

**PART A**  
**APPLICATION FOR PERMIT**  
(excluding Household Goods)

**WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION**  
1300 S Evergreen Park Dr. SW, PO Box 47250, Olympia, WA 98504-7250  
Telephone (360) 664-1222 – Fax (360) 586-1181  
Intrastate Common Carrier Operating Authority

|                              |           |                      |
|------------------------------|-----------|----------------------|
| <b>FOR OFFICIAL USE ONLY</b> |           | Docket No. TV-150625 |
| Reception Number             | Safety MD | Carrier ID# 1482     |
| 111-0268-200-02              | Insurance | Employee M           |

**TYPE OF APPLICATION**

| <b>New Common Carrier Permit Authority, or Transfer of Existing Permit Number</b>  | <b>Extension of Common Carrier Permit Authority</b>   |
|--|---|
| <input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY   | <input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE                         |
| <input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE  | <input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS                         |
| <input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS  | <input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE |
| <input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE                        |   |
| <input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation |   |

**MOTOR CARRIER IDENTIFICATION**

Common Carrier # ~~4055861~~ Unified Business Identifier Number (UBI): 603-386-773

Legal Name: Best Move Delivery Services LLC USDOT: 1726807

Trade Name(s), dba(s), if any \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number: 206-280-5747 Fax Number: \_\_\_\_\_

Business (Mailing) Address: 25844 189th Ave SE, Covington WA 98042

Physical Address (if different): \_\_\_\_\_

**TYPE OF BUSINESS STRUCTURE**

Individual     Partnership     Corporation     Limited Liability Company    State of Inc. \_\_\_\_\_

NAME Best Move Delivery Services, LLC TITLE MARCO RODRIGUEZ, Owner Stock Distribution or % of Shares \_\_\_\_\_

**\*TRANSFER OF PERMIT NUMBER**

\*Complete this section ONLY if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit hold must sign below to authorize the transfer of the permit number.

NAME ON PERMIT N/A Permit Number \_\_\_\_\_

Signature of current permit holder \_\_\_\_\_

Date \_\_\_\_\_

**INSURANCE REQUIREMENTS (must check one)**

A permit will not be issued until acceptable insurance is received


|   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B. | <input type="checkbox"/> You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B. | <input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. | <input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. |
|---|--|---|---|

**MOTOR VEHICLE LIST (Attach additional pages if necessary)**

| Unit #     | License Number | State     | VIN number              |
|------------|----------------|-----------|-------------------------|
| <u>N/A</u> | <u>B58928V</u> | <u>WA</u> | <u>1FYACWDC37AX1Q17</u> |
|            |                |           |                         |
|            |                |           |                         |

**SIGNATURE**

I, as applicant, understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a permit is issued by the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

Signature 

Date 6/16/15

**Driver Qualification Requirements**

Name: MARCO Rodriguez Position: Owner

Each company must maintain a complete Driver Qualification File for each employee authorized to drive motor vehicles as required by FMCSR Part 391.51 and by the WSP in WAC 446-65-010. Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions. Owners/operators that conduct any interstate operations must maintain a complete file on themselves and any other driver that they may use.

**Drivers Hours of Service**

Name: MARCO Rodriguez Position: Owner

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle as required by the FMCSA in 49 CFR, Part 395.1(e) and by the WSP in WAC 446-65-010.

**Vehicle Inspection, Repair, and Maintenance**

Name: \_\_\_\_\_ Position: \_\_\_\_\_


Each company must prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day as required by the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In addition, each company must maintain certain required records for each vehicle that includes the following, as required by the FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC 446-65-010:

- Identification of the vehicle.
- The nature and due date of various inspection and maintenance operations to be performed.
- A record of inspections, repairs and maintenance indicating their date and nature.

All companies must conduct periodic inspections as required by the FMCSA in 49 CFR, Part 396.17 and by the WSP in WAC 446-65-010.

**Signature**

My signature below certifies that I understand my responsibility as a motor carrier and I will comply with all the safety requirements which apply to my operations.

  
Signature of applicant

6/16/15  
Date

**NOTE: Once issued, you must keep a copy of your permit in your vehicle.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/16/2015

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).

| <b>PRODUCER</b><br>NAIR INSURANCE AGENCY<br>33305 1ST WAY SO #B206<br>FEDERAL WAY, WA. 98003<br>(253)835-1335 | <b>CONTACT NAME:</b> Jack Korolsky<br><b>PHONE (A/C, No, Ext):</b> 253-835-1335<br><b>E-MAIL ADDRESS:</b> PNAIR@FARMERSAGENT.COM<br><b>FAX (A/C, No):</b> 253-874-1281  |                               |  |        |            |                            |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |
|---|---|-------------------------------|--|--------|------------|----------------------------|--|------------|--|--|------------|--|--|------------|--|--|------------|--|--|------------|--|
|   | <table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>FARMERS INSURANCE EXCHANGE</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE |  | NAIC # | INSURER A: | FARMERS INSURANCE EXCHANGE |  | INSURER B: |  |  | INSURER C: |  |  | INSURER D: |  |  | INSURER E: |  |  | INSURER F: |  |
| INSURER(S) AFFORDING COVERAGE   |   | NAIC #                        |  |        |            |                            |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |
| INSURER A:  | FARMERS INSURANCE EXCHANGE  |                               |  |        |            |                            |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |
| INSURER B:  |   |                               |  |        |            |                            |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |
| INSURER C:  |   |                               |  |        |            |                            |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |
| INSURER D:  |   |                               |  |        |            |                            |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |
| INSURER E:  |   |                               |  |        |            |                            |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |
| INSURER F:  |   |                               |  |        |            |                            |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |
| <b>INSURED</b><br>Best Move Delivery Services, LLC<br>25844 189th Ave SE.<br>Covington, WA 98042              |   |                               |  |        |            |                            |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |

|                  |                            |                         |
|------------------|----------------------------|-------------------------|
| <b>COVERAGES</b> | <b>CERTIFICATE NUMBER:</b> | <b>REVISION NUMBER:</b> |
|------------------|----------------------------|-------------------------|

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 SUBR INSR | WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|----------------|-----|---------------|-------------------------|-------------------------|--|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | X              |     | 035150535     | 05/01/2015              | 05/01/2016              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 75,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMPI/OP AGG \$ 2,000,000<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS   |                |     |               |                         |                         |  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED \$ RETENTION \$   |                |     |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |                | N/A |               |                         |                         | WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
| A        | Inland Marine ( Motor Truck Cargo )   |                |     | 035150535     | 05/01/2015              | 05/01/2016              | Limit: \$150,000   |

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

|                           |                     |
|---------------------------|---------------------|
| <b>CERTIFICATE HOLDER</b> | <b>CANCELLATION</b> |
|---------------------------|---------------------|

|   |  |
|---|--|
| WUTC<br>1300-South Evergreen Park Dr. SW<br>Olympia, WA 98504 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br>Jack Korolsky |
|---|--|