



621 Woodland Square Loop SE
 Lacey, WA 98503
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 Email: transportation@utc.wa.gov

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: 8/10/2020	Company: RenoRelo Worldwide LLC	Docket #: TV-200731	
Receipt ID:	Payment ID: 14788	Amount Paid: \$550	
111-0268-207-02	111-0268-032-20		

Type of Household Goods Authority Requested – Check One

Fee

- 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**
- 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 -



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Section 1 - BUSINESS INFORMATION

Legal Name: **RenoRelo Worldwide, LLC**

Trade Name, if applicable: **ProRelo Group, LLC**

Physical Address: **2704 N Moore LN, Spokane Valley, WA. 99216-1869**

Mailing Address: **2704 N Moore LN, Spokane Valley, WA. 99216-1869**

Telephone Number: **509-535-8761**

Email: **rick.soeder@renoreloww.com**

Contact Name: **Rick Soeder**

USDOT#: **3887545** 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. **Typo on DOT#, correct number is 3387545**

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

Business License/UBI#: **604-624-128**

Department of Labor & Industries (L&I) Worker's Comp Account #: **892,892-02**

Employment Security Department (ESD) registration #: **873046004**

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

Nevada

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

Name	Title	Stock Distribution/% of Shares
N Claret Fitch-Hosea	Manager	36
Rick Hosea	Manager	34
Rick Soeder	Manager	30

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.



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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:

Local & Intrastate transportation & storing of used household goods, office moving, transportation of commercial furniture & fixtures. Professionally trained & background checked movers. State of the art equipment & moving trucks, flexible scheduling.

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

Rick served as President of Crown Worldwide M&S for 10 years in San Leandro, CA., served as Chairman of the CMSA and 2010 Winner of the CMSA Pinnacle Award. Member of IAM, AMSA, Reno Chamber of Commerce. 35 years experience in household goods with the majority of that time with United Van Lines.

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#: **1088202**

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? **United Van Lines/Mayflower Transit**

8. Have you completed commission-sponsored training? No Yes If "yes" date: **05/06/2016**

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



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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	\$ 75,000	Salaries/Wages Payable	\$ 53,490
Notes Received	\$ 225,000	Accounts Payable	\$ 147,542
Investments	\$ 0	Notes Payable	\$ 2,691,736
Other Current Assets	\$ 798,604	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 42,447	Total Liabilities	\$ 2,892,768
Land and Buildings	\$ 0	Net Worth	\$ 238,860
Trucks and Trailers	\$ 2,156,427	Preferred Stock	\$ 98,000
Office Furniture	\$ 50,000	Common Stock	\$ 0
Other Equipment	\$ 250,000	Retained Earnings	\$ 467,850
Other Assets	\$ 100,000	Capital	
TOTAL ASSETS	\$ 3,697,478	TOTAL LIABILITIES AND NET WORTH	\$ 3,697,478

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
	Please see attached			

*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: **Bill Thompson**

Position: **Safety & Compliance**

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: **Allen Barger**

Position: **CFO**

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: **Allen Barger**

Position: **CFO**



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Section 7 - DECLARATION OF APPLICANT

INITIAL

- RS** I understand that filing this application does not in itself constitute authority to operate as a household goods mover.
- RS** 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.
- RS** 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.
- RS** 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.
- RS** I understand the commission will complete a criminal background check on each person named in the application.
- RS** 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: 08/08/2020

Section 8 - ADDITIONAL REQUIRED ATTACHMENTS

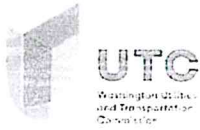
- For New Applications:** provide three "attachment A - HOUSEHOLD GOODS STATEMENT OF SUPPORT" forms. Forms may be typed or hand-written.
- For Reinstatement of Permit:** provide a personal statement justifying the reinstatement. Business letter format preferred.

