


## 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: <b>GERALDO LIMA</b>
<b>The following must be completed by the Supporter of the applicant</b>
Name, Title, and Business Name: <b>DANNY R. HASS</b>
Address (include street address, mailing address, city, state, zip, and county): <b>19815 112TH AV. NE APT. F102 BOTHELL, WA. 98011</b>
Phone Number: <b>901-240-3266</b>
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: <b>MOVING FROM BOTHELL TO ISSAQUAH</b>
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: <b>I HAVE MOVED 3 TIMES IN 3 YEARS</b>
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: <b>GERALDO HAS HELPED ME MOVE BEFORE. HE IS HONEST, PROMPT, DEPENDABLE AND AN ASSET TO ANY BUSINESS.</b>
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.
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">             Signature of Person Completing Form         </div> <div style="width: 45%; text-align: right;"> <b>11/1/13 BOTHELL, WA.</b>            Date and Location         </div> </div>

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Applicant Name: GEBALDO LIMA

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: JEREMIAS BANDEIRA

Address (include street address, mailing address, city, state, zip, and county): 16638 JUANITA DR NE #101-G KENMORE -WA- 98028

Phone Number: 425 830 6118

Do you currently need the services of a residential household goods moving company? [X] Yes If yes, please describe your current moving needs: MOVING TO ISSAQUAH.WA SOON

Do you anticipate a future need for the services of a residential household goods moving company? [X] Yes If yes, please describe your future moving needs: LOOKING TO MOVE WHEN LEASE EXPIRES.

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: GEBALDO IS A VERY HONEST, RELIABLE AND HARD WORKING MOM.

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

11/7/2013 Kenmore.WA 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:** ~~GERALD LIMA~~  
~~JUDITH A. GIBBENS~~

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

**Name, Title, and Business Name:**  
JUDITH A. GIBBENS

**Address (include street address, mailing address, city, state, zip, and county):**  
775 IDYWOOD DR. SW  
ISSAQUAH, WA 98027

**Phone Number:**  
425-392-7380


**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:  
RELOCATE WHEN HOUSE SELLS

**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:**  
MR LIMA IS A HONEST AND RELIABLE PERSON

**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

10-30-13 ISSAQUAH  
Date and Location WA.

OCTOBER 7, 2013 1:56 PM



Tina Leipski  
Licensing Services

TRANSPORTATION OPERATIONS  
1300 S EVERGREEN PARK DR  
OLYMPIA, WA 98502  
564-664-1155

COMP ID: MUTC TERM ID: MUTC018801

CARD TYPE: VISA  
ACCOUNT: \*\*\*\*\*3462

TOTAL AMOUNT \$ 550.00

APPROVAL CODE: 773875 STAN: 001878

CUSTOMER COPY

I AGREE TO PAY ABOVE TOTAL  
AMOUNT ACCORDING TO CARD  
ISSUER AGREEMENT.

Utilities and Transportation Commission 360/664-1170  
1300 S. Evergreen Park Dr. SW FAX 360/586-1181  
PO Box 47250 tleipski@utc.wa.gov  
Olympia, WA 98504-7250 Web Site: www.utc.wa.gov

**WASHINGTON EVIDENCE OF MOTOR VEHICLE LIABILITY INSURANCE**

Underwritten by:  
Victoria Fire & Casualty Company

Insured Name: LIMA, GERALDO  
Address: 18918 68TH AVE #E205WA

City, State, Zip:  
ISSAQUAH WA 98029

Policy Number: Year: Make & Model:  
1359522 2004 FORD E350

Effective Date: Vehicle Identification Number:  
10/07/2013 1FDWE35L84HA81621

Expiration Date:  
10/07/2014 WA58CVC5751010

**THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE  
FOR PRODUCTION UPON DEMAND.**

**TO OUR POLICYHOLDER**

It is important that the Identification Card provided be carried by you and other licensed operators in your household at all times. Information contained on the Identification Cards will be needed in connection with vehicle inspection and accident involvement. At such times, such evidence of insurance will be subject to verification as to whether or not the insurance required by law has been maintained.

**WHAT YOU SHOULD DO IN CASE OF AN ACCIDENT**

- (1) Do not leave the scene of the accident-notify police.
- (2) Do NOT discuss the accident with anyone except a properly identified and authorized representative of Victoria or with police authorities.
- (3) Secure names of parties involved and witnesses.
- (4) Make no commitments.
- (5) Immediately report the accident to Victoria.

