



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

RECEIVED

SEP 28 2015

WASH. UT. & TP. COMM

HOUSEHOLD GOODS MOVING COMPANY

PERMIT APPLICATION *Pay ID: V014516*

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID:	Docket #
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception# <i>0050-11</i>	111-0268-207-02 <i>\$550</i>	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 as well as a closing annual report \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete pages 3-8 and Attachments B & C. \$ 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: Pro Movers LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 4804 NE 52nd cir Vancouver WA 98661

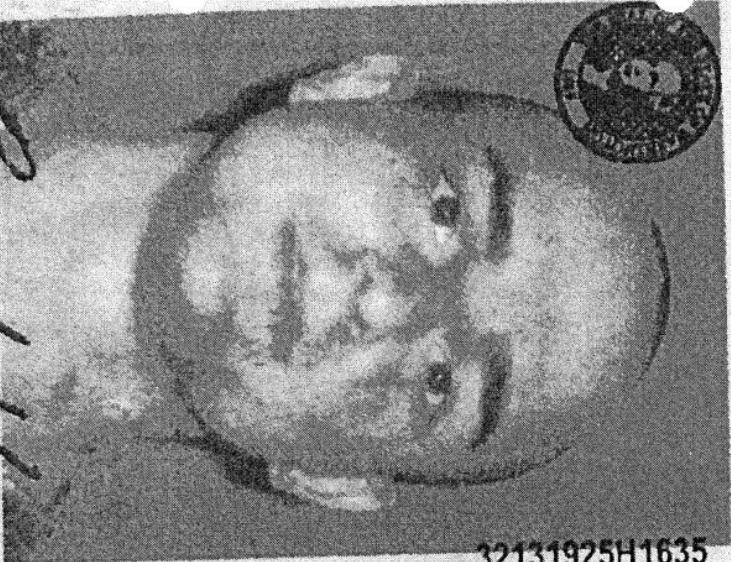
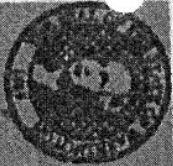
Mailing Address Same

Telephone Number (360) 487-6564 Fax Number () _____

WA
USA

WASHINGTON

DRIVER LICENSE



Buddha

32131925H1635

4d LIC#

(4b)

1 GONCHARUK

2 ANDREY P

3 DOB

(4b)

8

(4b)

15 Sex M 16 Hgt 5-10

17 Wgt 150 18 Eyes BRN

9 Class 9a End NONE

12 Restrictions NONE

4a Iss

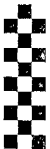
07-11-2013

4b Exp

09-14-2017

5 DD

(4b)



JAN-11-2016 MON 04:12 PM LNI

FAX NO. 3608962345

P. 01

106577221
Received Time Jan 11 2016 4:07PM No. 1545

PRO HOVERS LLC
4804 NE 52ND CIR
VANCOUVER WA 98661-7804

DETACH BEFORE POSTING

005077



STATE OF
WASHINGTON

BUSINESS LICENSE

Domestic Limited Liability Company

PRO MOVERS LLC
4804 NE 52ND CIR
VANCOUVER WA 98661 7804

Unified Business ID #: 603 525 207
Business ID #: 1
Location: 1

TAX REGISTRATION
INDUSTRIAL INSURANCE
UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS:
Not licensed to hire minors without a Minor Work Permit.

Business License Application
For faster service apply online at business.wa.gov
Online applications are typically processed within two business days.
It may take up to 2 days if you file by mail 29 2015

LNI Fax Application - Office Use Only
Check # 10729/2015 3:09:21 PM
Activity 3000875599
TransId: 104987559
\$12.00
OSN-400-925-0003

1. Purpose of Application

Please check all boxes that apply.

Vancouver, WA

- Open/Reopen Business - complete sections 2, 3, 4, (5 if hiring employees) and 6
- Open Additional Location - complete sections 2, 3, 4, (5 if hiring employees) and 6
- Change Ownership - complete sections 2, 3, 4, (5 if you have employees) and 6
- Register Trade Name - complete sections 2, 3, 4 and 6
- Change Trade Name - complete sections 2, 3, 4 and 6
Name(s) to be cancelled: _____
- Change Location - complete sections 2, 3, 4 and 6
Old address to be closed: _____
- Add License/Registration to Existing Location - complete sections 2, 3, 4, and 6
- Business Has or Will Have Employees - complete all sections
- Business Has or Will Have Employees Under Age 18 - complete all sections (if this business location has an active Workers' Compensation account with L&I, and there were no business changes since the last Business License Application was filed, complete only sections 2, 3a, 3c, 3d, (and 3f for sole proprietors), 5c, and 6.)
- Hire Persons to Work In or Around Your Home - complete all sections
- Other - complete all

2. Licenses and Fees

Use the License Fee Sheet for the information needed to complete this list.

