



Received on: 3/6/2023  
Payment: 20609 \$550

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

Section 1 - BUSINESS INFORMATION

Team Brown, Inc.

Legal Name: Team Brown Senior Movers

Trade Name, if applicable: Team Brown Senior Movers

Physical Address: 24115 1st PL W, Bothell WA 98021

Mailing Address: SAME

Telephone Number: 425-508-3191 Email: teambrownseniormovers@gmail.com

Contact Name: TAYLOR BROWN

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

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

Business License/UBI#: 604405609

Department of Labor & Industries (L&I) Worker's Comp Account #: 684, 459-00

Employment Security Department (ESD) registration #: 000-800293-00-5

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.

Empty box for explanation of not setting up L&I or ESD accounts.

Type of Business

Individual  Partnership  Corporation  Other (LP, LLP, LLC)

State of Incorporation

Washington

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

Name	Title	Stock Distribution/% of Shares
Taylor Brown	CEO	50%
Melissa Brown	CMO	50%

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.



**Section 2 - APPLICATION QUESTIONNAIRE**

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:

*all inclusive moving company serving senior citizens, no full service "elder" moving companies in Seattle.*

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

*Parents are longtime business owners (retired) of a transportation company. Personally moved many times*

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:

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#:

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

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	30,000	Salaries/Wages Payable	410,600
Notes Received		Accounts Payable	0
Investments		Notes Payable	0
Other Current Assets	76,000	Mortgages Payable	0
Prepaid Expenses		<b>Total Liabilities</b>	10,600
Land and Buildings		Net Worth	119,000
Trucks and Trailers	20,000	Preferred Stock	
Office Furniture	1,000	Common Stock	
Other Equipment	2,000	Retained Earnings	
Other Assets		Capital	
<b>TOTAL ASSETS</b>	<b>129,000</b>	<b>TOTAL LIABILITIES AND NET WORTH</b>	<b>119,000</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
2007	Ford E450SD	C17580T	1FDXE45S47DA76594	
2006	Ford E450SD	C16829J	1FDXE45S06HA78642	

\*attach additional pages if necessary





**Section 5 – SAFETY**

Identify the person and position responsible for understanding and complying with the **Federal Motor Carrier Safety Regulations** (FMCSR), Washington state laws (RCW) 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.

**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: <i>TAYLOR BROWN</i>	Position: <i>CEO</i>
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**Section 6 - OPERATIONAL RESPONSIBILITIES**

Identify the person and position responsible for understanding and complying with the requirements of each category shown below.

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

Name: <i>TAYLOR BROWN</i>	Position: <i>CEO</i>
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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 & 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: <i>Melissa Brown</i>	Position: <i>CMO</i>
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### 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: Melissa Brown Date: 3/4/2023

### Section 8 - ADDITIONAL REQUIRED ATTACHMENTS

- For New Applications:** provide three "attachment A - HOUSEHOLD GOODS STATEMENT OF SUPPORT" forms. Forms may be typed or hand-written.
- For Reinstatement of Permit:** provide a personal statement justifying the reinstatement. Business letter format preferred.



# 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: Team Brown Senior Movers**

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

Name, Title, and Business Name:  
**Laurel Simms, SSD**

Address (include street address, mailing address, city, state, zip, and county):  
**1801 Madison St  
Everett WA 98203  
Snohomish County**

Phone Number: **206-779-9438** Email: **laureljsimms@gmail.com**

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 am a Social Worker who helps seniors find placement and as such they frequently need a reliable trustworthy mover who deals with seniors**

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:  
**Seniors are a vulnerable population who would benefit from "Senior movers" who is trained and trustworthy to help them through a very stressful situation such as a move.**

Is there anything else the commission should consider when making a determination about this company's application for a household goods permit?  
**It s difficult to find an experienced senior mover to help our vulnerable population**

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

**Laurel J Simms**

*Laurel Simms*

**03/06/2023**

Printed Name of Person Completing Form

Signature

Date