



**HOUSEHOLD GOODS MOVING  
COMPANY PERMIT APPLICATION**

**RECEIVED**  
MAY 20 2013  
WASH. UT. & TP. COMM

Type of Household Goods Authority Requested – Check one	Fee Required
<input checked="" type="checkbox"/> Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. – Complete pages 2 - 7 and Attachment A	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 7 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-186 and 480-15-187 – Complete pages 2 - 7 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450) – Complete pages 2 - 3 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D	\$ 35

**TYPE OF PAYMENT**

Check   
  Money Order   
  Amex   
  Mastercard   
  Visa

Amount: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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.

Name (printed): Christine Twigg Company Name: Smoother mover

Cardholder's Signature: Christy Twigg Date: 5/14/13

**FOR OFFICIAL USE ONLY**

Date Filed: <u>5/13</u>	DOL/SOS:	ID: <u>9314</u>	Permit Issued: THG-
Staff Assigned:	Insurance:	Inspection:	Docket # <u>1130922</u>
Reception #: <u>550.00</u>	111-0268-207-02	111-0268-207-01	111-0268-013-20

# 274135

**BUSINESS INFORMATION**

Name of Applicant Christine R Twiggs  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Smoother mower

Physical Address 391 Wright Ave Richland, WA 99352

Mailing Address Same

Telephone Number (509) 205-2110 Fax Number ( )

UBI #: 602730269000 Email: Smoothermower@gmail.com

USDOT #: 24003300 (If you currently don't have one, you can go online at [www.wa.gov](http://www.wa.gov) or call 360-596-3812 for assistance.)

*all these numbers need to be changed to Christine's name*

Comp Acct? Account # 21513100

ESD # 433336008

Percent of Revenue?  No  Yes

**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:

<u>*Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>Christine R Twiggs</u>	<u>owner</u>	

\*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:

A full service move, which is packing, loading, driving (household goods), unloading and unpacking. The customer won't have to arrange their own driving. Different from us, we will be able to offer cheaper rates and more jobs because driving makes it easier for customer.

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

We have 10 years of moving experience. Full service moves sometimes requires transportation.

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: \_\_\_\_\_

**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	\$ 400.00	Salaries/Wages Payable	\$ varies
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>	\$ 400.00	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$

**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
99	Dodge Ram 1500	B50257K	1B7HF16X2XS237818	

**\*\*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: <i>Christine Twigg</i>	Position: <i>owner</i>
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**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: <i>Christine Twiggs</i>	Position: <i>owner</i>
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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: <i>Christine Twiggs</i>	Position: <i>owner</i>
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**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.

<i>Christine Twiggs</i> Print name of applicant	<i>Christine Twiggs</i> Signature of Applicant	<i>4/23/13</i> Date and Location	<i>Richland WA</i>
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WA USA **WASHINGTON** DRIVER LICENSE

4d LIC# (4b) DONL

1 **TWIGGS**

2 **CHRISTINE RENEE**

L116286C1348

3 DOB (4b) 4a Iss **07-21-2010**

8 (4b)

15 Sex **F** 16 Hgt **5-00**

17 Wgt **110** 18 Eyes **BLU**

9 Class 9a Enrl **NONE** 4b Exp **02-11-2015**

12 Restrictions **CG\*F**

*Christy Twigg*

5 DD (4b) Rev 89-16-2089

**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:**  
Christine Twiggs

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

Name, Title, and Business Name:  
Jason P Biss

Address (include street address, mailing address, city, state, zip, and county):  
931 Smithe ave  
Richland, WA 99352

Phone Number:  
509-430-1155

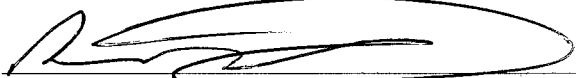
Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
 My home

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:  
 Family 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:  
 By giving me more moving options

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

*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

4-23-13 Richland WA  
 Date and Location



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**Applicant Name:** ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ Christine Twigg

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

**Name, Title, and Business Name:**  
Janee Johnston

**Address (include street address, mailing address, city, state, zip, and county):**  
931 Smith Ave  
Richland, WA 99352

**Phone Number:**

**Do you currently need the services of a residential household goods moving company?**  
 No  Yes If yes, please describe your current moving needs:

Apt move

**Do you anticipate a future need for the services of a residential household goods moving comp?**  
 No  Yes If yes, please describe your future moving needs:

getting house built

**Briefly describe how granting this company a permit to provide household goods moving servi State will benefit you, your business, and/or your community:**