Mark Registrations Needed:

- Tax Registration (State Dept. of Revenue) - Do you want a separate tax return for each business? Yes No **No Fee**
- Industrial Insurance (Workers' Compensation) - Required if you will have employees. **No Fee**
- Unemployment Insurance - Required if you will have employees. **No Fee**
- Minor Work Permit - Required if you will have employees under age 18. **No Fee**
- New Trade Name (Doing Business As): **\$ 5.00**

List Additional Trade Names (\$5 each name) or Other Licenses (such as Lottery Retailer):

	Fees Due
>	\$
>	\$
>	\$
>	\$
>	\$
>	\$

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Received Time - Jan. 11, 2016 - 4:07 PM - No. 1545

Ownership Structures

Corporation* Non Profit Corporation* (educational, religious, charitable) Limited Liability Company*
 Partnership (# of partners: _____) Joint Venture
 Limited Partnership* Limited Liability Partnership* Limited Liability Limited Partnership* 9/2015
 *These ownership structures must contact the Secretary of State office for additional filing requirements.

Name of Corporation, LLC, Partnership, LP, LLP, or Joint Venture Name (examples: ABC, Inc. OR Fir Trees Unlimited LLC)

State incorporated/formed: Washington Year incorporated/formed: 2015

Trust Municipality Tribal Government Other _____

Vanouver, WA

Name of Organization (example: Anderson Family Trust)

b. Business Open Date 7/2015 AM YR Provide the ownership structure's first date of business at this location. Out-of-state businesses should use the first date of operation in WA. (Required, if unknown, please estimate.)

c. Pro Movers LLC Is this location inside city limits? Yes No

Business Name/Trade Name

d. 4804 NE 52nd Cir Business Street Address (if different than mailing) Do not use a PO Box or P.M.R.

Business Mailing Address (Street or PO Box, Suite No. do not use building name)

Vanouver WA 98661 City State Zip code

e. (360) 487 6564 () City State Zip code

Business Telephone Number Fax Number E-Mail Address

f. List all owners & spouses: Sole proprietor, partners, officers, or LLC members. (Attach additional pages if needed.)

(4b) Andrew Boncaruk **(4b)** [REDACTED] % Owned 100

Name (Last, First, Middle) Social Security Number

4804 NE 52nd Cir City State Zip code

Home Address (Street or PO Box) City State Zip code

Owner Are you married? Yes No If yes, enter spouse information below.

Title Home Telephone Number

N/A Home Telephone Number

Spouse Name (Last, First, Middle) Spouse Date of Birth Spouse Social Security Number*

N/A / / _____

Name (Last, First, Middle) Date of Birth Social Security Number* % Owned

Home Address (Street or PO Box) City State Zip code

Home Telephone Number Are you married? Yes No If yes, enter spouse information below.

Spouse Name (Last, First, Middle) Spouse Date of Birth Spouse Social Security Number*

_____ / / _____

Name (Last, First, Middle) Date of Birth Social Security Number* % Owned

Home Address (Street or PO Box) City State Zip code

Home Telephone Number Are you married? Yes No If yes, enter spouse information below.

Governing Persons

If yes, provide one of their Washington addresses (we will not use this address for mailing purposes):

Business Street Address (Do not use a P.O. Box or FIMB Address) _____ City _____ State _____ Zip code _____

Do you plan to hire independent contractors or people you will report on a 1099 form? Yes No **Downer Labor & Industries**

Check "Independent Contractors" definition at www.int.wa.gov/PUB/101-063-000.pdf

OCT 29 2015

Provide the estimated gross annual income in Washington (check the one box that applies to your business):
 \$0 - \$12,000 \$12,001 - \$28,000 \$28,001 - \$60,000 \$60,001 - \$100,000 \$100,001 and above

Mark the business activities in Washington State (check all that apply):
 Wholesale Retail Manufacturing Services

Describe in detail the principal products or services you provide in Washington State--failure to provide this information will cause delay in processing your application:

Residential moving

Did you buy, lease, or acquire all or part of an existing business? No Part

Date bought/leased/acquired: MM / DD / YY _____ Prior Business Name _____

Prior Owner's Name _____ Telephone Number _____

Did you purchase/lease any fixtures or equipment on which you have not paid sales or use tax? Yes No
If yes, indicate purchase or lease price: \$ _____

If this business is owned by, controlled by, or affiliated with any other business entity, provide that business entity's name: _____

If you are changing your business structure (such as changing from sole proprietorship to corporation) and want the old account closed, provide the UBI number to be closed: _____
Do you wish to cancel all the trade names registered under the old UBI number? Yes No
You must re-register all trade names you use under the new business structure.

