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 JAN 14 2020  
 WASH. UT. & TP. COMM

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

## HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID:	Docket #
	Insurance:	\$550	<del>069181</del> 069181
Payment #	111-0268-207-02	111-0268-013-20	Receipt ID #

CK # 0167751441

<u>Type of Household Goods Authority Requested – check one</u>	<u>Fee Required</u>
<input checked="" type="checkbox"/> <u>Provisional and permanent authority.</u> The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A.	\$ 550
<input type="checkbox"/> <u>Permanent authority to transfer</u> 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 as well as a closing annual report	\$ 550
<input type="checkbox"/> <u>Permanent authority to transfer</u> under the exceptions in <u>WAC 480-15-187</u> . Complete pages 3-8 and Attachments B & C.	\$ 250
<input type="checkbox"/> <u>Reinstatement of permit</u> (must be filed within 30 days of cancellation, depending on criteria set forth in <u>WAC 480-15-450</u> ). Complete pages 3-5 and include a statement justifying the reinstatement.	\$ 250
<input type="checkbox"/> <u>Name Change or Addition of d/b/a</u> – Complete pages 3-5 and Attachment D.	\$ 35

### BUSINESS INFORMATION

Legal Name: Simba Movers LLC

Trade Name, if applicable:

Physical Address: 15127 NE 24<sup>th</sup> St #718, Redmond, WA, 98052

Mailing Address: 15127 NE 24<sup>th</sup> St #718, Redmond, WA, 98052

Telephone Number: (425)3893944 Email: [SimbaMovers@Gmail.com](mailto:SimbaMovers@Gmail.com)

Contact Name: John Wagura

**BUSINESS INFORMATION - continued**

USDOT #: 3361837 - per safer  
~~84-3765760~~ If you do not have a USDOT number, go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.dot.gov/online-registration) to apply or call 360-596-3812 for assistance.

Is your business registered with the Department of Revenue? No  Yes   
Business License/UBI #: 604532615 Department of Labor & Industries (L&I)  
Worker's Comp account # \_\_\_\_\_ registered but awaiting to have number assigned \_\_\_\_\_

Employment Security Department (ESD) registration # \_\_\_\_\_ registered but awaiting to have number assigned

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 STRUCTURE**

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation LLC

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 % of Shares</u>
<u>John Wagura</u>	<u>Manager</u>	<u>100%</u>
_____	_____	_____
_____	_____	_____

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

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

Simba Movers LLC wishes to provide household goods moving services in the State of Washington. With an increasing population in the State of Washington especially the King County, Pierce county and surrounding counties, moving needs are bound to follow. Simba Movers LLC intends on providing quality services at competitive Prices.

- Briefly describe your experience in the transportation/household goods moving industry: I have 2 years experience working in the State of Washington and another 2 years working ifor a moving company in Alabama. Having worked for a Steel company that practices six sigma lean strategies, I have identified lean strategies to provide quality HHG moving services.

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. 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. 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

9. 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

10. 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

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

### FINANCIAL STATEMENT

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

Assets		Liabilities	
Cash in Bank	\$12,550	Salaries/Wages Payable	\$80,640
Notes Receivable	\$256,080	Accounts Payable	\$80,400
Investments	\$0	Notes Payable	\$12,600
Other Current Assets	\$0	Mortgages Payable	\$0
Prepaid Expenses	\$0	<b>TOTAL LIABILITIES</b>	<b>\$173,640</b>
Land and Buildings	\$0	NET WORTH	
Trucks and Trailers	\$10,000	Preferred Stock	\$0
Office Furniture	\$750	Common Stock	\$0
Other Equipment	\$200	Retained Earnings	\$82,440
Other Assets	\$0	Capital	\$23500
<b>TOTAL ASSETS</b>	<b>\$279,580</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$105940</b>

### 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
2005	International	T578230	1HTMMAA15H108801	25999

## 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:

John Wagura 

Position:

Manager

### 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: John Wagura Wagura

Position: Manager

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: John Wagura Wagura

Position Manager

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.

John Wagura

Wagura

January 10, 2020.

Print name of applicant

Signature of Applicant

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:** DENNIS KAGUNU GICHONI

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

Name, Title, and Business Name: DENNU KAGUNU GICHONI

Address (include street address, mailing address, city, state, zip, and county):  
31003 14<sup>th</sup> AVE S FEDERALWAY WA

Phone Number: 206 880 6513

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs: I will be needing some help to moving my household from my current apt in federal way to Auburn.

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: In time when I buy my own home I will require the help again.

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: The company is a hardworking guy and a very reliable gentleman.

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

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

01/05/2020

Signature of Person Completing Form

Date and Location

**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:**

Regina Crathelia

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

Name, Title, and Business Name:

Regina Crathelia

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

21026 52nd AVE E SPANAWAY WA 3<sup>RD</sup> 98387

Phone Number:

251-2297917

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:

Planning to move from Spanaway to Lakewood

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:

we trust John Malcharia (the owner of this company) because he provide good sec services without breakage of stuffs

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

The owner of this company is a trustworthy person who is good to rely with, and he know how to keep appointments

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

01/09/2020 spanaway

Date and Location





# 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:** Peninah Mbugua.

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Peninah Mbugua.
Address (include street address, mailing address, city, state, zip, and county):	180229 <sup>th</sup> Ave Ct. E Puyallup WA.
Phone Number:	205 420 1707
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:	
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 am planning to move from Puyallup to Kent in coming months.
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:	The owner of the company is a trustworthy guy and is efficient in his work.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	I understand that the owner is a good time keeper and humble person.
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	January 2nd 2020 Puyallup.



STATE OF WASHINGTON

Limited Liability Company

# BUSINESS LICENSE

Issue Date: Jan 03, 2020  
Unified Business ID #: 604532615  
Business ID #: 001  
Location: 0001

SIMBA MOVERS LLC  
15127 NE 24TH ST UNIT 718  
REDMOND, WA 98052-5544

UNEMPLOYMENT INSURANCE - ACTIVE  
TAX REGISTRATION - ACTIVE

INDUSTRIAL INSURANCE - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:

SIMBA MOVERS LLC

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

UBI: 604532615 001 0001

STATE OF WASHINGTON

SIMBA MOVERS LLC  
15127 NE 24TH ST UNIT 718  
REDMOND, WA 98052-5544

UNEMPLOYMENT INSURANCE - ACTIVE  
INDUSTRIAL INSURANCE - ACTIVE  
TAX REGISTRATION - ACTIVE

WA USA **WASHINGTON** DRIVER LICENSE  
FEDERAL LIMITS APPLY

4d LIC# [REDACTED] 9 CLASS

1 WAGURA  
2 JOHN MACHARIA

3 DOB 04/10/1985 4a ISS 10/12/2019

8 8012 153RD STREET CT E  
PUYALLUP WA 98375-7601

15 SEX M 18 EYES BRO  
16 HGT 5'-10" 17 WGT 178 lb  
12 RESTRICTIONS 9a END NONE  
J 4b EXP 04/10/2024

5 DD [REDACTED] REV 09/04/2018

20 D101216AF1310

21 [REDACTED]

CLASS ENDORSEMENTS: NONE

RESTRICTIONS: J-Financial Responsibility

04/10/1985

Please notify the Department of Licensing within 10 days of a change of address.