

RECEIVED

JUL 26 2019

WASH. UT. & TP. COMM

1300 S. Evergreen Park Drive SW  
 P.O. Box 47250  
 Olympia, WA 98504-7250  
 Phone: 360-664-1222  
 email: transportation@utc.wa.gov



**HOUSEHOLD GOODS MOVING COMPANY  
 PERMIT APPLICATION**

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID:	Docket # <u>088113</u>
	Insurance:		THG-
Payment #	111-0268-207-02	111-0268-013-20	<u>\$ 550.00 check #1509</u>

**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: Nathanael Hirst D.B.A Amazing Movers 360  
 Trade Name, if applicable AMAZING Movers 360  
 Physical Address 838 W 15th ST Port Angeles WA 98363  
 Mailing Address \_\_\_\_\_  
 Telephone Number (360) 477-6816 Email: Amazing Movers360@gmail.com  
 Contact Name: Nate Hirst

**BUSINESS INFORMATION - continued**

USDOT #: 3236584 If you do not have a USDOT number, go online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.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 #: 604330859 Department of Small Business (L&I)  
Worker's Comp account # 683,444-00

Employment Security Department (ESD) registration # 000-803417-00-3

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 490-15-355, 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 490-15-07 and WAC 490-15-09.

I AM NOT SURE HOW/WHO I WILL BE HIRING  
I MAY USE A LOCAL EMPLOYMENT SERVICE LIKE  
Xpress Personell.

**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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or % of Shares</u>
<u>Nathanael Hirst Sr.</u>	<u>Owner/operator</u>	

Provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.

- 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 Operate in an area that only has 2 Legal Moving Companies. We have less overhead cost than other companies and can provide cheaper services for low income and needy people.
- Briefly describe your experience in the transportation/household goods moving industry: I've Done Moving for several years at another local Moving Company. I personally believe I am VERY Good at Moving. I provide fast, EFFicient and AFFordable Moves.

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. 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	\$ 4,200	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	<b>TOTAL LIABILITIES</b>	\$ 0
Land and Buildings	\$ 0	<b>NET WORTH</b>	10,200
Trucks and Trailers	\$ 4,000	Preferred Stock	\$ 0
Office Furniture	\$ 500	Common Stock	\$ 0
Other Equipment	\$ 1,500	Retained Earnings	\$ 0
Other Assets	\$	Capital	\$ 0
<b>TOTAL ASSETS</b>	\$ 10,200	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 10,200

EQUIPMENT LIST				
List the equipment you own or lease to provide moving services (attach additional sheets if necessary).				
Year	Make	License Number	Vehicle ID Number	GVW
1994	Ford	C58673G	1FDKE37G1RHA 56599	12,000

**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).

<p>Name: Nathanael Hirst</p>	<p>Position: Owner / operator</p>
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<b>OPERATIONAL RESPONSIBILITIES</b>	
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>[Signature]</i>	Position: <i>Owner / Operator</i>
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: <i>[Signature]</i>	Position: <i>owner / Operator</i>
<p>If you would like to receive information about new household goods carriers, check here <input type="checkbox"/></p> <p style="text-align: center;"><b>DECLARATION OF APPLICANT</b></p> <p>I understand that filing this application <b>does not</b> in itself constitute authority to operate as a household goods mover.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>I understand the commission will complete a criminal background check on each person named in the application.</p> <p>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.</p>	
<i>Dave Hirst Sr.</i>	<i>[Signature]</i> <i>4/4/19</i>
Print name of applicant	Signature of Applicant      Date

WA WASHINGTON DRIVER LICENSE  
 FEDERAL LIMITS APPLY

4d LIC# [REDACTED] 9c CLASS [REDACTED] 3c NCIP [REDACTED]

1 HIRST  
 2 NATHANAEEL CHRISTIAN, SR

3 DOB [REDACTED] 4a ISS 02/26/2019

16 SEX M 18 EYES HAZ  
 18 HGT 6'-03" 17 WGT 280 lb  
 12 RESTRICTIONS 8a END NONE  
 NONE 4b EXP [REDACTED]

REV 09/04/2018

750,000 CSL

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

(EXECUTED IN TRIPLICATE)

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the National Indemnity Company  
(Name of Company)

(hereinafter called Company) of 1314 Douglas Street, Suite 1400, Omaha, NE 68102-1944  
(Home Office Address of Company)

has issued to NATHANAEL HIRST DBA: AMAZING MOVERS 360  
(Name of Motor Carrier)

of 838 W 15TH ST, PORT ANGELES, WA 98363  
(Address of Motor Carrier)

a policy or policies of insurance effective from 03/06/2019 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 Commissioner.

