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 Lacey, WA 98503
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HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

FOR OFFICIAL USE ONLY			
Date Filed: 2/12/2021	DOL/SOS:	ID:	Docket # TV-210100
	Insurance:		THG-
Payment # 71308	111-0268-207-02	111-0268-013-20	

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: C&N Enterprises Inc.

Trade Name, if applicable A Team Moving and Storage

Physical Address 735 Griz Lane, Marion, MT 59925

Mailing Address 735 Griz Ln Marion MT 59925

Telephone Number (406) 890-7133 Email: cdmarv@ateammovingandstorage.com

Contact Name: Carroll Remars

BUSINESS INFORMATION - continued

USDOT #: 2376754 If you do not have a USDOT number, go online at www.fmcsca.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 #: 604 685 267 Department of Labor & Industries (L&I)

Worker's Comp account # _____

Employment Security Department (ESD) registration # _____

If you will not be setting up an account with L&I or ESD because you do not have employees, please explain how you plan to obtain workers. Per WAC 480-15-555, a criminal background check must be completed on each person you intend to hire. If you intend to hire day labor from a temp agency, they must perform the criminal background check. Refer also to WAC 480-15-302 and 305.

We main do GSA government work. So any moves we do would be with my own crews. So I am not sure what all I need to get set-up.

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>Nichole Demaris</u>	<u>owner</u>	<u>60</u>
<u>Carroll Demaris</u>	<u>owner</u>	<u>40</u>

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: Full services moves. I have a very well trained moving crew.

2. Briefly describe your experience in the transportation/household goods moving industry: I have been in moving for 20 years. I have ran my moving company in MT for the last 3 years. We specialize in GSA work.

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 MT 334 and Interstate

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# 1-815908

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? National Van Lines

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	\$ 99,805	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$ 438,059
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 438,059
Land and Buildings	\$	NET WORTH	22,767
Trucks and Trailers	\$ 166,021	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$ 21,767
Other Assets	\$ 195,000	Capital	\$ 1,000
TOTAL ASSETS	\$ 460,826	TOTAL LIABILITIES & NET WORTH	\$ 460,826

EQUIPMENT LIST

List the equipment you own or lease to provide moving services (attach additional sheets if necessary). You **must** own or have a long term lease for any vehicle you operate, you may not rent vehicles on a job by job basis

Year	Make	License Number	Vehicle ID Number	GVW
<i>See</i>	<i>List</i>			

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:

Carroll Demay

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:

Carroll Demars

Position:

owner

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:

Carroll Demars

Position

owner

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.

Carroll Demars

Carroll Demars

2.8.21

Print name of applicant

Signature of Applicant

Date



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: C & N Enterprises Inc. DBA A Team Moving and Storage

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: HARBAKSH ATHWAL	
Address (include street address, mailing address, city, state, zip, and county): 6427 VIEW RIDGE DR. TALOMA, WA 98407 (PIERCE COUNTY)	
Phone Number: 253-209-6542	
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: HOPING TO MOVE ACROSS SOUND TO BREMERTON THIS SUMMER 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: I HAVE WORKED WITH MEMBERS OF A TEAM IN THE PAST AND THEIR QUALITY OF SERVICE IS SOMETHING I HAVEN'T FOUND SO FAR WITH OTHER COMPANIES IN WASHINGTON	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? SEE ABOVE	
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 Harbaksh Athwal	Date and Location 02-2-21 TALOMA, WA.



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Applicant Name: C & N Enterprises Inc. DBA A Team Moving and Storage

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Joanne Andrea:
Address (include street address, mailing address, city, state, zip, and county):	10575 NE West Kingston, WA 98346
Phone Number:	208-598-0199
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe your future moving needs:	
If future need, would absolutely use this company to 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:	I would recommend this moving company to anyone. Their packing and moving support is exemplary
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	Moving is a very stressful endeavor, but using a reliable company like this certainly eases the stres
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	2/10/2021 Date and Location



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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: C & N Enterprises Inc. DBA A Team Moving and Storage

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: Keith Maddox (Owner) Mach 1 Services	
Address (include street address, mailing address, city, state, zip, and county): 103 Eagle Crest Ln, Chehalis, WA 98532 (Lewis)	
Phone Number: (253) 444-7976	
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: Looking to relocate family and business across state	
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 Teams members helped move family into state. They employ reliable workers with a good ethic, and would love to use them again for a future move within Washington.	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? They have a clean track record, which is why I chose them initially.	
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 2-8-21 Chehalis, WA