



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: 10/5/2020	DOL/SOS:	ID:	Docket # TV-200849	
	Insurance:		THG-	
Payment # 15016 \$550	111-0268-207-02	111-0268-013-20		

- | <u>Type of Household Goods Authority Requested – check one</u>  | <u>Fee Required</u> |
|---|---------------------|
| <input checked="" type="checkbox"/> <b>Provisional and permanent authority.</b> The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A.   | \$ 550              |
| <input type="checkbox"/> <b>Permanent authority to transfer</b> 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              |
| <input type="checkbox"/> <b>Permanent authority to transfer</b> under the exceptions in <a href="#">WAC 480-15-187</a> . Complete pages 3-8 and Attachments B & C.  | \$ 250              |
| <input type="checkbox"/> <b>Reinstatement of permit</b> (must be filed within 30 days of cancellation, depending on criteria set forth in <a href="#">WAC 480-15-450</a> ). Complete pages 3-5 and include a statement justifying the reinstatement.                  | \$ 250              |
| <input type="checkbox"/> <b>Name Change or Addition of d/b/a</b> – Complete pages 3-5 and Attachment D.   | \$ 35               |

<b>BUSINESS INFORMATION</b>
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Legal Name: Mar One Piano, L.L.C.

Trade Name, if applicable A-1 Pianos

Physical Address 14210 NE 20th St. Suite B. Bellevue, WA 98007

Mailing Address 14210 NE 20th St. Suite B. Bellevue, WA 98007

Telephone Number (253) 315-3596 Email: david.marone@a-1pianos.com

Contact Name: David A. Marone

**BUSINESS INFORMATION - continued**

USDOT #: 3299710 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 #: 604421099 Department of [Labor & Industries](#) (L&I)  
Worker's Comp account # 051,434-04

[Employment Security Department](#) (ESD) registration # 000-814473-00-4

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 WA

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

Name	Title	Stock Distribution or % of Shares
<u>David A. Marone</u>	<u>President</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.

- Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: A-1 Pianos is a dba of MARONE Piano, LLC. we are a piano Dealership. we sell pianos, move pianos, and store pianos. There are very few piano movers in the Seattle Area. Customers wait up to 1 month for moving services
- Briefly describe your experience in the transportation/household goods moving industry: Our movers have a combined 30 yrs of moving experience.

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	\$ 35,000	Salaries/Wages Payable	\$ 24,000
Notes Receivable	\$ 0	Accounts Payable	\$ 27,250
Investments	\$ 0	Notes Payable	\$ 166,831
Other Current Assets	\$ 40,000	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	<b>TOTAL LIABILITIES</b>	\$ 218,081
Land and Buildings	\$ 0	<b>NET WORTH</b>	173,919
Trucks and Trailers	\$ 40,000	Preferred Stock	\$ 0
Office Furniture	\$ 10,000	Common Stock	\$ 0
Other Equipment	\$ 40,000	Retained Earnings	\$ -31,000
Other Assets	\$ 227,000	Capital	\$ 21,500
<b>TOTAL ASSETS</b>	<b>\$ 392,000</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ 392,000</b>

### 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
2016	HINO	C222765 Tab Decal# P062968	JHHUDM1H3GK 001821	14,500
2016	HINO	C222765 Tab Decal# P062967	JHHUDM1H5GK 001769	14,500

## 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:

David A. Marone

Position:

President

**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: David A. Marone Position: President

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: David A Marone Position: President

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.

David A Marone [Signature] 9-28-2000  
Print name of applicant Signature of Applicant Date



**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: MAR ONE Piano, LLC dba A-1 Piano Sales & Rental**  
*David A. Marone*

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

Name, Title, and Business Name:  
*Hannah Cloughn - Piano Instructor*

Address (include street address, mailing address, city, state, zip, and county):  
*653 Vashon Pl NE  
Renton, WA 98054*

Phone Number:  
*(425) 306 7824*

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:  
*I own a spinet piano and will require piano moving service 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: *I believe that A-1 Piano Sales & Rental will provide a valuable service to both myself and my community. Having dealt with several piano rental companies in the past, I understand the need for trustworthy and reliable moving services, specifically with vehicles such as pianos. Having known and worked for Dave Marone, owner of A-1, I believe we can bring a level of outstanding service that the community will greatly benefit from.*

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? *I would highly recommend this company as I trust their commitment to quality, integrity, and customer service.*

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

*Hannah L. Cloughn*  
Signature of Person Completing Form  
*11/05/2019 Renton, WA*  
Date and Location



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**Applicant Name: MAR ONE Piano, LLC dba A-1 Piano Sales & Rental**  
*David A. Marone*

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

Name, Title, and Business Name:  
**Do Re Mi Academy, Inc.**

Address (include street address, mailing address, city, state, zip, and county):  
Suite #1, 4575 NE 4th St.  
Renton, WA 98059

Phone Number:  
**(425) 738-0257**

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs: Our business is a Piano Academy. We need Pianos moved to and from our students when they are enrolled for piano instruction. We also use A-1 when holding recitals in auditoriums to deliver Grand Pianos that require special skills.


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: We are a 25 year company serving the local Seattle market. We anticipate an ongoing need for moving services.

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: Currently, there are only a few household goods movers who specialize in Piano moving. In order to meet market demand, authorizing A-1 Piano would be helpful.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? A-1 Piano has been moving pianos in the local market for many years. (Approximately 25 years). We have used them many times and found them to be very professional and highly experienced.



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



\_\_\_\_\_ 10-01-2019 Renton, Wa. \_\_\_\_\_

Signature of Person Completing Form

Date and Location



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David A. Marone

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Hannah Clough - Piano Instructor

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Renton, WA 98059

Phone Number:  
(425) 306 7824

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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: Hannah L. Clough  
Date and Location: 11/05/2019 Renton, WA