**Titan Insurance**  
Underwritten by:  
Victoria Fire & Casualty Company  
22901 Millcreek Blvd.  
Cleveland, OH 44122-5728

**TOLL FREE NUMBERS**  
TO REPORT A CLAIM: 1-800-926-3168  
CUSTOMER SERVICE: 1-800-888-8424

WA58CVC5751010

2557 2 000704001

GERALDO SILVA LIMA  
GEMIMA BRESSEN LIMA  
KING COUNTY SERVICES  
18916 68TH AVE NE APT E205  
KENMORE WA 98028-2656

DETACH BEFORE POSTING

000704



STATE OF  
WASHINGTON

# BUSINESS LICENSE

Sole Proprietorship

Unified Business ID #: 603 253 115  
Business ID #: 1  
Location: 1

GERALDO SILVA LIMA  
GEMIMA BRESSEN LIMA  
KING COUNTY SERVICES  
18916 68TH AVE NE APT E205  
KENMORE WA 98028 2656

## TAX REGISTRATION

REGISTERED TRADE NAMES:  
KING COUNTY CLEANING SERVICES  
KING COUNTY MOVING SERVICEE  
KING COUNTY SERVICES

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.

*Brad Florenty*  
Director, Department of Revenue

Received Time: Nov. 12, 2013 10:56AM No. 1530

Department of Labor and Industries  
Employer Services  
PO Box 44140  
Olympia WA 98504-4140



CONSTRUCTION  
CONTRACTORS' APPLICATION  
FOR WORKERS'  
COMPENSATION ACCOUNT  
WITH NO WORKERS OR HOURS

To be used only when no workers will be employed nor hours/units reported

This form is to be used only when a construction contractor requires an active workers' compensation account but will not be hiring any workers and will not be reporting any hours/units to the department.

As the contractor, you must have a current UBI number. If you do not have a UBI number, please submit a Master Application by requesting one from us, or online at <http://www.dol.wa.gov/mis/buslic.htm>.

Please complete the information below and send this form to:

Department of Labor and Industries  
Employer Services  
PO Box 44140  
Olympia WA 98504-4140

RECEIVED

NOV 08 2013

DEPT OF L&I  
EVERETT

Business Information

Owner's Name: <i>GERALDO LIMA</i>		Unified Business Identifier (UBI): <i>603 253 115</i>	
Business Name: <i>KING COUNTY MOVING SERVICES</i>			
Business Address: <i>18916 68TH AVE NE #E 205</i>			
City: <i>KENMORE</i>	State: <i>WA</i>	ZIP: <i>98028</i>	Business Phone Number: <i>425 789-9131</i>

Physical Location

Physical Address: <i>18916 68TH AVE NE #E 205</i>			
City: <i>KENMORE</i>	State: <i>WA</i>	ZIP: <i>98028</i>	Business Phone Number: <i>425-789-9131</i>

Nature of Business: <i>TRANS PORTATION</i>
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I certify I do not have nor do I plan to have employees. If at any time in the future I decide to hire employees, I will notify the department in writing. I also agree to regularly submit a quarterly report to the department showing no hours/units worked. The report will be submitted on or before the due date of each quarter.

Date: <i>11/8/2013</i>	Title: <i>owner</i>	Signature: <i>Geraldo Lima</i>
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DOT# 2439373

OMB No. 2126-0013

U.S. Department of Transportation Federal Motor Carrier Safety Administration MOTOR CARRIER IDENTIFICATION REPORT (Application for U.S. DOT NUMBER)

REASON FOR FILING (Check Only One) [X] NEW APPLICATION [ ] BIENNIAL UPDATE OR CHANGES [ ] OUT OF BUSINESS NOTIFICATION [ ] REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)

