

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: 1266	Docket # 60739
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	111-0268-013-20	027324

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: Full House Movers Inc
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 22440 72nd Ave South, Kent, WA, 98032

Mailing Address 2917 Brookspk Dr North Las Vegas, NV, 89030

Telephone Number (253) 200-6637 Fax Number (253) 200-0877

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BUSINESS INFORMATION - continued

UBI #: 603-548-003 Email: tom@fullhousemoveswa.com

USDOT #: 2813007 (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # 62-936-00

Employment Security Department registration number 000-590797-00-5

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 WA

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

Name	Title	Stock Distribution or % of Shares
<u>Tom Darden</u>	<u>Secretary</u>	<u>33%</u>
<u>Day Darden</u>	<u>Treasurer</u>	<u>33%</u>
<u>Shaul Darden</u>	<u>President</u>	<u>34%</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: Intrastate transportation of household goods at competitive pricing.

2. Briefly describe your experience in the transportation/household goods moving industry: Owners of a successful moving company in Las Vegas, NV since 2008, and an additional company in Phoenix, AZ since 2014.

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 Under a different company in a different state.

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# 941970

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

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2016	Freightliner	C156596	IFVACWDT16H6V5130	25,999

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: *Tom Dala*

Position: *Secretary / owner*

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: *Alice Chazen*

Position: *Bookkeeper*

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: *Tom Dadelin*

Position: *Secretary*

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:

Tom Dadelin

Print name of applicant

[Signature]

Signature of Applicant

5-9-16 Kent, WA

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: Full House Movers

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Shelley Ryan, Sr. Property Mgr, Kidder Mathews

Address (include street address, mailing address, city, state, zip, and county):
12886 Interurban Ave S.
 Tukwila, WA 98168 King County

Phone Number: 206-248-7357

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:
We can recommend Full House Movers to tenants who will be vacating properties we manage

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:
Will be a benefit to tnts who move out or in to our properties

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

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

Shelley Ryan
 Signature of Person Completing Form

10/7/14
 Date and Location

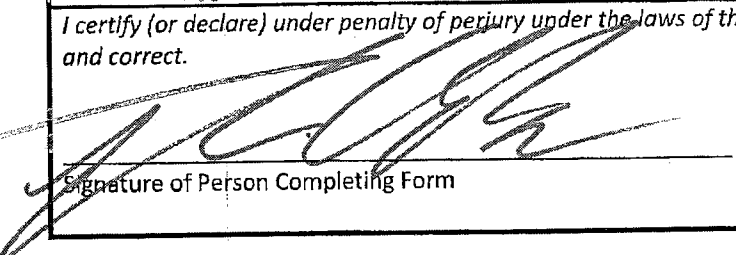
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ATTACHMENT A

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Applicant Name: Full House Movers

The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: <u>TY CLARKE, BROKER, KIDDER MATHEUS</u>
Address (include street address, mailing address, city, state, zip, and county): <u>1201 PACIFIC AVE, STE 100, TACOMA WA 98402</u>
Phone Number: <u>253 722 1419</u>
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: <u>CLIENT/GENERAL MANAGERS/ LOCAL MANAGERS NEEDING RELOCATION</u>
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>CLIENTS NEEDING TO RELOCATE THEIR HOMES, AND Household FURNITURE. PERSONAL RELOCATION WHEN LEASE TERMS ARE UP, AND MY NEED TO RELOCATE/MOVE MY LARGE FURNITURE</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>IT WILL GIVE AS THE COMMUNITY ANOTHER OPTION TO SELECT A MOVING FIRM. IT WILL ALSO GIVE MY CLIENTS A RELIABLE MOVING GROUP FOR THEIR RELOCATION NEEDS</u>
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>THE QUALITY OF SERVICE PROVIDED BY THIS FAMILY OWNED COMPANY, AS EXEMPLIFIED BY THEIR OUTSTANDING CUSTOMER REVIEWS, LONGEVITY IN THE BUSINESS, AND HISTORICAL SUCCESS.</u>
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  Signature of Person Completing Form </div> <div style="width: 45%; text-align: right;"> <u>08/08/2016</u> Date and Location <u>TACOMA, WA</u> </div> </div>

