

1300 S. Evergreen Park Drive SW  
 P.O. Box 47250  
 Olympia, WA 98504-7250  
 Phone: 360-664-1222  
 Fax: 360-586-1181  
 TTY: 360-586-8203  
 or  
 1-800-416-5289  
 email: transportation@utc.wa.gov

**HOUSEHOLD GOODS MOVING COMPANY  
 PERMIT APPLICATION**

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID: 172-5	Docket # 04541
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	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, Attachment B, and a closing annual report from current company      \$ 550
- Permanent authority to transfer** under the exceptions in WAC 480-15-187. Complete pages 3-8, Attachments B & C, and a closing annual report from current company      \$ 250
- Reinstatement of permit** (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450). Complete pages 3-5 and include a statement justifying the reinstatement.      \$ 250
- Name Change** – Complete pages 3-5 and Attachment D.      \$ 35

**BUSINESS INFORMATION**

Legal Name: Eric's Small Moves & Delivery LLC  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable \_\_\_\_\_

Physical Address 111 1st Ave S. Apt 302 Seattle 98104

Mailing Address 111 1st Ave S. Apt 302

Telephone Number (206) 251-1832 Fax Number ( ) N/A

**Posted**  
*Handwritten signature*

**BUSINESS INFORMATION - continued**

UBI #: 604 035 938 Email: eric@ericsmoves.com

USDOT #: 2943697 (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 account # L&I account ID: 632, 822-00

Employment Security Department registration number 000-674851-00-5

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 \_\_\_\_\_

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

Name	Title	Stock Distribution or % of Shares
<u>Eric Burgemeister</u>	<u>Manager member</u>	<u>50% ownership</u>
<u>Kim McCall</u>	<u>Member</u>	<u>50% ownership</u>

Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.

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: We will serve Kitsap County by providing a professional, affordable, and reliable moving and delivery service that enhances customer choice and promotes competition in the area

2. Briefly describe your experience in the transportation/household goods moving industry: (CO-owner) Kim McCall, owner of Kim McCall design has been doing furniture staging and interior design for 5+ years. In doing so she has gained immense experience in transporting and moving household goods. Eric Burgemeister has a bachelors of Business administration and has been training with Kim since August

3. 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 \_\_\_\_\_

4. 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 \_\_\_\_\_

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

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

7. 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 list below:

Type of Legal Proceeding	Date	State

\*attach additional pages if necessary

8. 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	City/State

\*attach additional pages if necessary

9. Has any person named in this application, been cited for violation of state laws or Commission rules?  No  Yes If yes, please list below:

Violation	Date	RCW/WAC

\*attach additional pages if necessary

FINANCIAL STATEMENT			
Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.			
Assets		Liabilities	
Cash in Bank	\$ 2,922.58	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 220	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ <del>810</del> <del>Equipment</del>	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	<b>TOTAL LIABILITIES</b>	\$ 0
Land and Buildings	\$ 0	<b>NET WORTH</b>	4,142.68
Trucks and Trailers	\$ 0	Preferred Stock	\$ 0
Office Furniture	\$ 0	Common Stock	\$ 0
Other Equipment	\$ 1,000	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0 <del>4,142.68</del>
<b>TOTAL ASSETS</b>	\$ 4,142.68	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 4,142.68

Don't own a truck yet.

**EQUIPMENT LIST**

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

plan to  
buy -

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2012	Gmc Box 16'	N/A	N/A	16,000

**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: Eric Burgemeister	Position: Manager / Member
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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: *ERIC Burgemeister*

Position: *Manager Member*

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: *Eric Burgemeister*

Position: *Manager member*

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

**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 480-15-305 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.

*Eric Burgemeister*

*[Signature]*

*11/7/16* *Seattle, WA*  
*111 1st ave S*  
*apt 202*

Print name of applicant

Signature of Applicant

Date and Location

Hawaii DRIVER LICENSE USA

08/16/2019

4d. [REDACTED]

4b. Exp: 08/16/2019

16. HT: 5-11  
17. WT: 190  
18. Eye: HAZ  
19. Sex: M  
9. Cl: 3  
20. En: NONE  
12. Re: NONE

1. BURGEMEISTER  
2. ERIC  
MICHAEL

*Eric Burgemeister*

[REDACTED]

DONOR

WA WASHINGTON DRIVER LICENSE

DONOR ♡

4d LIC [REDACTED]  
1 MCCALL  
2 KIM ELIZABETH  
3 DOB [REDACTED]  
4a ISS 10-03-2013

201327111332  
15 Sex F 16 Hgt 5-06  
17 Wgt 125 18 Eyes BLU  
9 Class 9a End NONE  
12 Restrictions NONE



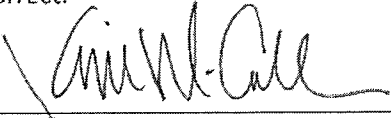
4b Exp 07-14-2018

Rev 05-16-2009

**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:** Eric's Small Moves

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: Kim McCall, owner Kim McCall Design, LLC	
Address (include street address, mailing address, city, state, zip, and county): 7861 NE Day Road, Suite 105 Bainbridge Island, WA 98110 Mailing Address: 10429 NE Puget Bluff Lane Bainbridge Island, WA 98110	
Phone Number: 206-310-1679	
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: My business uses local moving companies many times per week for staging projects and furniture deliveries for design projects.	
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: See above	
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: Our community needs more options to provide quality, dependable service. I struggle to find good available service to meet my schedule needs.	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Eric's Small Moves will provide a great option for much needed dependable, reliable moving services. Eric is educated, reliable, responsible. I look forward to working with him.	
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 10-26-16 Bainbridge Island, WA



**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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**Applicant Name:** Jennifer Saez

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

Name, Title, and Business Name:

Jennifer Saez

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

3654 West Blakely Ave NE, Bainbridge IS, WA 98110

Phone Number:

(206) 265-2260

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 a real estate broker and need names and services of moving companies to refer to buyers and sellers. There is a lack of options in our area.

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:

The real estate market is busy now and getting busier.

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 have a trusted company to refer to my clients.

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

There is a need for moving companies in our area. One company dominates the market and has high prices. The other company has not been reliable.

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

Jennifer Saez  
Signature of Person Completing Form

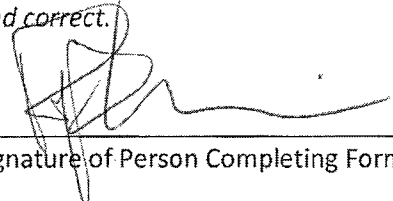
10-26-2016 Bainbridge IS  
Date and Location WA 98110

**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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**Applicant Name:**

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Phil Herring, U.P., Sailboat Owners, Inc.
Address (include street address, mailing address, city, state, zip, and county):	650 S. Orcas St., Seattle, WA 98108, King Co.
Phone Number:	206-932-7245 ext. 115
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:	Delivery of items in and around Kitsap County
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:	Our community needs more quality moving and delivery options. Eric is smart, well educated, with great integrity and work ethic. He will be a local asset.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	Eric will provide a much-needed high-end option in a field that has some sketchy participants. I look forward to using and recommending his services.
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	Bambridge Is., WA. 10-26-16 Date and Location