHANTS PARCEL DELIVERY, INC.*

Trade Name of Buyer: *BEKINS NORTHWEST*

**We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.**

Name and Title of Seller

*Joseph B Oswald*  
\_\_\_\_\_  
Signature Date *9/2/20*

Name and Title of Buyer

*[Signature]*  
\_\_\_\_\_  
Signature Date *9/1/20*

| Unit #          | Year | Make  | Model           | VIN               | License Plate | Exp        |
|-----------------|------|-------|-----------------|-------------------|---------------|------------|
| Curtain Trailer | 1983 | Hogsn | FB              | 1268              | 7550LH        | 1/31/2021  |
|                 | 1992 | Matlo | Van (48')       | 49RT5BVH7NCO30168 | 8220SR        | Perm       |
|                 | 2002 | KNTKY | SEMI TRLR (50') | 1KKVE50230L208158 | 9054UU        | 7/17/2020  |
| 001             | 2018 | INTL  | 4000            | 1HTMMMLXJH579747  | C50916H       | 4/26/2021  |
| 30              | 1997 | GMC   | SAVANA          | 1GDJG31R2V1081630 | B4651W        | 9/15/2020  |
| 34              | 2001 | FORD  | ECONOLINE       | 1FDWE35L21HA94249 | C60823M       | 6/29/2021  |
| 36              | 1999 | CHEV  | TILT MASTER     | 4KBB4B1R8XJ003310 | C95824P       | 1/5/2021   |
| 205             | 1992 | INTL  | 4000            | 1HTSCPHM2NH435730 | B81466N       | 5/14/2021  |
| 206             | 1989 | INTL  | S-SERIES        | 1HTLDZ3N4KH661065 | C22368E       | 8/31/2020  |
| 207             | 2006 | INTL  | 4000            | 1HTMKAZN76H314709 | A92333Y       | 12/21/2020 |
| 209             | 1996 | GMC   | TOPKICK         | 1GDM7H1M3TJ506591 | A04832A       | 12/27/2020 |
| 401             | 2005 | FRTLN | TRAC            | 1FUBCYDAX5HV05210 | C016003       | 3/1/2021   |
| 2               | 2005 | KNTKY | TRL             | 1KKVE35125L216910 | 9554RV        | perm       |