

Page ID # 17-01071927 17-01071928

Reception #: 111-0268-207-02 <i>049819 OVERD</i>		111-0268-207-01	
Staff Assigned: <i>Shaw</i>	Insurance:	Inspection:	Docket # <i>NI40576</i>
Date Filed: <i>4/7/14</i>	DOMSOS	ID: <i>1559</i>	Permit Issued: THG-
<b>FOR OFFICIAL USE ONLY</b>			
Cardholder's Signature: _____ Date: _____			
Name (printed): <i>Johanna Han Jorde</i> Company Name: <i>Queen City Movers</i>			
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.			
Amount: <i>\$550.00</i>	Expiration Date: _____		
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Amex <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa			
<b>TYPE OF PAYMENT</b>			

to pay permit fee

Type of Household Goods Authority Requested - Check one	Fee Required
<input 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

W/ID 5/17/14



NON-PUBLIC PER RCW  
 HOUSEHOLD GOODS MOVING  
 COMPANY PERMIT APPLICATION  
 42.56.230



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

*Name	Title	Stock Distribution or Percentage of Shares
Johnathan Nathan Jorde	Owner	100%

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

Individual   
 Partnership   
 Corporation (LP, LLP, LLC)   
 Other \_\_\_\_\_

### TYPE OF BUSINESS STRUCTURE

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

Employment Security Department registration number? ESD # 488503-005

Department of Labor & Industries-Worker's Comp Acct? Account # 268, 303-005

USDOT # 2397038 (If you currently don't have one, you can go online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) to apply for one or call 360-596-3812 for assistance.)

UFI #: 603-317-816 Email: [queencitymovers@hotmail.com](mailto:queencitymovers@hotmail.com)

Telephone Number (206) 295-1467 Fax Number ( ) N/A

Mailing Address 235 BELLEVUE AVE E, #107 SEATTLE, WA 98102

Physical Address 235 BELLEVUE AVE E, #107 SEATTLE, WA 98102

Trade Name, if applicable Queen City Movers

(must be individual, partners of a partnership or corporation)

Name of Applicant ~~Johnathan Nathan Jorde~~ Queen City Movers LLC

### BUSINESS INFORMATION

Has any person named in this application, been cited for violation of state laws or Commission rules?  Yes  No  If yes, please explain: John M. Jank received a warning to cease advertising as a household goods mover 7.31.14

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:

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:

Do you operate interstate as an agent of another company?  No  Yes  If yes, what is the name of the company?

Do you currently operate interstate?  No  Yes  If yes, please indicate your MC#

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 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

Briefly describe your experience in the transportation/household goods moving industry: I have worked for 2 years as a mover.

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

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:



Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1990	Volvo FE 6	<del>Jordan 157E</del> N/A	YB3U6A7A1LB446079	26,000 lbs.

**EQUIPMENT LIST**  
Describe the equipment you will own or lease to provide moving services (attach additional sheets if necessary).

Assets		Liabilities	
Cash in Bank	\$ 80.00	Salaries/Wages Payable	\$ -
Notes Receivable	\$ -	Accounts Payable	\$ -
Investments	\$ -	Notes Payable	\$ -
Other Current Assets	\$ -	Mortgages Payable	\$ -
Prepaid Expenses	\$ -	<b>TOTAL LIABILITIES</b>	\$ -
Land and Buildings	\$ -	NET WORTH	\$ -
Trucks and Trailers	\$ 4,000.00	Preferred Stock	\$ -
Office Furniture	\$ -	Common Stock	\$ -
Other Equipment	\$ -	Retained Earnings	\$ -
Other Assets	\$ -	Capital	\$ -
<b>TOTAL ASSETS</b>	\$ 4,080.00	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 0.00

**FINANCIAL STATEMENT**  
You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

<b>SAFETY AND OPERATIONS</b>	
<p>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.</p>	
<b>SAFETY RESPONSIBILITIES</b>	
<p>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</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.</p> <p>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.</p> <p>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).</p> <p>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).</p>	
Name: <i>Johnathan De la</i>	Position: <i>Owner</i>

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.

Print name of applicant: *Johnathan Jordan*

Signature of Applicant: *[Handwritten Signature]*

Date and Location: *4/1/14 South WA*

**DECLARATION OF APPLICANT**

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>Johnathan Jordan</i>	Position: <i>Owner</i>
Name: <i>Johnathan Jordan</i>	Position: <i>Owner</i>

Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

**OPERATIONAL RESPONSIBILITIES**

**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.

*Queen City Movers LLC*

Applicant Name: David Ronald Magill John Jorde

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: John Jorde, owner, Queen City Movers

Address (include street address, mailing address, city, state, zip, and county):

235 Bellevue Ave E, Seattle WA 98102

Phone Number: 206-295-1467

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: Yes. There will be a time where I will need the assistance of a mover/moving company for move/relocation

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 will benefit me in terms of the fact that I can rely on a reliable, trustworthy, honest, hard working man and company with outstanding business ethics, customer service and attention to detail. He is courteous to everyone he is working with in my community (professional)

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Yes. John Jorde is an outstanding citizen that takes pride in quality work ethic utilizing his excellent moving skills gained by his extensive moving experience

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: [Signature]  
Date and Location: 4-3-14 Seattle, 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: John Jorde  
Queen City Movers LLC

The following must be completed by the supporter of the applicant

Name, Title, and Business Name: John Jorde, Owner, Queen City Movers

Address (include street address, mailing address, city, state, zip, and county): 235 Bellevue Ave E. Seattle WA 98102

Phone Number: 206 295-1467

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:

Move my apartment

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:  
 John is a very hard worker. He's always been willing to help out his fellow members of his community.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
 John Jorde is one of the most kindest, strongest most trustworthy people I know. The guy is a born mover.

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: [Handwritten Signature]

Date and Location: 04/03/2014



**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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Applicant Name: John Jorde  
Queen City Movers LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: John Jorde, Owner, Queen City Movers

Address (include street address, mailing address, city, state, zip, and county): 235 Bellevue Ave E, Seattle, WA 98102

Phone Number: 206.255.1467

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:  
move old futon

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:  
John is one of the hardest workers out there & is always willing to lend a helping hand when needed.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
John Jorde is a great person with a great work ethic.

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: John Jorde

Date and Location: 04/03/2014

WA USA WASHINGTON DRIVER LICENSE



*[Signature]*

(4b)

1 LIC#

JORDE

2 JOHNATHAN NATHAN

3 DOB

(4b)

(4b)

Iss 03-26-2014



Exp 06-22-2015

15 Sex M

16 Hgt 6-03

17 Wgt 217

18 Eyes BLU

19 Class

20 End NONE

21 Restrictions C

22

(4b)

Rev 09-06-10 2009