



## HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



FOR OFFICIAL USE ONLY			
Date Filed: <u>7/22/14</u>	DOL/SOS: <u>WAD</u>	ID: <u>1962</u>	Docket #:-
Staff Assigned: <u>[Signature]</u>	Insurance	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	Receipt ID <u>026887</u>	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 and Attachment B**      **\$ 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 3-4 and include a statement justifying the reinstatement**      **\$ 250**
- Name Change – Complete pages 3-4 and Attachment D**      **\$ 35**

**BUSINESS INFORMATION**

Legal Name: DEAVONDIA TAYLOR / I Heart Movers, LLC  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable: N/A / I HEART MOVERS per UBI

Physical Address: 1424 N NORTHGATE WAY SEATTLE WA 98133

Mailing Address: PO BOX 2081 BOTHELL WA 98041

Telephone Number: (206) 913-9723      Fax Number: ( )

UBI #: 603 412 472      Email: BOOKING MRS@email.com

**TYPE OF PAYMENT**

Check  Money Order

Amount \$ 530 =

Amex  Discover  Mastercard  Visa

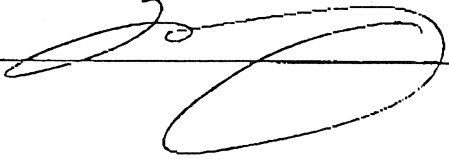
Expiration Date \_\_\_\_\_

Credit Card number \_\_\_\_\_

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Company Name: 1 HEART MOVERS

Name (printed): DEAVONDIA TAYLOR Date: 7-22-2014

Signature:  Title: OWNER

If paying by credit card, you may fax your application to 360-586-1181 or scan to [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov)

**BUSINESS INFORMATION - continued**

USDOT #: 2523529 (If you currently don't have one, 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.)

Department of Labor & Industries Worker's Comp Acct? Account # 324,184-000

Employment Security Department registration number? ESD # 030 678-000

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

**TYPE OF BUSINESS STRUCTURE**

Individual  Partnership  Corporation  Other (LP, LLP, LLC) State of Incorporation WA

List the name, title and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or % of Shares
<u>DAVONDIA TAYLOR</u>	<u>OWNER</u>	<u>100%</u>

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

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: WITH MY KNOWLEDGE IN MOVING I WILL PROVIDE A COMPETATIVE, FRIENDLY, EXPERIENCED ALTERNATIVE FOR CUSTOMERS MOVING NEEDS

Briefly describe your experience in the transportation/household goods moving industry: I HAVE BEEN MOVING FULL TIME FOR ONE OF SEATTLE'S TOP MOVING COMPANIES

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# \_\_\_\_\_

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: \_\_\_\_\_

<b>FINANCIAL STATEMENT</b>			
You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.			
Assets		Liabilities	
Cash in Bank	\$12,863	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	<b>\$12,863</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$</b>

<b>EQUIPMENT LIST</b>				
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

**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:

DEAVONDIA TAYLOR

Position:

OWNER

<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: <b>DEAVONDIA TAYLOR</b>	Position: <b>OWNER</b>
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: <b>DEAVONDIA TAYLOR</b>	Position: <b>OWNER</b>

**DECLARATION OF APPLICANT**

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

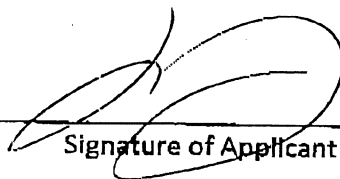
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

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.

**DEAVONDIA TAYLOR**  
Print name of applicant



Signature of Applicant

**7-22-2014 SEATTLE, 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:**  
DEAVONDIA TAYLOR

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

Name, Title, and Business Name:  
Chero Williamson

Address (include street address, mailing address, city, state, zip, and county):  
18501 52nd ave W #72 Lynnwood Wa 98037

Phone Number:  
206-947-0976

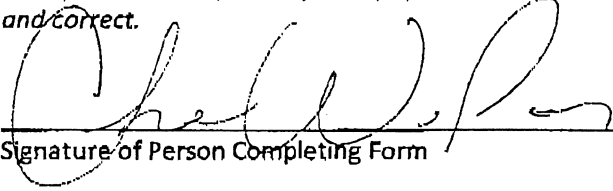
Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
I am in the process of moving my house into storage.

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 always use movers when I 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:  
Deavon has helped me move stuff many times he is a hard worker and very professional.

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

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

7/22/2014 Seattle, Wa  
Date and Location

WA USA **WASHINGTON** DRIVER LICENSE



4d LIC# [REDACTED]

DONOR ♥

1 TAYLOR  
2 DEAVONDIA PONCE

3 DOB [REDACTED]

4a Iss 05-21-2013

8 [REDACTED]

15 Sex M 16 Hgt 5-09

17 Wgt 170 18 Eyes BRN

9 Class 9a End NONE

12 Restrictions F

4b Exp [REDACTED]

*Taylor Deavondia Ponce*

[REDACTED]

Rev 09-16-2009