Benefit of more moving options

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

this is the owner  
of the place

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

Janee Johnston  
Signature of Person Completing Form

4-23-13 Richland, WA  
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:**  
~~XXXXXXXXXXXX~~ Christine Twigg

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

**Name, Title, and Business Name:**  
 Mary Johnston

**Address (include street address, mailing address, city, state, zip, and county):**  
 391 Wright Ave  
 Richland, WA 99352  
~~569 9th~~

**Phone Number:**  
 509-9450353

**Do you currently need the services of a residential household goods moving company?**  
 No  Yes If yes, please describe your current moving needs:  
 Move my Piano

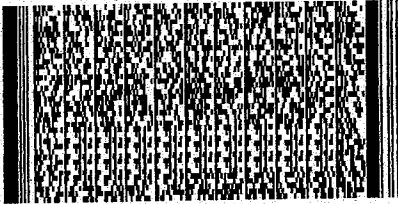
**Do you anticipate a future need for the services of a residential household goods moving company?**  
 No  Yes If yes, please describe your future moving needs:  
 Move my Piano

**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:**  
 To help me get it moved

**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.*

Mary Johnston 4-23-13 Richland, WA  
 Signature of Person Completing Form Date and Location



STATE OF WASHINGTON  
DEPARTMENT OF LICENSING  
PO Box 9038 - Olympia, Washington 98567-9038

THIS IS YOUR OFFICIAL  
CURRENT REGISTRATION  
DOCUMENT  
DO NOT DESTROY

VEHICLE TITLE APPLICATION/REGISTRATION CERTIFICATE

04/17/2013

1310703030166868

B50257K

Lic/Plt B50257K		Issue-Date 04/2009		Tab-No A141471		Reg-Exp 04/11/2014		Value-Code/Yr 20030/1999		Depre 1		Mo-Reg 12		Mo-Gwt 12	
Power G	Use TRK	Mod-Yr 1999	Make DODGE	Ser/Body RAMPU		Model/BT 150/PK		VIN or Serial No 1B7HF16Y2XS237818		Res-Co 03		Prev-Plt A15512R			
Sc1wt 5180	Seats 00	Gwt 6000	Gwt-Strt 04/12/2013	Gwt-Exp 04/11/2014		Fleet		Equip		Prev Title 1203334101		Prev St WA			

BRANDS:

COMMENT:

17 - 18 - COLOR-WHITE - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

MILEAGE

E

REGISTERED OWNER

LEGAL OWNER

JOHNSTON, JANE L  
931 SMITH AVE  
RICHLAND WA 99352

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

X [Signature]  
Signature of Registered Owner (\$)

X [Signature]  
Signature of Registered Owner (\$)

Subscribed and sworn to before \_\_\_\_\_ This \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_.

FILING	\$	7.00	TBD FEE 0304	\$	CHECK	\$	
SUBAGENT	\$		RTA EXCISE	\$	CASH	\$	70.00
LOCAL FEE	\$		USE TAX	\$	TOTAL FEES	\$	70.00
LICENSE SRVC	\$		OTHER	\$			15.00
GWT/VWT FEE	\$	48.00	DONOR AWARENESS	\$			
QUICK TITLE	\$		STATE PARKS	\$			

VALIDATION CODE 35030301131070417130062016686

RE-ISSUE

RPT ID: ATITPR-1

THIS DOCUMENT IS NOT PROOF OF OWNERSHIP

FPD: ATITPR:2008/10/12.00003(2)



SMOOMOV-01 ALTHOMPSON

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/14/2013

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).

<b>PRODUCER</b> Richland Office PayneWest Insurance, Inc. 390 Bradley Blvd. Richland, WA 99352	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (509) 946-6161      FAX (A/C, No): (509) 946-0715 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE      NAIC #	
<b>INSURED</b>  Smoother Movers Christine Twiggs 391 Wright Avenue Richland, WA 99352	INSURER A: Nevada Capital Insurance Co	
	INSURER B: United Financial Casualty Co.	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			77NCL4027232	7/13/2012	7/13/2013	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
B	<input type="checkbox"/> AUTOMOBILE LIABILITY			022071220	5/14/2013	5/14/2014	COMBINED SINGLE LIMIT (Ea accident)	\$ 300,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N	N/A			E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
A	Motor Truck Cargo			77NCL4027232	5/14/2013	7/13/2013	E.L. DISEASE - POLICY LIMIT	\$ 10,000

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

Proof of Insurance

**CERTIFICATE HOLDER**      **CANCELLATION**

Washington Utilities and Transportation Commission PO Box 47250 Olympia, WA 98504-7250	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 
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