



2013 SEP 26 PM 0:00

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 7 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 2 - 7 and Attachment A	\$ 250
<input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 7 and Attachment A	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 7 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-335 – Complete pages 2 - 7 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-450) – Complete pages 2 - 3 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority – Complete pages 2 - 7 and Attachment A	\$ 550

TYPE OF PAYMENT					
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	# 10257B

Amount: _____ Expiration Date: _____

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information on file is current and valid.

Name (printed): _____ Company Name: **3Z Movers LLC**

Cardholder's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY			
Date of Issue: 9/26/13	DOL/LOS: OK/OK	ID: 11513	Permit Issued: THG- 65/60
Staff Assigned: [Signature]	Insurance: [Signature]	Inspection: _____	Docket # 131844
Reception #: 550.00		111-0268-013-20	

Posted

BUSINESS INFORMATION

Name of Applicant ~~XXXXXXXXXX~~ 63Z Movers LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable 3Z MOVERS LLC. N/A

Physical Address 14428 88th Ave NE Kirkland WA

Mailing Address 98034

Telephone Number (206) 733-0127 Fax Number ()

UBI #: 1000-3314141 Email:

USDOT #: 1986948 (If you currently don't have one, you can go online at www.fmcsa.dot.gov/online-registration to apply for one or call 360-596-3810 for assistance.)

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
 No Yes L & I Account No. 210701000

Have you registered with the Employment Security Department? No Yes
ESD No. 412484-003

Have you registered your business with the Department of Revenue? No Yes

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation (LP, LLR, LLC) Other

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

Name	Title	Stock Distribution or Percentage of Shares
<u>XXXXXXXXXX</u>	<u>Owner</u>	<u>100%</u>

Choose one of the following for the territory in which you wish to operate:

All counties in the State of Washington

The following named counties only: _____

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service:

Household goods moving and packing
services. We provide a full range of services
including packing, loading, unloading, and
unpacking. We also provide storage services.

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

Over 10 years of experience in the household goods moving industry. I have worked for several different companies and have a deep understanding of the industry. I have a strong customer service focus and am committed to providing the highest quality service to my clients.

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 TH6123824, TH613175

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 _____

Do you currently operate interstate? No Yes If yes, please indicate your MC# _____ and USDOT# _____

Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? _____

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 explain: UN-COMPLIANCE with LTC regulations due to lack of insurance.

Have you ever been convicted of a crime? No Yes If yes, please explain: _____

Have you been cited for violation of state laws or Commission rules? No Yes If yes, please explain: Failure to provide insurance coverage.

FINANCIAL STATEMENT

You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank	\$ 11,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	18,300
Trucks and Trailers	\$ 15,000	Preferred Stock	\$
Office Furniture	\$ 500	Common Stock	\$
Other Equipment	\$ 1,300	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$ 18,300

EQUIPMENT LIST

Describe the equipment you will use (attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2009	Cummins	B42439X	16D5631K991190 2003	12,300 lbs

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.** *NA*

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:

Bautista-Zida

Position:

Owner

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: <u>Boubacar Zida</u>	Position: <u>Owner</u>
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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 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: <u>Boubacar Zida</u>	Position: <u>Owner</u>
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DECLARATION OF APPLICANT

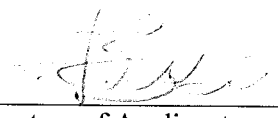
I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.

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 480-15-330 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 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>Boubacar Zida</u>		<u>9/12/13 Kirkland, WA</u>
Print name of applicant	Signature of Applicant	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.

32 Movers LLC

Applicant Name:

Nou Hamlin

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

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

7216 NE 142nd St #1105, Kirkland, WA 98034

Phone Number:

206.491.1790

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

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

Moving within the year & need some assistance.

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:

Need help with the big/heavy furnitures.

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:

Cheaper & ~~convenient~~ convenient.

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

Date and Location

9.16.13, Kirkland

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.

32 Movers LLC

Applicant Name: Faye Cayce

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Address (include street address, mailing address, city, state, zip, and county): 14336 1/2 32nd Ave NE Seattle WA 98125

Phone Number: 425 343 6813

Do you currently need the services of a residential household goods moving company? [X] No [] Yes If yes, please describe your current moving needs: But I have needed movers in the past and it was a blessing not to have the stress of moving. They did it all

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: I will need to move again, I will need movers that make me feel safe and confident that my belonging will be treated with care

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: A local hard working comp with fair pricing, honest and reliable workers is awesome for any community or personal move

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Mr. Zida is a reliable and efficient worker and I would recommend his service to all my friends for a great moving experience

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: [Signature] Date and Location: 9/19/13 Seattle

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.