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: Full House Movers

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<u>Corey Mall Delivery Terminal Manager, Lodon</u>
Address (include street address, mailing address, city, state, zip, and county):	<u>10845 Chicago Dr. Zeeland mi 49464</u>
Phone Number:	<u>616-628-6497</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? Yes <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs:	<u>Lodon transport have had jobs and would be/are a Guest Agent</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>This is a great company to work with on time, quick response, professional</u>
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	<u>no see no reason for F.H.M. not to have the permit</u>
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	<u>Corey Mall</u>
Date and Location	<u>8/5/16, Zeeland, mi</u>



STATE OF WASHINGTON

Department of Labor & Industries

Certificate of Workers' Compensation Coverage

May 13, 2016

WA UBI No.	603 548 003
L&I Account ID	624,936-00
Legal Business Name	FULL HOUSE MOVERS INC
Doing Business As	FULL HOUSE MOVERS INC
Workers' Comp Premium Status:	Recently opened account, no premiums are due or owed at this time.
Estimated Workers Reported (See Description Below)	N/A
Account Representative	T5 / STEPHANIE HENDERSON (360) 902-6266 - Email: HSTE235@lni.wa.gov
Licensed Contractor?	No

What does "Estimated Workers Reported" mean?

Estimated workers reported represents the number of full time position requiring at least 480 hours of work per calendar quarter. A single 480 hour position may be filled by one person, or several part time workers.

Industrial Insurance Information

Employers report and pay premiums each quarter based on hours of employee work already performed, and are liable for premiums found later to be due. Industrial insurance accounts have no policy periods, cancellation dates, limitations of coverage or waiver of subrogation (See [RCW 51.12.050](#) and [51.16.190](#)).

Certificate of Participation

FULL HOUSE MOVERS

Is enrolled in a random drug and alcohol testing program operated by Alere eScreen® that is maintained in accordance with Department of Transportation (DOT) 49 CFR Part 40 and Federal Motor Carrier Safety Administration (FMCSA) 49 CFR Part 382. All random selections are conducted in observance of the minimum annual percentage rates for random drug and alcohol testing set forth by the FM/CSA Administrator.

May 6, 2016

Effective Date

April 30, 2017

Expiration Date



Alere eScreen reserves the right to terminate program participation at any time due to non-compliance.

A handwritten signature in black ink, appearing to read "Call Geer".

Call Geer, Sr. Director of Compliance
Alere eScreen

Download Certificate or Print Now



Supervisor Compliance
Training Department
Supervisor Course

**REASONABLE SUSPICION:
Drug & Alcohol Awareness Training**

Tom Dadon

*has completed the Mandatory 2-Hour Training
on
60 Minutes Alcohol Awareness
60 Minutes Drug Education*

Test Score: 100%

*Graduation Date: 02/27/2012
Satisfies the Department of Transportation
49 CFR PART 382.603 for Mandatory Supervisor Training*



Supervisor Compliance Training Department
1201 N. Orange St. Suite 7136
Wilmington, De 19801

