

BUSINESS INFORMATION

Name of Applicant Zachary Gripp B & Z Moving L.L.C.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable B & Z Moving L.L.C. N/A

Physical Address 11712 8th Ave S, Seattle WA 98168

Mailing Address 107 134th ST E, Tacoma WA 98445

Telephone Number (253) 355-1792 Fax Number ()

UBI #: 603273063 Email: zackthemaniac@comcast.net

USDOT #: 2377026 (If you currently don't have one, you can go online at www.fncsca.dot.gov/online-registration to apply for one or call 360-596-3810 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # [REDACTED] 25418000

Employment Security Department registration number? ESD # 475249-00-8

Is your business registered with the Department of Revenue? No Yes

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation (LP, LLP, 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
Zachary Gripp	Owner	100%

*Must provide a copy of a valid Washington state driver's license for each person listed above.

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:

Packing and transportation of household goods and office supplies.
We're a friendly, low cost, service, willing to work any time
and in any conditions to fulfill our customer's needs.

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

Limited, I've packed and moved all of my own stuff
several times and have helped dozens of my friends move in
Seattle area last summer.

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 _____

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# 816031

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: _____

Has any person named in this application, within the past five years, been convicted of any crime involving theft, burglary, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance?
 No Yes If yes, please explain: _____

Has any person named in this application, been cited for violation of state laws or Commission rules?
 No Yes If yes, please explain: _____

pending 2/19/13

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	\$ 2,000	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	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 4,000	Preferred Stock	\$
Office Furniture	\$ 0	Common Stock	\$
Other Equipment	\$ 1,000	Retained Earnings	\$
Other Assets	\$ 0	Capital	\$
TOTAL ASSETS	\$ 7,000	TOTAL LIABILITIES & NET WORTH	\$ 7,000

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
1991	Isuzu	B668395	JALH6A1N4M3101742	20,000

**Attach a copy of the registration form for each vehicle listed.

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:

Zachary Gripp

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: Zachary Gripp 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: Zachary Gripp Position: Owner

DECLARATION OF APPLICANT

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

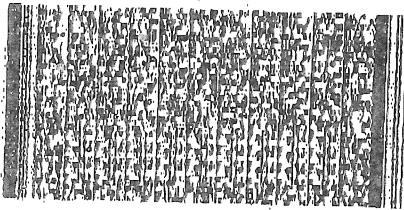
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

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.

Zachary Gripp _____ [Signature] _____ 11 FEB 13 Tacoma _____
Print name of applicant Signature of Applicant Date and Location



STATE OF WASHINGTON
DEPARTMENT OF LICENSING
PO Box 9038 · Olympia, Washington 98507-9038

VEHICLE TITLE APPLICATION/REGISTRATION CERTIFICATE

01/31/2013

1303127200529727

B66839S

Lic/Plt B66839S		Issue-Date 06/2011		Tab-No R528052		Reg-Exp 06/06/2013		Value-Code/Yr 2500/2013		Deprs 2		Mo-Reg 12		Mo-Gwt 05	
Power D	Use COM	Mod-Yr 1991	Make ISU	Ser/Body BOX		Model/ST FSR/TB		VIN or Serial No JALH6A1N4M3101742			Res-Co 27	Prev-Pit A37040U			
Sclwt 10840	Seats	Gwt 20000	Gwt-Strt 01/07/2013		Gwt-Exp 06/06/2013		Fleet	Equip	Prev Title 1115707411			Prev St WA			

BRANDS:

COMMENT:

VN-C VN-L - COLOR-WHITE - COMMERCIAL VEHICLE SAFETY ENFORCEMENT FEE PAID - DISPLAY TAB ON BACK
LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

MILEAGE

E

REGISTERED OWNER

LEGAL OWNER

GRIFF, ZACHARY L
107 134TH ST E
TACOMA WA 98446

I certify that the information contained hereon is accurate and complete.

[Signature]

Signature of Registered Owner(s)

X

Signature of Registered Owner(s)

Subscribed and sworn to before

This _____ Day of _____

FILING	\$	7.00	TBD FEE 2727	\$		CHECK	\$	295.00
SUBAGENT	\$	12.00	RTA EXCISE	\$		CASH	\$	
LOCAL FEE	\$		USE TAX 2727	\$	242.50	TOTAL FEES	\$	364.25
LICENSE SRVC	\$		OTHER	\$	33.50			
GWT/VMT FEE	\$	69.25	DONOR AWARENESS	\$		GWT CREDIT	\$-	69.25
QUICK TITLE	\$		STATE PARKS	\$				

VALIDATION CODE 10272005130310131130137052972

TRANSFER

RPT ID: ATITPR-1

THIS DOCUMENT IS NOT PROOF OF OWNERSHIP

RPT: ATITPR:2008/10/12:00003(2)

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: Zachary Grepp / Biz Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Kristin Smith

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

13530 Linden Ave N Apt 512 Seattle WA 98133

Phone Number:

360-292-3538

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:

I will be moving in July and will utilize their services again

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.

