

Phone: 360-664-1222

Email: transportation@utc.wa.gov

\$250

## **CHECKLIST**

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

clisure the following item	s are included with your no	useriola doods Movi	ing application.	
Transfer an existing hou	usehold goods moving cor	npany:		
Completed applica	ation and correct fee			
✓ Register with Department	artment of Labor & Industri	es		
✓ Register with Emp	loyment Security Departme	ent		
✓ Register with Depart	artment of Revenue/Busine	ss Licensing Service	: (UBI #)	
✓ Register with Secre	etary of State's Office (if cor	poration or LLC)		
✓ Completed require	ed Household Goods Industr	y Training		
✓ Copy of valid drive application	er's license or government is:	sued photo ID card f	or each person na	med in the
your own drug and	enrollment in a drug and alco d alcohol testing program, if OP CFR 382(e) and 383.5	· · · ·		•
✓ Attachments B & C	2			
Closing annual rep	ort from the current compa	ny		
Evidence of insura	nce - combined single limit of	of public liability and	property damage	e (Form E) and
cargo insurance (F	orm H)			
	HOUSEHOLD GOO	DDS MOVING C	OMPANY	
	PERMIT	APPLICATION		
	FOR OFFIC	AL USE ONLY		
Date Filed: $8/4/2025$	Company: Bernd Mov	ing & Storage I		#:
Receipt ID:	Payment ID: 25	5539	Amount Paid: \$	5550
111-0268-207-02	111-0268-032-20			
Type of Household Go	oods Authority Requeste	ed – Check One		<u>Fee</u>
interest (at least si	rity to transfer resulting in a ix months must be served or -7, and Attachment B as well	a temporary provis	ional basis).	\$550

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Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete

pages 3-7 and Attachments B & C.



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

Legal Name: Bernd Moving & Sto	rage, LLC				
Trade Name, if Applicable:					
Physical Address: 660 N 18th Ave	Yakima WA	98902			
Mailing Address: 660 N 18th Ave	Yakima WA 9	98902			
Telephone Number: <b>509-453-6683</b>		Email: egessele@b	erndmov	ingsystem	s.com
Contact Name: Elisha Gessele					
USDOT#: 4373607 If you do not have to apply or call 360-596-3812 for assistants are supported by the second of the	Department o  L&I) Worker's C  (ESD) registration L&I or ESD becaused	Comp Account #: 647,3 on #: 000-956079-00 use you do not have emplo must be completed on each	Yes  353-02  -7  yees, please n person you	explain how y	ou plan to obtain
Individual Partnership Cor List the name, title and percentage of Name Elisha Gessele Heather Gessele	rporation 🗸 C	e of Business Other (LP, LLP, LLC) share or stock distribu	<b>N</b> tion for ma	ate of Incorpassion  /ashingtor  ajor stockhor  cribution/%  50  50	lders:

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.

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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 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:

We offer local and long-distance moving, packing, and storage for residential and commercial clients. Our services provide flexible scheduling, transparent pricing, and personalized care often missing from large providers. We will enhance customer choice and provide employment opportunities for our local market through strong values and integrity.

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

	I have 22 years of experience managing residential and commonfer working along side those or managing the logistics, pacterinates are necessary on residential and commercial projects.		•
3.	Do you currently hold, or have you ever held, a Household Goods permit in Was	shington?	
	✓ No Yes If yes, please indicate your permit number:		
4.	Have you ever applied for and been denied a Household Goods permit in Wash  No Yes If yes, please explain:	nington?	
5.	Do you currently operate interstate?  Vo Yes		
	If yes, please indicate your MC#		
6.	If you have interstate authority, have you registered for Unified Carrier Registra	ition? No	Yes
7.	Do you operate interstate as an agent of another company? V No Yes		
	If yes, what is the name of the company? North American Vanlines		
8.		s" date: <b>07/25/</b> 2	2025
9.	Will you be employing CDL drivers? No Ves		
	If "yes", you must attach evidence of enrollment in a drug and alcohol testing pro	ogram.	
	ease answer the following questions completely. If there are multiple pe th legal proceedings or criminal convictions to declare, provide documen		• •
	Does any person named in this application have, or has ever had a business-related shington state, or in any other state? No Yes If "yes" please list be		ling against you in
	Type of Legal Proceeding	Date	State