1. NAME OF MOTOR CARRIER: GERALDO SILVA LIMA
2. TRADE OR D.S.A. (DOING BUSINESS AS) NAME: KING COUNTY SERVICES
3. PRINCIPAL ADDRESS: 18916 68TH AVE NE # E-205
4. CITY: KENMORE
5. STATE/PROVINCE: WASHINGTON
6. ZIP CODE + 4: 98028
7. COLONIA (MEXICO ONLY):
8. MAILING ADDRESS: 18916 68TH AVE NE # E-205
9. CITY: KENMORE
10. STATE/PROVINCE: WASHINGTON
11. ZIP CODE+4: 98028
12. COLONIA (MEXICO ONLY):
13. PRINCIPAL BUSINESS PHONE NUMBER: (425) 789-9131
14. PRINCIPAL CONTACT CELL PHONE NUMBER: (425) 789-9131
15. PRINCIPAL BUSINESS FAX NUMBER:
16. USDOT NO.: 2439373
17. MC OR MX NO.:
18. DUN & BRADSTREET NO.:
19. IRS/TAX ID NO.: EIN# SSN# 931786315
20. INTERNET E-MAIL ADDRESS: GLIMA35@GMAIL.COM
21. CARRIER MILEAGE (to nearest 10,000 miles for Last Calendar Year): 197300 YEAR: 2013

22. COMPANY OPERATION (Mark all that apply) A. Interstate Carrier B. Intrastate Hazmat Carrier [C] Intrastate Non-Hazmat Carrier D. Interstate Hazmat Shipper E. Intrastate Hazmat Shipper F. Vehicle Registrant Only

23. OPERATION CLASSIFICATION (Circle All that Apply) [A] Authorized For-Hire D. Private Passengers (Business) G. U. S. Mail J. Local Government B. Exempt For-Hire E. Private Passengers (Non-Business) H. Federal Government K. Indian Tribe C. Private Property F. Migrant I. State Government L. Other

24. CARGO CLASSIFICATIONS (Circle All that Apply) A. GENERAL FREIGHT B. LOGS, POLES, BEAMS, LUMBER J. FRESH PRODUCE P. GRAIN, FEED, HAY V. COMMODITIES DRY BULK BB. CONSTRUCTION G. BUILDING MATERIALS K. LIQUIDS/GASES Q. COAL/COKE W. REFRIGERATED FOOD CC. WATER WELL L. INTERMODAL CONT. R. MEAT X. BEVERAGES DD. OTHER M. PASSENGERS S. GARBAGE, REFUSE, TRASH Y. PAPER PRODUCTS T. U.S. MAIL Z. UTILITY U. CHEMICALS AA. FARM SUPPLIES

Table with 25 columns for hazardous materials: A. DIV 1.1, B. DIV 1.2, C. DIV 1.3, D. DIV 1.4, E. DIV 1.5, F. DIV 1.6, G. DIV 2.1, H. DIV 2.1 LPG, I. DIV 2.1 (Methane), J. DIV 2.2, K. DIV 2.2A (Ammonia), L. DIV 2.3A, M. DIV 2.3B, N. DIV 2.3C, O. DIV 2.3D, P. Class 3, Q. Class 3A, R. Class 3B, S. COM LIQ, T. DIV 4.1, U. DIV 4.2, V. DIV 4.3, W. DIV 5.1, X. DIV 5.2, Y. DIV 6.2, Z. DIV 6.1A, AA. DIV 6.1B, BB. DIV 6.1 Poison, CC. DIV 6.1 SOLID, DD. CLASS 7, EE. HRCQ, FF. CLASS 8, GG. CLASS 8A, HH. CLASS 8B, II. CLASS 9, JJ. ELEVATED TEMP. MAT., KK. INFECTIOUS WASTE, LL. MARINE POLLUTANTS, MM. HAZARDOUS SUB(RQ), NN. HAZARDOUS WASTE, OO. ORM

26. NUMBER OF VEHICLES THAT CAN BE OPERATED IN THE U.S. Table with columns for vehicle types (Straight Trucks, Truck Tractors, Trailers, Hazmat Cargo Tank Trucks, Motor Coach, School Bus, Mini-bus, Van, Limousine) and passenger capacity (1-8, 9-15, 16+).

27. DRIVER INFORMATION: Within 100-Mile Radius: INTERSTATE, INTRASTATE, TOTAL DRIVERS, TOTAL CDL DRIVERS. Beyond 100-Mile Radius: INTERSTATE, INTRASTATE, TOTAL DRIVERS, TOTAL CDL DRIVERS.

28. IS YOUR U.S. DOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION? Yes No [X]

29. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), OFFICERS OR PARTNERS AND TITLES (e.g. PRESIDENT, TREASURER, GENERAL PARTNER, LIMITED PARTNER): 1. GEMIMA B LIMA, GENERAL PARTNER 2. (Please print Name)

30. CERTIFICATION STATEMENT (to be completed by an authorized official) I, KING COUNTY MOVING SERVICES (Please print Name) certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct and complete.