



CHECKLIST

Ensure the following items are included with your Household Goods Moving application:

New Provisional Application

- Completed application and fee
- Register with **Department of Labor & Industries**
- Register with **Employment Security Department**
- Register with **Department of Revenue/Business Licensing Service** (UBI #)
- Register with **Secretary of State's Office** (if corporation or LLC)
- Completed required **Household Goods Industry Training**
- Copy of valid driver's license or government issued photo ID card for each person named in the application (upload as a separate document)
- Evidence of enrollment in a drug and alcohol testing program, or evidence that you have in place your own drug and alcohol testing program, *if your company operates commercial vehicles and has CDL drivers. See 49 CFR 382(e) and 383.5.*
- Evidence of insurance - combined single limit of public liability and property damage (Form E) and cargo insurance (Form H)
- Attachment A - Three or more completed statements of support from people in the community supporting the proposed service

**HOUSEHOLD GOODS MOVING COMPANY
 PERMIT APPLICATION**

| FOR OFFICIAL USE ONLY | | | |
|--------------------------------|---|----------------------------|--|
| Date Filed: 2/12/2021 | Company: C & N Enterprises Inc | Docket #: TV-210100 | |
| Receipt ID: 111-0268-207-02 | Payment ID: 111-0268-032-20 | Amount Paid: \$550 | |

Type of Household Goods Authority Requested – Check One

- | | <u>Fee</u> |
|---|--------------|
| <input checked="" type="checkbox"/> Provisional and permanent authority. The fee for provisional and then permanent authority is a one-time fee. Complete pages 3-7 and Attachment A. Note: Per RCW 81.80.075(2) , applications must be on file with the commission for at least 30 days before issuance. | \$550 |
| <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 3 and 7, and include a statement justifying the reinstatement. Business Letter format is preferred. If longer than 30 days after cancellation, you may not reapply for 12 months per WAC-480-15-302(11). | \$250 |

Household Goods Permit #: (T)HG -



Section 1 - BUSINESS INFORMATION

Legal Name: C & N Enterprises Inc DBA ATeam Moving and Storage
 Trade Name, if applicable: C & N Enterprises Moving
 Physical Address: 245 S Complex Dr Kalispell MT 59901
 Mailing Address: same
 Telephone Number: 406-260-8038 Email: cdmarr@ateammovingandstorage.com
 Contact Name: Carroll Demars

USDOT#: 2376754 If you do not have a USDOT number, go on-line at <https://cms8.fmcsa.dot.gov/registration> to apply or call 360-596-3812 for assistance.

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

Business License/UBI#: 604 685 267

Department of Labor & Industries (L&I) Worker's Comp Account #: see insurance policy

Employment Security Department (ESD) registration #: all of my guys live out of the state of WA all of my guys covered in montana

If you will not be setting up an account with L&I or ESD because you do not have employees, please explain how you plan to obtain workers. Per **WAC 480-15-555**, a criminal background check must be completed on each person you intend to hire. If you intend to hire day labor from a temp agency, they must perform the criminal background check. Refer also to **WAC 480-15-302** and **305**.

Type of Business

Individual Partnership Corporation Other (LP, LLP, LLC)

State of Incorporation

MT

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

| Name | Title | Stock Distribution/% of Shares |
|-----------------------|--------------|--------------------------------|
| <u>Carroll Demars</u> | <u>owner</u> | <u>40</u> |
| <u>Nichole Demars</u> | <u>owner</u> | <u>60</u> |
| | | |
| | | |

Provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application. Upload or email as a separate attachment. Application processing will not begin until the commission/Licensing has received this.



Section 2 - APPLICATION QUESTIONNAIRE

1. Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service:

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

3. Do you currently hold, or have you ever held, a Household Goods permit in Washington?

No Yes If yes, please indicate your permit number:

4. Have you ever applied for and been denied a Household Goods permit in Washington?

No Yes If yes, please explain:

5. Do you currently operate interstate? No Yes

If yes, please indicate your MC#:

6. If you have interstate authority, have you registered for Unified Carrier Registration? No Yes

7. Do you operate interstate as an agent of another company? No Yes

If yes, what is the name of the company?