CERTIFICATE OF COMPLETION

Supervisor Compliance
Training Department
Supervisor Course

REASONABLE SUSPICION:
Drug & Alcohol Awareness Training

Yeonatan Tzairi

has completed the Mandatory 2-Hour Training
on

60 Minutes Alcohol Awareness

60 Minutes Drug Education

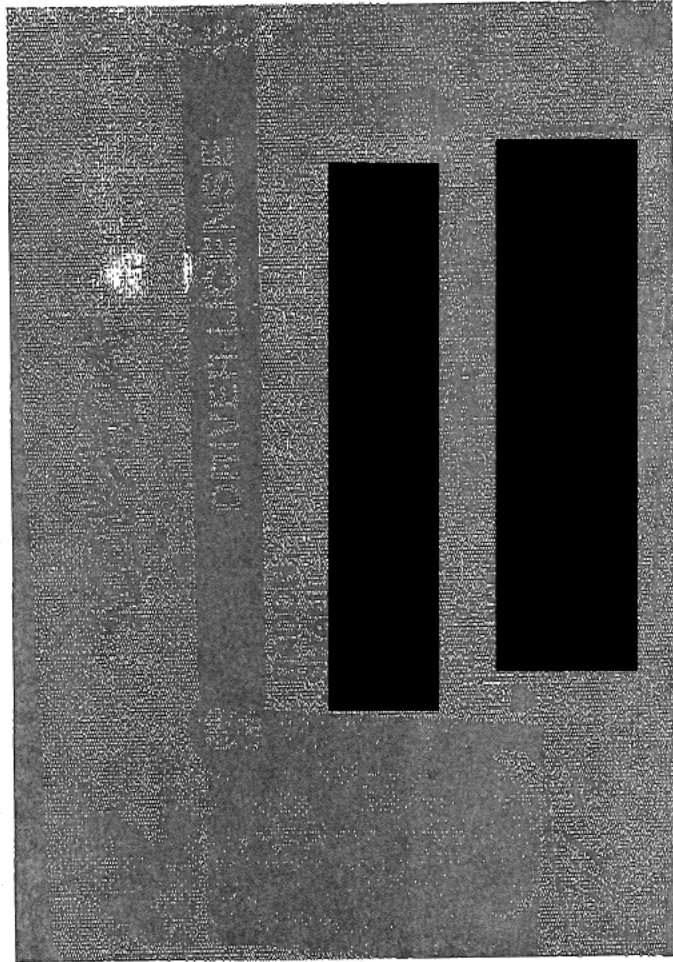
Test Score: 100%

Graduation Date: 12/1/2015

Satisfies the Department of Transportation
49 CFR Part 382.603 for Mandatory Supervisor Training



Supervisor Compliance Training Department
1201 N. Orange St. Suite 713B
Wilmington, DE 19801



Received Time May. 25. 2016 3:47PM No. 2751

Management Report

Full House WA

For the period ended March 31, 2016

Prepared by

Bookkeeper

Prepared on

May 10, 2016

For Management Use Only

Received Time May. 25. 2016 3:47PM No. 2751

Profit and Loss

January - March, 2016

	Total
INCOME	
Refunds and Allowances	-1,276.65
Services	49,851.71
Total Income	48,575.06
COST OF GOODS SOLD	
Carrier / Delivery Service	4,257.50
COG Fuel for Vehicles	709.25
Dispatching Services	20,000.00
Travel Expenses for Drivers	959.62
Vehicles Repair and Maintenance	100.00
Total Cost of Goods Sold	26,026.37
GROSS PROFIT	22,548.69
EXPENSES	
1099 Contractor	16,000.00
Bank Service Charges	17.94
Licenses and Permits	30.00
Merchant Fees	616.51
Office Supplies	218.99
Rent	3,542.40
Storage Services	1,133.00
Taxes Paid	19.00
Telephone and Internet	331.64
Uncategorized Expense	519.50
Uniforms	2,070.00
Utilities	1,204.34
Total Expenses	25,703.32
NET OPERATING INCOME	-3,154.63
NET INCOME	\$ -3,154.63

Balance Sheet

As of March 31, 2016

	Total
ASSETS	
Current Assets	
Bank Accounts	
USB 7505	16,295.83
Total Bank Accounts	16,295.83
Total Current Assets	16,295.83
Other Assets	
Security Deposit	14,063.67
Total Other Assets	14,063.67
TOTAL ASSETS	\$30,359.50
LIABILITIES AND EQUITY	
Liabilities	
Long-Term Liabilities	
Loan To / From Officer	35,000.00
Truck #01 Mercedes Benz	-1,485.87
Total Long-Term Liabilities	33,514.13
Total Liabilities	33,514.13
Equity	
Retained Earnings	
Net Income	-3,154.63
Total Equity	-3,154.63
TOTAL LIABILITIES AND EQUITY	\$30,359.50