3Z Movers LLC

Applicant Name: Ranjit Kaur

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: RA

Address (include street address, mailing address, city, state, zip, and county):
12834 SE 926th PL
Kent WA 98031

Phone Number:

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
House hold things

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:
move to New Home

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:
great movers very friendly

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

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
Ranjit Kaur 9/13/13 at Kent
Signature of Person Completing Form 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: 32 Movers LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Brittany Hamby

Address (include street address, mailing address, city, state, zip, and county):
14020 Juanita Dr. NE. # C-3
Kirkland, WA. 98034

Phone Number: 425 354 9047

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:

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:
THIS COMPANY PROVIDES A LOW COST, LOCAL, FAMILY OWNED SOLUTION TO MY MOVING NEEDS.

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

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 _____ Date and Location _____

CERTIFICATE OF COVERAGE



EMPLOYER: This official certificate of industrial insurance coverage is in lieu of a policy. It remains in effect until your account is officially closed. There is no limitation of benefits. You are required by law to post both this certificate and copies of the posters listed below. You will soon be receiving 1 copy of each. If you require additional copies, call Labor and Industries at 360-902-4817.

Insurance Services Division
Employer Services

Department of Labor & Industries
PO Box 44144
Olympia WA 98504-4144
www.LNI.wa.gov

- Job Safety and Health Protection (available in Spanish)
- Your Rights as a Worker/Family Care
- Notice to Employees

WORKER: The employer named below is an insured policyholder with the Washington State Industrial Insurance Trust Fund.

UBI#:

Policy Effective Date

Location

Employer

14000 BOSTON AVE NE
KIRKLAND WA 98034-9900

BE LEVINE LLC
14000 BOSTON AVE NE
KIRKLAND WA 98034-9900

Your Unified Business Identifier is the only number you need to discuss your business account with the Washington state departments of Revenue, Licensing, Employment Security, Labor and Industries and the Office of the Secretary of State. Other state licenses or registrations may be required for proper licensing of your business.

211-141-000 (8/02)



STATE OF WASHINGTON
EMPLOYMENT SECURITY DEPARTMENT

TAX RATE NOTICE

3Z MOVERS LLC
3Z MOVERS LLC
14428 88TH AVE NE
KIRKLAND WA 980349200

A

ES REFERENCE #	MAILING DATE
492484 00 3	09/10/13

IMPORTANT NOTICE: If YOU WANT US TO REVIEW YOUR TAX RATE, THE LAW SAYS YOU MUST SEND US A REQUEST IN WRITING NO LATER THAN 30 DAYS FROM THE MAILING DATE ABOVE.

2013 ANNUAL TAXABLE WAGE BASE FOR EACH EMPLOYEE	TAX RATE	YOUR TAX RATE FOR 2013	
\$39,800	2.73%	UNEMPLOYMENT INSURANCE TAX RATE EMPLOYMENT ADMINISTRATION FUND (EAF) COMBINED TOTAL TAX RATE	
	0.02%		
	2.75%		
		RATE FROM YOUR EXPERIENCE	2.42%
		RATE FROM SOCIAL COSTS	0.31%
		NO SOLVENCY SURCHARGE FOR 2013	N/A
		TOTAL OF UNEMPLOYMENT INSURANCE TAX RATES	2.73%

YOUR TAX RATE IS BASED UPON THE AVERAGE TAX RATE OF YOUR BUSINESS ACTIVITY.

FOR QUESTIONS OR CORRECTIONS ABOUT THIS NOTICE, CONTACT:
EMPLOYMENT SECURITY DEPARTMENT
EXPERIENCE RATING UNIT
P O BOX 9046
OLYMPIA WA 98507-9046
(360) 902-9670
(360) 902-9202 - FAX

FOR QUESTIONS ABOUT THIS NOTICE, SEE WEBSITE:
WWW.ESD.WA.GOV/TAX-RATES

FOR QUESTIONS ABOUT YOUR ACCOUNT, CONTACT:
EMPLOYMENT SECURITY DEPARTMENT
AMC OLYMPIA TAX OFFICE
PO BOX 9046
OLYMPIA WA 98507-9046
(855) 829-9243
(360) 902-9201 - FAX

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF FORMATION

to

3Z MOVERS LLC

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 9/8/2013

UBI Number: 603-331-454



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital


A handwritten signature in cursive script that reads "Kim Wyman".

Kim Wyman, Secretary of State

Date Issued: 9/10/2013

A SA **WASHINGTON DRIVER LICENSE**



4d LIC# (4b) DONOR 

1 ZIDA
2 BOUBACAR

3 DOB (4b) 4a Iss 12-14-2010
(4b)

15 Sex M 16 Hgt 6-05
17 Wgt 225 18 Eyes BRN
9 Class 9a End NONE 4b Exp 04-07-2015
12 Restrictions NONE



[Signature]
EMP EXP 01-28-2011

(4b) Rev 09-16-2003

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to GINA BROWN, DBA: 3Z MOVERS of 14428 88TH AVE NE, KIRKLAND, WA 98034-0000 a policy or policies of insurance effective from 09/19/2013 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 20th day of September, 2013

Insurance Company File No. CA 02412938

(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B