SECTION 4 - EQUIPMENT LIST

Sort #	Year	Make	Plate Number	VIN Number	GVW
Tractors					
1	2019	Freightliner	(MO) 18KR9A	3AKJHHFG6KSL1664	80,000
2	2019	Peterbilt	(MO) 49AN0P	1XPXD49X5KD265534	80,000
3	2020	Volvo 860		4V4NC9EH8LN237914	80,000
4	2011	International	(MO) 80AR0Z	3HSDJSRBN354617	80,000
5	2016	Kenworth	(MO) 17AP1K	1XKWD49X9GJ111256	80,000

Trailers

1	2015	Kentucky	(MO) 33A591	1KKVE5322FL236969	4400 - 53'
2	2014	Kentucky	(MO) 37A347	1KKVE5321EL234872	4400 - 53'
3	2015	Kentucky	(MO) 42A518	1KKVF532XHL239750	4800 - 53'
4	2002	Kentucky	(MO) 09A790	1KKVE53282L207793	4210 - 53'
5	2015	Kentucky	(MO) 33A591	1KKVE5339FL236377	4400 - 53'
6	2005	Kentucky	(MO) 10A329	1KKVE53345L217167	4400 - 53'
7	2001	Kentucky	(MO) 11A683	1KKVE53331L205750	4400 - 53'
8	2013	Kentucky	(MO) 21A406	1KKVE5328DL233992	4295 - 53'
9	2013	Kentucky	(MO) 27A480	1KKVE5338DL233984	4400 - 53'
10	2018	Kentucky	(MO) 44A808	1KKVE5327JL240685	4400 - 53'
11	2016	Kentucky	(MO) 00B067	1KKVF5322GL237084	4600 - 53'
12	2014	Kentucky	(MO) 44A186	1KKVE5329EL235543	4250 - 53'



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:

The following must be completed by the Supporter of the applicant		
Name, Title, and Business Name: <i>Angela Miller Manager - ABC Mini Storage</i>		
Address (include street address, mailing address, city, state, zip, and county):		
Phone Number: <i>509-922-1153</i>	Email: <i>Angela Miller@abcministorage.com</i>	
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe your current moving needs: <i>Everyday. We get customers needing moving services.</i>		
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: <i>Customer Referrals</i>		
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>Gives my customers the service they need :)</i>		
Is there anything else the commission should consider when making a determination about this company's application for a household goods permit? <i>We welcome the opportunity to work with a company we've worked with under another name...</i>		
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.		
<i>[Signature]</i>	<i>Angela Miller</i>	<i>7-30-20</i>
Printed Name of Person Completing Form	Signature	Date

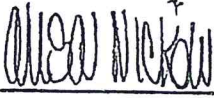


ATTACHMENT A

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: Alisa Nickoli PRORELO GROUP, LLC

The following must be completed by the Supporter of the applicant		
Name, Title, and Business Name: Touchmark on South Hill		
Address (Include street address, mailing address, city, state, zip, and county): 2929 S Waterford Drive Spokane, WA 99203		
Phone Number: 509-321-8151		Email: alisa.nickoli@touchmark.com
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: We refer families that are moving to our community from out of state and in town.		
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: On going referrals		
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: It's very important to us as a business that we have a company that offers professional services and extends the customer service/support that we've come to know from ProRelo Group		
Is there anything else the commission should consider when making a determination about this company's application for a household goods permit? Longevity and reputation is a known thing in our community and we wish to continue to work together with ProRelo for the very best in customer service.		
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.		
Alisa Nickoli		07/27/2020
Printed Name of Person Completing Form	Signature	Date



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: ProReLo Group, LLC.

The following must be completed by the Supporter of the applicant		
Name, Title, and Business Name: <i>John Quist Asst Mgr Storage Solutions</i>		
Address (include street address, mailing address, city, state, zip, and county): <i>2211 N Harvard Rd Liberty Lake WA 99019</i>		
Phone Number: <i>509 892 1600</i>	Email: <i>ssli@my-storage-solutions.com</i>	
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: <i>Have customers w/ needs - referral</i>		
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: <i>Have customers w/ needs, referral</i>		
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>Helps us assist our customers with name(s) of local movers</i>		
Is there anything else the commission should consider when making a determination about this company's application for a household goods permit? <i>Many people moving into area and demand for service is growing.</i>		
<i>I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>		
<i>John Quist</i>		<i>7-24-2020</i>
Printed Name of Person Completing Form	Signature	Date