Statement of Cash Flows

January - March, 2016

	Total
OPERATING ACTIVITIES	
Net Income	-3,154.63
Adjustments to reconcile Net Income to Net Cash provided by operations:	
Net cash provided by operating activities	-3,154.63
INVESTING ACTIVITIES	
Security Deposit	-14,063.67
Net cash provided by investing activities	-14,063.67
FINANCING ACTIVITIES	
Loan To / From Officer	35,000.00
Truck #01 Mercedes Benz	-1,485.87
Net cash provided by financing activities	33,514.13
NET CASH INCREASE FOR PERIOD	16,295.83
CASH AT END OF PERIOD	\$16,295.83

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Applicant Name: Full House Movers

The following must be completed by the supporter of the applicant

Name, Title, and Business Name: Ryan Walston

Address (include street address, mailing address, city, state, zip, and county): Federal Way WA, 125 SW Campus Dr Apt #15-108 98023

Phone Number: (313) 819-3521

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:

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: By granting a permit if could create more jobs

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

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

[Signature] 5-13-16
Signature of Person Completing Form Date and Location

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Applicant Name: Full House Movers

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

M. Gail Steven Tobin

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

24919 35th Ave S. Kent, WA 98032

Phone Number:

(206) 519-1539

Do you currently head 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:

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 will benefit me to create more jobs

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

No

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

M. Gail Steven Tobin

Signature of Person Completing Form

5/13/16

Date and Location



ATTACHMENT A

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Applicant Name: Full House Movers

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

Name, Title, and Business Name:

Yehonatan Trairi

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

13802 176th st, Puyallup, WA, 98374

Phone Number:

530-744-8745

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:

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:

will provide more jobs opportunity

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

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

5-19-16

Tom Dadon

From: Lopez, Rhonda <rhonda.lopez@sos.wa.gov>
Sent: Monday, October 5, 2015 1:50 PM
To: Tom@fullhousemovers.net
Subject: FULL HOUSE MOVERS INC

Follow Up Flag: Follow up
Flagged



Office of the Secretary of State
Corporations & Charities Division

October 5, 2015

Congratulations:

Your online filing has been completed.

Company Name: FULL HOUSE MOVERS INC
UBI Number: 603-548-003
Effective date: 10/2/2015.
Application ID: 3506912

You will receive a certificate and a copy of your filed documents via US Mail.

Registering your business with the Secretary of State was your first step. Now, you may need to be registered with the Business Licensing Service to address taxes, employment, and specific licensing requests. Please visit <http://bls.dor.wa.gov/> for more information. Be sure to use your new Unified Business Identifier (UBI) listed above on all state registrations.

Thank you for using our online filing service!

Corporations Division
801 Capitol Way S.
Olympia, WA 98504-0234

corps@sos.wa.gov
360-725-0377

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, **KIM WYMAN**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF INCORPORATION

to

FULL HOUSE MOVERS INC

a/an WA Profit Corporation. Charter documents are effective on the date indicated below.

Date: 10/2/2015

UBI Number: 603-548-003



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 10/5/2015



City of Kent Business & Occupation Tax Return System

Welcome Fullhouse! [[Log Out](#)] [[My Account](#)]

The City of Kent Business and Occupation Tax Return System allows you to:

- Submit your City of Kent Business and Occupation Tax return to the city electronically.
- Pay your City of Kent Business and Occupation Tax online via eCheck or credit card.
- Complete and submit previously saved returns.
- View past returns that you filed online (1st Qtr 2013 not available).

Internet Explorer 10 & 11 Users: Please be sure to add KentWa.gov to the browser's Compatibility View list. To add our site to the Compatibility View please do the following:

- From your Web Browser go to Tools
- Click on Compatibility Settings
- Add KentWa.gov

To link a business to your online account, please enter your Washington State Tax Registration Number (TRN) below.

NOTE: You may only link 1 Washington State Tax Registration Number (TRN) to your online account. If you have multiple businesses with multiple TRNs you will need to create one online account for each TRN. Once a TRN is linked to your online account it can not be unlinked without calling the Finance Customer Service department at (253) 856-6266.

TRN: The TRN is 9-digits long and should not contain spaces or "-" characters

Your request has been sent. You will be notified via email once your TRN has been set up in our system.

If you do not know your TRN you may look it up online using the [Washington State Department of Revenue Business Lookup](#) system.

[Next](#)