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<sup>\*</sup>attach additional pages if necessary



Phone: 360-664-1222

Washington Utilities and Transportation @utc.wa.gov Commission

11. Has any person named in this application ever been convicted of any crime involving theft, burglary, assault, sexual

miscon substar	nduct, identity theft, fraud, false s nce?  volume Yes If yes, p	statements, or th lease list below*		nufacture,	sale, or o	distribution	of a contro	lled
	Type of Con	viction				Date		State
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
¥-11ll-!!!								
*attach additio	nal pages if necessary							
	ny person named in this applicati mitted a civil offense in Washing o Yes If yes, please list be	ton state, or 3) f					_	e; 2) found to
	Violation				Date of o	conviction	RCW	//WAC
	onal pages if necessary					_	_	
13. If you	would like to receive informatio	n about new hoเ	useho	ld goods ca	arriers, cl	neck here		
	Se Complete the following or att	ection 3 - FINAN ach a balance sh	_	_		ment, or bu	ısiness plan	
Assets				oilities			·	
Cash in B	Bank	\$ 40,000	Sala	aries/Wag	ges Paya	ble		
Notes Re	ceived		Acc	ounts Pay	yable			
Investme	ents		Not	tes Payab	le			
Other Cu	rrent Assets		Мо	rtgages P	ayable			
Prepaid E	Expenses		Tot	al Liabilit	ies			
Land and	l Buildings		Net	Worth				
Trucks ar	nd Trailers		Preferred Stock					
Office Fu	rniture		Cor	nmon Sto	ck			
Other Eq	uipment		Ret	ained Ear	nings			
Other As	sets		Cap	ital				
TOTAL A	SSETS		TO	TAL LIABI	LITIES A	ND NET W	ORTH	
		<u> </u>	•					
	quipment you own or lease to pr	_	rvices	(attach ac	ditional		• •	
	or have a long-term lease for ar Make	ny vehicle you op License Num		, you may			a job-by-jo	
Year	iviake	License Num	ner		venicie	e ID (VIN)		GVW

\*attach additional pages if necessary

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## 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: Tanya Dodd Position: Bookkeeper/Admin Support

## **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: Tanya Dodd Position: Bookkeeper/Admin Support

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: Tanya Dodd Position: Bookkeeper/Admin Support

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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: Elisha Gessele	Date: <b>07/25/2025</b>

## 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.
<b>/</b>	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.

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Name and Title of Buyer

## **ATTACHMENT B**

## **Transfer of Household Goods Authority**

Per WAC 480-15-187

Current Legal Name on Permit (Seller): Bernd Moving LLC Current Trade Name on Permit (Seller): Bernd Moving Address (Seller): 660 N 18th Ave Yakima WA 98902 Phone Number (Seller): 509-453-6683 HG or THG Permit Number: 018158 Does the transfer of thos permit fall under the provisions of of WAC-480-15-187(2) or (3)? If yes, please complete page 2 / Attachment C. Have all fines or penalties owed to the commission been paid? 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: Alanna Bernd Contact phone number: 509-453-6683 Contact email address: cnabernd@outlook.com **RELEASE OF AUTHORITY** I, the seller, have sold or otherwise released interest in my household goods permit number HGto the following: Legal Name of Buyer: Bernd Moving & Storage, LLC Trade Name of Buyer: We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge. Alanna & Curtis Bernd, Owners Signature Name and Title of Seller Date: 8/1/25 Elisha Gessele, President - Bernd Moving &

