



621 Woodland Square Loop SE  
 Lacey, WA 98503  
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 Phone: 360-664-1222  
 email: transportation@utc.wa.gov

RECEIVED

OCT 21 2020

WASH. UT. & TP. COMM

**HOUSEHOLD GOODS MOVING COMPANY  
 PERMIT APPLICATION**

FOR OFFICIAL USE ONLY			
Date Filed: <del>10</del> 10/21/2020	DOL/SOS:	ID:	Docket # TV-200882
070096	Insurance:		THG-
Payment # 1077	111-0268-207-02	SSP 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: JUNK SQUAD LLLC

Trade Name, if applicable MOVING SQUAD USA

Physical Address 11247 STATE ROUTE 525 STE 2 CLINTON, WA 98236

Mailing Address SAME AS ABOVE

Telephone Number ( 1877-770-4285 ) Email: NATHAN@DAVIS-INDUSTRIES.COM

Contact Name: NATHAN DAVIS

**BUSINESS INFORMATION - continued**

USDOT #: 3463846 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 #: 604-568-103 Department of [Labor & Industries](#) (L&I)

Worker's Comp account # 074,388-01

[Employment Security Department](#) (ESD) registration # 000-858582-00-3

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](#).

I CURRENTLY HAVE BOTH

**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>NATHAN DAVIS</u>	<u>MANAGER/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: LOCAL MOVING NEEDS ON WHIDBEY ISLAND

2. Briefly describe your experience in the transportation/household goods moving industry: CURRENTLY OPERATE A JUNK REMOVAL COMPANY OUR CUSTOMERS ARE ALSO ASKING US TO PERFORM THIS SERVICE.

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 DAVIS INDUSTRIES INC  
NO LONGER ACTIVE

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 I HAD ONE BEFORE BUT SOLD THE TRUCKS AND NO LONGER OPERATE IT

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	\$ 108,000	Salaries/Wages Payable	\$ 12,000
Notes Receivable	\$ N/A	Accounts Payable	\$ 10,000
Investments	\$ 750,000	Notes Payable	\$ 170,000
Other Current Assets	\$ 800,000	Mortgages Payable	\$ 840,000
Prepaid Expenses	\$ N/A	<b>TOTAL LIABILITIES</b>	\$ 1,032,000
Land and Buildings	\$ 2,160,000	<b>NET WORTH</b>	2,957,000
Trucks and Trailers	\$ 163,000	Preferred Stock	\$
Office Furniture	\$ 8,000	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	<b>\$ 3,989,000</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ 3,989,000</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
2018	ISUZU	C66388T	54DC4W1B15S805804	14,500lb

## 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:



Position:

owner/manager

**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: NATHAN DAVIS

Position: OWNER/MANAGER

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: NATHAN DAVIS

Position: OWNER/MANAGER

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.

<u>NATHAN DAVIS</u>		<u>10/13/2020</u>
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: Junk Squad, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Natesha Kukuk, Owner, All Island Storage Operations

Address (include street address, mailing address, city, state, zip, and county): 11247 SR 525, Suite #1, Clinton, WA. 98236

Phone Number: 360 321-9932 or 206 755 4239

Do you currently need the services of a residential household goods moving company?
[ ] No [X] Yes If yes, please describe your current moving needs:
I own a storage facility and we need a contractor to provide to our customers to help them move.

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:
This is a request we often receive from our customers.

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 would greatly help us to provide great service to our customers and their needs especially since our primary customer base is elderly.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
There is a great need for this in our community / county.

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: Natesha Kukuk

Date and Location: Clinton, WA 98236 8/10/2020



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HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: JUNK SQUAD LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: KATHERINE McDONNELL

Address (include street address, mailing address, city, state, zip, and county): 6019 BAYVIEW RD. CLINTON, WA 98236

Phone Number: 360-728-6772

Do you currently need the services of a residential household goods moving company? [X] 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 [X] Yes If yes, please describe your future moving needs: REMOVAL OF OLD COUCH.

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 WOULD HELP THE COMMUNITY BY PROVIDING A SERVICE TO HELP MOVE ITEMS PEOPLE CANNOT MOVE THEMSELVES.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

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: Katherine McDonnell

Date and Location: 10/13/20 CLINTON, WA





**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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**Applicant Name:** ~~Sato~~<sup>38</sup> Nathan Davis - Junk Squad LLC

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

**Name, Title, and Business Name:** Sabreena Stone

**Address (include street address, mailing address, city, state, zip, and county):**  
1305 King Dr., Capeville, WA 98239, USA

**Phone Number:** 406 899-6503


**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:  
We are currently renting but hope and plan to buy a house in the future. We would be in need at that time.

**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:** Living on an island means resources are limited. I currently work at a junk removal company and I receive calls for service looking for help moving.

**Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?**  
The owner has been a long-standing member of this community and currently has a couple other successful businesses. There is a need in this community and the community trusts Nathan.

*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

10/13/2020 Clinton, WA  
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:** Morgan Cooper

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

Name, Title, and Business Name:

Morgan Cooper, Business Mgr, Savage Screen Printing

Address (include street address, mailing address, city, state, zip, and county):

11247 HWY 525, STE 2  
Clinton, WA 98236 Island County

Phone Number:

360-321-2040

Email: morgan@savageprinting.com

Do you currently need the services of a residential household goods moving company?

No  Yes If yes, please describe your current moving needs:

We have storage due to a small shop floor so all extra product must be stored & moved.

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:

As we grow on production, we don't have any room to store on location

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 provides easy access for our needs, especially since we are on an Island, many services are limited and/or not available.

Is there anything else the commission should consider when making a determination about this company's application for a household goods permit?

I see this as a business that can also help our elderly population. We have very few services that are reputable and trust worthy in this area.

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

Morgan Cooper

Printed Name of Person Completing Form

Morgan Cooper

Signature

10/10/20

Date