8. Have you completed commission-sponsored training? No Yes If "yes" date:

9. Will you be employing CDL drivers? No Yes

If "yes", you must attach evidence of enrollment in a drug and alcohol testing program.

Please answer the following questions completely. If there are multiple persons listed in this application with legal proceedings or criminal convictions to declare, provide documentation on a separate attachment.

10. Does any person named in this application have, or has ever had a business-related legal proceeding against you in Washington state, or in any other state? No Yes If "yes" please list below*:

| Type of Legal Proceeding | Date | State |
|--------------------------|------|-------|
| | | |
| | | |

*attach additional pages if necessary



11. Has any person named in this application ever been convicted of any crime involving theft, burglary, assault, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance? No Yes If yes, please list below*:

| Type of Conviction | Date | State |
|--------------------|------|-------|
| | | |
| | | |

*attach additional pages if necessary

12. Has any person named in this application been: 1) convicted of a criminal offense in Washington state, 2) found to have committed a civil offense in Washington state, or 3) found to have violated Commission rules? No Yes If yes, please list below*:

| Violation | Date of conviction | RCW/WAC |
|-----------|--------------------|---------|
| | | |
| | | |

*attach additional pages if necessary

13. If you would like to receive information about new household goods carriers, check here

| Section 3 - FINANCIAL STATEMENT | | | |
|--|--|--|--|
| Complete the following or attach a balance sheet, profit and loss statement, or business plan. | | | |
| Assets | | Liabilities | |
| Cash in Bank | | Salaries/Wages Payable | |
| Notes Received | | Accounts Payable | |
| Investments | | Notes Payable | |
| Other Current Assets | | Mortgages Payable | |
| Prepaid Expenses | | Total Liabilities | |
| Land and Buildings | | Net Worth | |
| Trucks and Trailers | | Preferred Stock | |
| Office Furniture | | Common Stock | |
| Other Equipment | | Retained Earnings | |
| Other Assets | | Capital | |
| TOTAL ASSETS | | TOTAL LIABILITIES AND NET WORTH | |

See attachments

| Section 4 - EQUIPMENT LIST | | | | |
|--|------|----------------|------------------|-----|
| List the equipment you own or lease to provide moving services (attach additional sheets if necessary). You must own or have a long-term lease for any vehicle you operate, you may not rent vehicles on a job-by-job basis. | | | | |
| Year | Make | License Number | Vehicle ID (VIN) | GVW |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

See attachments

*attach additional pages if necessary



Section 5 – SAFETY

Identify the person and position responsible for understanding and complying with the **Federal Motor Carrier Safety Regulations** (FMCSR), Washington state laws (RCW) 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.

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 if your company has commercial vehicles and employs CDL drivers.**

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>Carroll Demais</i> | Position: <i>owner</i> |
|-----------------------------|------------------------|

Section 6 - OPERATIONAL RESPONSIBILITIES

Identify the person and position responsible for understanding and complying with the requirements of each category shown below.

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>Carroll Demais</i> | Position: <i>owner</i> |
|-----------------------------|------------------------|

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 & 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>Carroll Demais</i> | Position: <i>owner</i> |
|-----------------------------|------------------------|



Section 7 - DECLARATION OF APPLICANT

INITIAL

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 480-15-305 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 understand the commission will complete a criminal background check on each person named in the application.

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.

Applicant Name:

Date: 5-20-21

Section 8 - ADDITIONAL REQUIRED ATTACHMENTS

For New Applications: provide three "attachment A - HOUSEHOLD GOODS STATEMENT OF SUPPORT" forms. Forms may be typed or hand-written.

For Reinstatement of Permit: provide a personal statement justifying the reinstatement. Business letter format preferred.