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Storage

Date: 8/1/25



## **ATTACHMENT C**

## TRANSFER OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER EXCEPTIONS IN WAC 480-15-187(2) or (3)

l.	pro the	visiona applica	dission will grant an application to transfer existing permanent authority, without requiring a lipermit, public notice or comment, if the applicant is fit, willing and able to provide service and action is filed to transfer or acquire control of permanent authority for any one of the following heck one, if applicable):				
		partne A shar survivi A sole applica An ind An ind A corp A parti A parti Owner	nership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that er's interest is being transferred to a spouse or to one or more remaining partners; eholder in a corporation has died and that shareholder's interest is being transferred to a ng spouse or one or more surviving shareholders; proprietor has died, the sole proprietor devised or bequeathed the company by will, and the ent is seeking transfer of the permit in accordance with the bequest or devise set forth in the will. ividual has incorporated and the same individual remains the majority shareholder; ividual has added a partner but the same individual remains the majority partner; oration has dissolved and the interest is being transferred to the majority shareholder; nership has dissolved and the interest is being transferred to the majority partner; nership has incorporated and the partners are the majority shareholders; or riship is being transferred from one corporation to another corporation when both are wholly it by the same shareholders.				
or nh	pora erit, (	te resol	a supporting the checked box above must be included with your application. You may submit a ution, partnership agreement, court order, death certificate, will or other proof of right to executor's statement, community property agreement or other such documentation that may equest.				
2.	aft app	The Commission will grant an application for permanent authority without requiring a provisional permit after the application has been published on the application docket subject to comment for thirty days if the applicant is fit, willing, and able to provide service, the applicant has filed to transfer control of permanent authority, and all the following conditions exist:					
	<b>V</b>	other	rship of a permit is being transferred to any shareholder, partner, family member, employee, or person familiar with the company's operations and the household goods moving services led. If you check this option, please complete the following:				
		a.	Has the permit been actively used by the current owner to provide household goods moving services during the twelve-month period prior to the application? ☐ No ☑ Yes				
		b. c.	Provide a certified statement from the applicant and the current owner explaining why the transfer is necessary to ensure the company's economic viability.  Provide a certified statement from the applicant and the current owner describing the steps taken by the parties to ensure that safe operations and continuity of service to customers is				
			maintained.				

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July 25, 2025

Washington Utilities and Transportation Commission 621 Woodland Square Loop SE Lacey, WA 98503

RE: Application to transfer HHG permit number 018158

To the Washington Utilities and Transportation Commission,

After many years of dedicated service to the Yakima Valley, Bernd Moving is transitioning to new ownership. We are pleased to announce that Elisha Gessele will be taking over the reins of our trusted family business.

Elisha is no stranger to Bernd Moving, having worked alongside us on various projects. His experience as a successful entrepreneur, effectively managing his own construction and restoration company, speaks volumes about his integrity, efficiency, and business acumen. This background makes him an ideal successor to continue the legacy of quality service our customers have come to expect.

To ensure a seamless transition, Curtis Bernd will remain with the company for the next few years as the sales and operations manager. We are confident that with Elisha at the helm and Curtis's continued involvement, the business will thrive.

We have already sold our commercial real estate to Elisha; this is where we continue to operate our moving and storage business from. We closed last December and have been renting back from Elisha since that time.

Elisha will be acquiring all assets, including our fleet of vehicles and moving equipment. He has also committed to retaining all our current employees, ensuring continuity and preserving the experienced team you know and trust. Furthermore, Elisha will assume all the booked household goods business and continue the recurring revenue from our valued storage customers.

We are excited about this new chapter and look forward to the continued success of Bernd Moving and Storage under Elisha's leadership.

