

TV-170284-CT



1300 S. Evergreen Park Drive SW
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Fax: 360-586-1181
TTY: 360-586-8203
or
1-800-416-5289
email: transportation@utc.wa.gov

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID: <u>W 818</u>	Docket # <u>170284</u>
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	111-0268-207-02 <u>550</u>	111-0268-013-20	<u>kmH-rec'd money order</u>

Money order #17-533308221

& forwarded to Financial Svcs 4/18/17

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, and a closing annual report from current company \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete pages 3-8, Attachments B & C, and a closing annual report from current company \$ 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 – Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: MAN AND AVAN INC.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 2323 58th Ave E Fife WA 98424

Mailing Address P.O. Box 273 Milton WA 98354

Telephone Number (253) 212-5250 Fax Number () _____

BUSINESS INFORMATION - continued

UBI #: 003316432 Email: theweight1move@gmail.com

USDOT #: 2983870 (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # _____

Employment Security Department registration number _____

Is your business registered with the Department of Revenue? No Yes *NO employees just future Contractors*

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation _____

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

Name	Title	Stock Distribution or % of Shares
<u>ANTHONY WRIGHT</u>	<u>OWNER, CEO</u>	<u>100</u>

Must 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: We will work with honest men and women, to the best of their ability to relieve stress associated with moving, deadlines and relocations.

2. Briefly describe your experience in the transportation/household goods moving industry: we have been successfully assisting customers' communities, apartments, businesses and elderly to relocate for about 7 years.

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

7. 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

8. 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
assault	1991	Sm. N. Tex., Ga.

*attach additional pages if necessary

9. 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
advertising as full service	3	

*attach additional pages if necessary

FINANCIAL STATEMENT

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

Assets		Liabilities	
Cash in Bank	\$ 10,000.	Salaries/Wages Payable	\$ //
Notes Receivable	\$	Accounts Payable	\$ //
Investments	\$	Notes Payable	\$ //
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 10,000	Preferred Stock	\$ //
Office Furniture	\$ 10,000.	Common Stock	\$ //
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 32,000.	TOTAL LIABILITIES & NET WORTH	\$ 32,000

EQUIPMENT LIST

Describe the equipment you will own or lease to provide moving services
(attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1995	Ford F350	C74042F	1F0K137G73NB13986	4,500
1980	Gm C	8058 TV	16D17D189JVS2 0230	6,000

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: <i>Anthony Wright</i>	Position: <i>owner/operator</i>
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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: Anthony Weigh

Position: owner/operator

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: Anthony Weigh

Position: owner/operator

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.

Anthony Weigh
Print name of applicant

[Signature]
Signature of Applicant

4-18-17 Olympia
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: MAN AND A VAN D. B. A. / ANTHONY WRIGHT.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Brenda, Business Manager, The Lakes

Address (include street address, mailing address, city, state, zip, and county):
2301 98th Ave E
Fife, WA 98424

Phone Number: 253-922-0302

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: Having this company listed as a Wash state permitted moving service will grant my residents efficiency, professionalism, + superior service.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Man and a Van is absolutely helpful, energized, + ready to make any move to any location. Being an established business, He will gain the clients confidence because

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

Brenda Valle 4/7/2013 - Fife, WA
Signature of Person Completing Form Date and Location

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Applicant Name:

Anthony Wright

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Jennifer Reich, Executive Director, Mill Ridge Village Retirement

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

607 28th Ave, Milton, WA 98354 Pierce

Phone Number:

253.925.9200

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 residents moving in that need assistance with this. We also have residents that down-size to smaller apartments and need a moving company to assist.

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: same as above

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 consistently refer to Anthony because of the quality of his work and his price point. We work with folks who are elderly, frail, and on fixed incomes. Having Anthony as a resource is priceless.

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

Anthony provides excellent customer service to this clientele - he is very good in working with this population. He understands their needs.

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

4/7/16 Milton, WA
Date and Location

Lark Church

From: Lark Church
Sent: Tuesday, February 16, 2016 2:30 PM
To: 'amandap@movesforseniors.com'
Subject: Capital Place Retirement Community, Olympia, WA

Dear Amanda,

Hello! I understand you visited Capital Place recently while I was otherwise occupied, I'm sorry to have missed you! Our lead managers, Kathy and Dave Marlow, were also out of town on vacation --- they are the ones who normally request any of our internal moves here. However, in my role as the primary sales & marketing person at Capital Place, I do provide "Moves For Seniors" as an option for new residents looking for moving resources, especially those seniors moving from out of town.

I hope that the next time you plan to be in the area, you will let us know so Kathy Marlow or I can make ourselves available to you! We genuinely appreciate your services --- the local movers you've sent to us from Tacoma (Anthony Wright of The Wright Move) have done an exemplary job each time they have assisted us (at least 3-4 times within the past 6-8 months that I can recall).

Thank you for stopping by, we look forward to a strong working partnership with you going forward!