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: C & N Enterprises Inc. DBA A Team Moving and Storage

| | |
|--|---|
| The following must be completed by the Supporter of the applicant | |
| Name, Title, and Business Name: HARBAKSH ATHWAL | |
| Address (include street address, mailing address, city, state, zip, and county): 6427 VIEW RIDGE DR. TALOMA, WA 98407 (PIERCE COUNTY) | |
| Phone Number: 253-209-6542 | |
| Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: HOPING TO MOVE ACROSS SOUND TO BREMERTON THIS SUMMER TO NEW 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: I HAVE WORKED WITH MEMBERS OF A TEAM IN THE PAST AND THEIR QUALITY OF SERVICE IS SOMETHING I HAVEN'T FOUND SO FAR WITH OTHER COMPANIES IN WASHINGTON | |
| Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? SEE ABOVE | |
| 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 Harbaksh Athwal | Date and Location 02-2-21 TALOMA WA. |



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: C & N Enterprises Inc. DBA A Team Moving and Storage

| | |
|--|----------------------------------|
| The following must be completed by the Supporter of the applicant | |
| Name, Title, and Business Name: | Joanne Andrea: |
| Address (include street address, mailing address, city, state, zip, and county): | 10575 NE West Kingston, WA 98346 |
| Phone Number: | 208-598-0199 |
| Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe your future moving needs: | |
| If future need, would absolutely use this company to 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: I would recommend this moving company to anyone. Their packing and moving support is exemplary | |
| Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Moving is a very stressful endeavor, but using a reliable company like this certainly eases the stres | |
| 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 | Date and Location |
| | 2/10/2021 |



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: C & N Enterprises Inc. DBA A Team Moving and Storage

| The following must be completed by the Supporter of the applicant | |
|--|---|
| Name, Title, and Business Name: | <u>Keith Maddox (Owner) Mach 1 Services</u> |
| Address (include street address, mailing address, city, state, zip, and county): | <u>103 Eagle Crest Ln, Chehalis, WA 98532 (Lewis)</u> |
| Phone Number: | <u>(253) 444-7976</u> |
| Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: | <u>Looking to relocate family and business across state</u> |
| 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: | <u>A Teams members helped move family into state. They employ reliable workers with a good ethic, and would love to use them again for a future move within Washington.</u> |
| Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? | <u>They have a clean track record, which is why I chose them initially.</u> |
| I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. | |
| <u>[Signature]</u> Signature of Person Completing Form | <u>2-8-21</u> <u>Chehalis, WA</u> Date and Location |

FINANCIAL STATEMENT

Complete the following or attach a balance sheet, profit and loss statement, or business plan.

| Assets | | Liabilities | |
|----------------------|-------------------|--|-------------------|
| Cash in Bank | \$ 99,805 | Salaries/Wages Payable | \$ |
| Notes Receivable | \$ | Accounts Payable | \$ |
| Investments | \$ | Notes Payable | \$ |
| Other Current Assets | \$ | Mortgages Payable | \$ 438,059 |
| Prepaid Expenses | \$ | TOTAL LIABILITIES | \$ 438,059 |
| Land and Buildings | \$ | NET WORTH | 22,767 |
| Trucks and Trailers | \$ 166,021 | Preferred Stock | \$ |
| Office Furniture | \$ | Common Stock | \$ |
| Other Equipment | \$ | Retained Earnings | \$ 21,767 |
| Other Assets | \$ 195,000 | Capital | \$ 1,000 |
| TOTAL ASSETS | \$ 460,826 | TOTAL LIABILITIES & NET WORTH | \$ 460,826 |