They are conveniently located close to where I live. They are accommodating when it comes to working with my schedule. Very friendly & professional

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

I think they would be a great asset to our community and benefit a ton of people

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

2/13/2013 Seattle

Date and Location

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Applicant Name:
Zachary Firip / B-Z Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Wendy Petronava

Address (include street address, mailing address, city, state, zip, and county):
4301 23rd St SW # D 2000 Mountlake Terrace WA 98043

Phone Number:
253 632-9033

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:

They are located in Downtown Seattle and very convenient for many people.

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

This company is very fair priced and willing to work at anytime.

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

[Signature]
Signature of Person Completing Form

2.13.13 Seattle, WA
Date and Location

ATTACHMENT A

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Applicant Name:

Factory firm / B-Z moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

James Collyer MD

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

*820 Blanchard St #901
Seattle WA 98121 USA*

Phone Number:

303 668 6911

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:

I have used a moving company before with a good experience

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:

Both these individuals are trust-worthy and hard-working, which would benefit anyone needing a mover

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

Prices are competitive, good location, and honest individuals

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

[Handwritten Signature]

Date and Location

2/13/13 Seattle, WA

WASHINGTON DRIVER LICENSE



GRIPP
ZACHARY LLOYD
DOB: [REDACTED] Exp: 09-11-2012
Sex: M Hgt: 5-07
Wgt: 150 Eyes: BLU
Class: SA Exp: 3
Restrictions: NONE
MILITARY
[REDACTED]

LICENSING



CLASS: NONE
ENDORSEMENTS:
3-Two-wheel motorcycle only

RESTRICTIONS:
NONE

Organ Donor

[REDACTED] address

FREEDOM FIN & INS SV
4002 TACOMA MALL #102
TACOMA, WA 98409
1-253-475-3200

Policy number: 02054944-0

Underwritten by:
United Financial Casualty Company
February 27, 2013
Page 1 of 1

Certificate of Insurance

Certificate Holder	Insured	Agent
UTILITIES AND TRANSPORTATION COMMISSION PO BOX 47250 OLYMPIA, WA 98503	B&Z MOVING LLC 107 134TH ST E TACOMA, WA 98445	FREEDOM FIN & INS SV 4002 TACOMA MALL #102 TACOMA, WA 98409

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Feb 7, 2013

Policy Expiration Date: Aug 7, 2013

Insurance coverage(s)	Limits
Bodily Injury/Property Damage	\$750,000 Combined Single Limit
Underinsured Motorist Bodily Injury	\$25,000/\$50,000
Underinsured Motorist Property Damage	\$10,000 w/\$100 Ded (\$300 if Hit & Run)
Personal Injury Protection	\$10,000
Motor Trucking Cargo	\$25,000 w/\$1,000 Ded

Description of Location/Vehicles/Special Items

Scheduled autos only

1991 ISUZU FSR JALH6A1N4M3101742	
Comprehensive	\$500 Ded
Collision	\$500 Ded

Certificate number

05813A08944

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.

Form 5241 (10/02)

Not scanned!
Z



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/26/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Freedom Financial & Insurance Services, Inc 4002 Tacoma Mall Blvd, Suite 102 Tacoma, WA 98409	CONTACT NAME: Bruce Dietzen PHONE (A/C, No, Ext): (253)475-3200 E-MAIL ADDRESS: bruce@ffis.us	FAX (A/C, No): (253)475-3204
	INSURER(S) AFFORDING COVERAGE INSURER A: National Indemnity Company	
INSURED B&Z MOVING LLC 107 134th St E Tacoma, WA 98445	NAIC #	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 00003708-0 REVISION NUMBER: 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Cargo Insurance <input checked="" type="checkbox"/> \$1000 deductible	N	N	70MTS010412	03/22/2013	03/22/2014	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Household \$ 20000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER Utilities and Transportation Commission PO Box 47250 Olympia, WA 98504	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  (BFD)