Regards,

Lark L. Church
Sales Leader
Capital Place Retirement
700 Black Lake Blvd. SW
Olympia, WA 98502
(360) 357-9922
(360) 951-1372 (cell)
Lark.church@holidaytouch.com
"We Provide The Holiday Touch"

ATTACHMENT A

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Applicant Name:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
 LARK L CHURCH SALES LEADER CAPITAL PLACE RETIREMENT

Address (include street address, mailing address, city, state, zip, and county):
 700 BRACK LAKR BLVD SW OLYMPIA WA 98502

Phone Number: (360) 357-9922


Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
 Move Model Apts. 4 New Residents

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:
 New Resident Move In (Model & Gross Net Move)

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:
 The Wright Move/Man and a Van continue to provide excellent service to our organization

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

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

2/18/16 - Olympia WA
 Date and Location

ATTACHMENT A

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ANTHONY WRIGHT / D.B.A. MANANDA VAW

Applicant Name:

Boodydoe Personal Training Studios

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Boodydoe, Personal Training

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

29130 Pacific Hwy S. Federal Way, WA 98003

Phone Number:

253-946-8001

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:

Reorganizing furniture & equipment for clients

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:

for future moving needs & being able to refer them to clients

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

Coast customer service
They are effective & efficient at what they do

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

6/10/13 Federal Way

ATTACHMENT A

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Applicant Name:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: *Mary Warden, Lead Receptionist, Wesley Homes Ltd*

Address (include street address, mailing address, city, state, zip, and county):
32049 109th Pl SE, Auburn, WA 98092

Phone Number: *253-876-6000*

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
To help residents transition from one property to another

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 residents downsize they always need help in the transition.

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:
As our residents are more mature moving their own property is more difficult and need additional help

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Timeliness, Honesty, Reasonable Pricing - Caring attitude

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

Mary Warden

 Signature of Person Completing Form

4/20/16 Auburn

 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:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

KORY EDWARDS PR manager / FINE Chamber

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

~~5510 15TH ST E~~ FINE, WA 98424
2026 54TH AVE E PIERCE

Phone Number:

253-988-6946

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

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

BOXES MOVED TO STORAGE

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:

MORE BOXES

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:

THE CITY FINE HAS A NEED FOR THIS TYPE OF SERVICE. WE LIKE LOCAL BUSINESSES

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

I KNOW THE APPLICANT PERSONALLY AND PROFESSIONALLY AND WOULD RECOMMEND TO MY FRIEND

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

6/11/2013

Date and Location

FINE MILWAU

EDGEWOOD CHAMBER OFFICE

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:

Anthony Wright

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Jhunida Delas Santos; Leasing consultant;

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

952 SW Campus Dr Apt 4-D1, Federal Way, Wa 98023

Phone Number: 253-431-8023

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:

Will be moving soon.

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:

Very helpful and 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.

J. Santos

Signature of Person Completing Form

6/7/13

Date and Location

Effective Date: 03/30/2017 12:01 A.M. at your mailing address

Policy No: WS313582

Named Insured:

Anthony O. Wright DBA: The Wright Move

COVERAGE(S) PROVIDED

Motor Truck Cargo

DESCRIPTION OF PROPERTY/LIMITS OF INSURANCE

Item #	Description	Serial Number	Limit of Insurance
1	International - Household Goods - Furniture		\$ 20,000
MAXIMUM LIMIT OF INSURANCE ANY ONE OCCURRENCE:			\$ 20,000

DEDUCTIBLE: \$ 1,000

PREMIUM

Item #	Rate	FE = FULLY EARNED	Advance Premium
1	1.250	\$	250
Total Advance Premium			\$ 250

SPECIAL PROVISIONS

Household Furniture

FORMS AND ENDORSEMENTS

The schedule of coverage declarations, forms and endorsements shown on S1D-ILS make up your policy as of the effective date shown above.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

WA
USA

WASHINGTON DRIVER LICENSE



[Handwritten signature]

3116218101195

4d LIC# [REDACTED]

DONOR ♥

1 **WRIGHT**

2 **ANTHONY O'BRYANT**

3 DOB [REDACTED]

4a Iss **08-23-2016**

15 Sex **M** 16 Hgt **5-06**

17 Wgt **165** 18 Eyes **BRN**

9 Class 9a End **NONE**

12 Restrictions **NONE**



4b Exp **06-21-2021**

5 D [REDACTED]

Rev 09-16-2009



Northfield Insurance Company

385 Washington Street, St. Paul, MN 55102
1-800-237-9334 Claims: 1-800-328-5972

COMMERCIAL INSURANCE POLICY

Your Policy Number: WS313582

This policy consists of this policy cover, the Declarations and the forms, schedules and endorsements listed. **READ YOUR POLICY CAREFULLY.**

In return for the payment of the premium, the insuring company agrees with the Named Insured to provide the insurance afforded by this policy. That insurance will be provided by the company indicated as insuring company in the Declarations.

In Witness Whereof, we have caused this policy to be executed and attested, but this policy shall not be valid unless countersigned by a duly authorized representative for us.

Wendy C. Skjiv

Secretary

Brian MacLean

President



STATE OF WASHINGTON

UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250

(360) 664-1160 • TTY (360) 586-8203

April 21, 2017

Man and a Van Inc.
PO Box 278
Milton, WA 98354

Re: **Notice of Deficient Application**
Docket # TV-170284

Dear Man and a Van Inc.:

The following items need to be completed and/or corrected for prompt processing of your application for operating authority. Please complete and return to our office by May 21, 2017.

- Request a Uniform Motor Carrier Certificate of Insurance (Form E) and proof of Cargo Insurance (Form H) from your insurance company. The insurance must show your name EXACTLY as it is shown above. The insurance documents you provided are not adequate.
- The name on your USDOT number must match the name you applied under and the name on your business license. It currently lists your company name as The Wright Move Inc. This can be changed at <https://www.fmcsa.dot.gov/registration> or you can contact (360)596-3810 for assistance.
- You wrote you would be using contractors in the future. Please describe this in more detail. (Where would the contractors come from, etc.)

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@utc.wa.gov. Our fax number is 360-586-1181.

Thank you,

Licensing Services
Washington Utilities and Transportation Commission