EQUIPMENT LIST

List the equipment you own or lease to provide moving services (attach additional sheets if necessary). You **must** own or have a long term lease for any vehicle you operate, you may not rent vehicles on a job by job basis

| Year | Make | License Number | Vehicle ID Number | GVW |
|------------|-------------|----------------|-------------------|-----|
| <i>See</i> | <i>List</i> | | | |
| | | | | |
| | | | | |

f
Unit # 2735
Year 2005
Plate# 714128C MT
Make freightliner
Model business class m2
VIN # 1FVACWDD35HU61833
Combined gw under 26000
Unladed weight 13000
total vehicle value \$20,000.00

Unit # 2734
Year 2008
Plate# 714129C MT
Make international
Model 4300 sba 4x2
VIN # 1HTMMAAL07H372277
Combined gw under 26000
Unladed weight 12900
total vehicle value \$20,000.00

Unit # ~~2818~~ ~~No unit # yet~~ 2818
Year 1991
Plate# 757157C MT
Make international
Model 4000
VIN # 1HTSDNWN1MH393319
Combined gw 34000
Unladed weight 17900
total vehicle value \$6,000.00

Unit# 4634
Year 2008
Plate# P965817
Make Cascadia
Model Freightliner
VIN# 1FUJGLCK48LZ65929
Combined GVW 80,000 lbs
Unladed Weight 18,500
total vehicle value \$20,000.00

Unit# 6324
Year 2005
Plate# 776805C MT
Make Kentucky
Model 53ft dry van
VIN# 1KKVE50215L217283
Combined GVW 80,000LBS
Unladed Weight 20,500
total vehicle value \$20,000.00

Unit# 6339
Year 2005
Plate# 765224C MT
Make Kentucky
Model 53ft dry van
VIN# 1KKVE502X5L217282
Combined GVW 80,000LBS
Unladed Weight 20,500
total vehicle value \$20,000.00

Unit # 6354
Year 1994
Plate# 720494C MT
Make Kentucky
Model dry van/moving van
VIN # 1KKVE4821RL098400
Combined gw 80000
Unladed weight 20500
total vehicle value \$20,000.00

Unit # 6352
Year 1998
Plate# 720495C MT
Make Kentucky
Model dry van/moving van
VIN # 1KKVE5328WL111698
Combined gw 80000
Unladed weight 20500
total vehicle value \$20,000.00

Unit# 4704
Year 1999
Plate# P1029334 IL
Make 379
Model Peterbilt
VIN# 1XP5DR9X5YD512614
Combined GVW 80,000 lbs
Unladed Weight 18,500
total vehicle value \$30,000.00

Unit# no unit #
Year 2006
Plate# ATEAM3 MT
Make Dodge Ram
Model 3500 1 ton flatbed
VIN# 3D7MX48C96G271393
Combined GVW under 26000lbs
Unladed Weight 5000lbs
total vehicle value \$28,000.00

Unit# no unit #
Year 2018
Plate# 743812C MT
Make Dodge Ram
Model 5500 pack van with lift gate
VIN# 3C7WRNFL5JG412204
Combined GVW UNDER 26000LBS
Unladed Weight 8500LBS
total vehicle value \$75,000.00

Unit# NO UNIT# Storage Trailer
Year 1981
Plate# 758577B MT
Make Kentucky
Model 42ft dry van WITH LIFTGATE
VIN# 1KKVE4427BL000871
Combined GVW 80,000LBS
Unladed Weight 20,500
total vehicle value \$6,000.00

Unit# 6342 Storage trailer
Year 1997
Plate# 755916C MT
Make Kentucky
Model 53ft dry van
VIN# 1KKVE5123WL111224
Combined GVW 80,000LBS
Unladed Weight 20,500
total vehicle value \$20,000.00

Unit# NO UNIT #
Year 2005
Plate#
Make STARLITE
Model 30FT CARGO TRAILER
VIN# 46YCP242651074997
Combined GVW 10,000LBS
Unladed Weight 4000LBS
total vehicle value \$5,000.00

Forklift
Make: Yale
Serial# A75B11591Y
Model: GP060TGNUAE093 SPL
Type: LP
Weight: 11,200lbs
total vehicle value \$10,000.00