Countersigned at 1314 Douglas Street, Suite 1400 Omaha NE 68102-1944  
(Street Address) (City) (State) (ZIP Code)

this 3rd day of April, 20 19



Authorized Representative

Insurance Company File No. 72TRS098895  
(Policy Number)

750,000 CSL



FORM H  
UNIFORM MOTOR CARRIER CARGO  
CERTIFICATE OF INSURANCE  
(EXECUTED IN TRIPLICATE)

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the National Indemnity Company  
(Name of Company)

(hereinafter called Company) of 1314 Douglas Street, Suite 1400, Omaha, NE 68102-1944  
(Home Office Address of Company)

has issued to NATHANAEL HIRST DBA: AMAZING MOVERS 360  
(Name of Motor Carrier)

of 838 W 15TH ST, PORT ANGELES, WA 98363  
(Address of Motor Carrier)

a policy or policies of insurance effective from 03/06/2019 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 Cargo Insurance Endorsement, has or have been amended to provide cargo 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 1314 Douglas Street, Suite Omaha NE 68102-1944  
(Street Address) (City) (State) (ZIP Code)

this 3rd day of April, 20 19



Authorized Representative

Insurance Company File No. 72TRS098895  
(Policy Number)

ISSUE REPORT 01/07/14



STATE OF WASHINGTON

Sole Proprietor

# BUSINESS LICENSE

Unified Business ID #: 604330859  
Business ID #: 001  
Location: 0001

NATHANAEL CHRISTIAN HIRST  
AMAZING MOVERS 360  
838 W 15TH ST  
PORT ANGELES, WA 98363-7228

UNEMPLOYMENT INSURANCE - ACTIVE  
TAX REGISTRATION - ACTIVE

INDUSTRIAL INSURANCE - ACTIVE

**LICENSING RESTRICTIONS:**

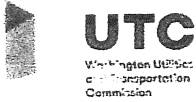
Not licensed to hire minors without a Minor Work Permit.

**REGISTERED TRADE NAMES:**

AMAZING MOVERS 360

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue



**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:

Laurel Place Assisted Living <sup>Whitney</sup> CRM

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

1133 E. Park Ave  
Port Angeles WA 98302

Phone Number:

360-452-7201

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

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

I work in assisted living & on many occasions I have needed amazing movers to help move seniors.

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 seniors in the community age they need help moving into facilities like mine.

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 will benefit me greatly. Many times I have families that live out of town & there is no one besides this resource to help them move when they need to.

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

Amazing movers is a wonderful company. I have heard NOTHING but positive feedback from our share clients. They are timely, affordable, careful & trustworthy. I will always use them.

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

W. Polley, CRM Laurel Place

Signature of Person Completing Form

4-11-2019

Date and Location

Laurel Place Assisted Living



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: Nate Hirst - Amazing Movers

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Sarah Ketchum, customer service Habitat for Humanity

Address (include street address, mailing address, city, state, zip, and county): 728 E. Front St. Port Angeles, WA 98362 Store Clallam County

Phone Number: 360 417-7543

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

Habitat Store stopped offering delivery. So many customers have no way of getting items.

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:

Yes many times for customers who need this service many low income & senior people

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 helps people who do not have the means of moving their items or people who are disabled & are not capable of lifting

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Amazing Movers has been helping habitat store since we stopped offering deliveries they are great service

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: Sarah Ketchum Date and Location: 4-1-19 728 E. Front St Port Angeles, WA 98362 Clallam County



**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:** Laura Lowe

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

**Name, Title, and Business Name:**  
Laura Lowe                      Caregiver

**Address (include street address, mailing address, city, state, zip, and county):**  
1206 S. B St  
Port Angeles WA  
98363

**Phone Number:** 360 9124327

**Do you currently need the services of a residential household goods moving company?**  
 No  Yes If yes, please describe your current moving needs:  
as a caregiver of multiple clients who move to and from Homes nursing homes, have needed moving services. Have had trouble finding moving help as great as Nate.

**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:  
clients tend to need moving, into nursing home or assisted care facilities.

**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 used other moving companies around Port Angeles, I have found ~~them~~ Nate Hirst to be the most trustworthy, Hard working guy around if you need a hand. The community needs honest good men like him.

**Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?** Nate Hirst AKA: amazing movers. He is very Charitable. He does alot for our community. I would love to see his business flourish. Hes a great guy who has put alot of work into creating a business.

*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

4-5-19  
Port Angeles WA  
 Date and Location