Sincerely,

Curtis A Bernd / Alanna Bernd

2 (Claura Fan

**Bernd Moving Equipment List - 2025** 

VEHICLE ID#	VIN#	DESCRIPTION	
1 MOVER	AGCEK14V44Z342953	2004 Chevrolet Silverado 1/4 ton pick up	
D852759	KNDMB5C19G6210617	2016 Kia Sedona	
		1991 International Diesel Single Cab Tractor,	
328	1HSHJGTR8MH306574	Single Axle	
11	JALB4B1H0K7003843	1989 Isuzu Diesel Straight Truck	
12	JALCA4W168J7000675	2017 Isuzu Diesel 20' Straight Truck NPR	
14	JALC4B14517000291	2001 Isuzu Diesel Straight Truck	
17	3ALACXFC6LDLG4599	2020 Freightliner M2 26' Pallet Van	
18	3HAMMMML2GL2GL088107	2016 International 4300 26' Straight Truck	
19	1HTMMMML9JH322952	2018 International 4300 26' Straight Truck	
331 308	1FUJGLDV9ELFT1061 1KKVC34104L212585	2014 Freightliner Cascadia Tractor Sleeper Semi 2004 Kentucky 34' Trailer	
308	1KKVE5326WL112123	1998 Kentucky 53' Trailer (damaged)	
309	1KKVE53215L216100	2005 Kentucky 53' Trailer (damaged)	
309	1KKVF4823NL091794	1992 Kentucky 48' Drop Frame Trailer	
STEPVAN	CPL3273322713	1977 Chevy Step Van (inoperable)	
Total Replacement Value			

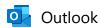
Equipment	Discription	
Fork lift	Hyster 55 Fortis	
Storage Vaults	Wooden crates, numbered, stackable (100+)	
Shipping container	40' High Cube Shipping Container	
Snow Plow	Electric Plow, fits on Silverado	
Metal Racks	Racking for oversized furniture	
Snow Blowers	2 Push Snow Blowers	



# 2025 ANNUAL AGREEMENT

# DOT RANDOM DRUG & ALCOHOL TESTING CONSORTIUM

COMPANYI	NFORMATION				
City: YAVIW Phone: (Gra) 5	440 N 184 W state: 31-2203	37856 Ave WA	zip . 18	902	
Email: aber.	nd@berndi	noving si	istems	· com	The second secon
COMPANY	ONTACTS Into whom t	es results should be a	NI CONTRACTOR DE LA CON	Control of the second s	
Primary Contact Name Secondary Contact Name	Alanna Bo me: Annette N		Phone : (	(209)531- (209)453	
	ults should be delivered  Nornal Dev  ress: Lolo D. N. I	Verbal Pho ndmovine 844 phe, Y	150540	28. Min	Aalled 702
EMPLOYEE AS	SISTANCE PROGRAM		CONTRACTOR OF THE PARTY OF THE PARTY.		
Mailing Address					
City :	State:		_ Zip ;		
Phone :		Fax:			- Commission of the Commission
Land War	of Drivers covered under t	DOT Regulations	5	101/2/2	
Company ( 'akima		SH	ail=	10/0/2	Date
307 S 12th AVE, Suit 886 895 7340	e 12 Yakıma, VVA 98902	Healthy Worker Si	gnature	12-6-8	2024 Date



#### **DOT 2025 Agreement**

From Kristen Collins <a href="mailto:kristen.collins@thehealthyworker.co">kristen.collins@thehealthyworker.co</a>

Date Wed 7/23/2025 10:55 AM

To Elisha Gessele <e gessele@berndmovingsystems.com>

1 attachment (2 MB) 20250723110222.pdf;

#### Good morning,

Bernd Moving LLC. is currently in our DOT consortium and we will continue to run their consortium under their new name Bernd Moving & Storage, LLC. Please see attached 2025 signed DOT consortium agreement.

Let me know if you have any questions or need anything else.

Thanks, Kristen

Kristen Collins, Clinic Manager

Healthy) Worker

307 So 12<sup>th</sup> Ave, Suite 12 Yakima, WA 98902 (509) 895-7340 Ext:109 (509) 895-7344 fax kristen.collins@thehealthyworker.co