If you have ever owned another business, provide: _____ Business Name _____ UBI Number _____

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B. Number of persons you employ or plan to employ at this location (do not include owners): _____

C. Estimate the number of persons under age 18 (minors) you will employ in the next 12 months and duties they will perform:
Number _____ Duties to be performed by minors (Check appropriate workers in wage order)

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OCT 29 2015

Agnes 16-17: _____

Agnes 14-15: _____

Under age 14: _____

MANAGEMENT, WMA

d. Check the ONE box which best describes the major operation of your business.

- (01) Drywall Operations
- (02) Logging/Forestry
- (03) Construction/Energy/Property Mgmt
- (04) Temp Help Co/Employee Leasing
- (05) Maritime/Vessels/Longshore
- (06) Electronics/Utilities/Vending Mch
- (07) Wood Prod/Stone/Glass & Milling
- (08) Mfg - Metal/Match Shops/Millwright
- (09) Vehicles/Vcs/Transportation
- (10) Mfg - Chem/Textiles/Paper
- (11) Mfg - Food/Beverages
- (12) Agriculture/Farming
- (13) Retail/Whlsl: Stores & Warehousing
- (14) Food Svcs/Chow/Asst Lvg/Janitor
- (15) Media/Entertainment/Lodging
- (16) I.T./Prod Svcs/Medical/Schools
- (17) Residential Moving

e. Describe in detail the activities of your workers. Then estimate the total workers' hours for a 3-month period. (One full-time worker = 480 total hours for 3 months.)

Example:	Office Staff - reception, accounting, data entry	3-Month Estimate	Number of Workers	Workers' Hours (include Minors)
>	Moving		1	60
>	furniture			

f. If you have more than one Washington location, how do you wish to receive the following quarterly reports?

- Unemployment Insurance: All locations combined Each location separately (multiple reports)
- Workers' Compensation: All locations combined Each location separately (multiple reports)

Additional Coverage is available as noted below. (See License Fee Sheet for more information.)

g. If you are a profit corporation, do you want unemployment insurance coverage for corporate officers?

- Yes - Go to esd.wa.gov to obtain a Voluntary Election form. This form is required for coverage.
- No - The corporation must inform officers in writing that they are not covered for Unemployment Insurance.

h. Do you want workers' compensation coverage for owners (sole proprietor, partners, corporate officers, LLC members/managers)? (In an LLC with managers, you may elect to cover those persons who are both members (owners) and managers. In an LLC with members only, you may elect to cover those members.)

- Yes - Prior to coverage, Form F213-042-000 is required. This form will be sent to you by the Dept. of Labor & Industries.
- No

i. Do you want elective workers' compensation coverage for excluded employment? (See License Fee Sheet for descriptions.)

- Yes - Prior to coverage, Form F213-112-000 is required. This form will be sent to you by the Dept. of Labor & Industries.
- No

6. Signature Signature of sole proprietor or spouse, partner, corporate officer, or limited liability member/manager.

I, the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I am the applicant or authorized representative of the firm making this application and that the answers contained, including any accompanying information, have been examined by me and that the matters and things set forth are true, correct and complete.

Christopher Bachmann
Date 10/26/2015

TV-151932



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SEP 28 2015

WASH. UT. & TP. COMM

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

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

*014516

Table with 4 columns: Date Filed, DOL/SOS, ID, Docket #, Staff Assigned, Insurance, Inspection, Permit Issued THG, Reception #. Includes handwritten entries like 9/29/15, 17269, TV151932, and 66754.

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... \$ 550
Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete pages 3-8 and Attachments B & C. \$ 250
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Name Change - Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: Pro Movers LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable

Physical Address 4804 NE 52nd cir Vancouver WA 98661

Mailing Address Same

Telephone Number (360) 487-6564 Fax Number ()

Posted 3/28/15 JS

BUSINESS INFORMATION - continued

UBI #: 603-525-207 Email: Andrey Goncharuk@hotmail.com

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

Department of Labor & Industries Worker's Comp account # NO Employees N/A

Employment Security Department registration number NO Employees N/A

Is your business registered with the Department of Revenue? ~~No~~ Yes - WA DOR 1877-345-3353

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>Andrey Goncharuk</u>	<u>owner</u>	<u>100 %</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: Provide excellent customer service to customers who need moving services

2. Briefly describe your experience in the transportation/household goods moving industry: I've been working for other movers for about one year

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# 934396

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
2003	GMC	CO 4636E	1GDHG31U231902452	8000 lbs

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: <i>Andrey Goncharuk</i>	Position: <i>Andrey Goncharuk@hotmail.com</i>
----------------------------------	--



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: DSO Movers LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Aaron Geisler, home owner

Address (include street address, mailing address, city, state, zip, and county): 2806 NW 1st Way Battle Ground WA 98604

Phone Number: 971 803 0376

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: I will need Audrey's services when I move, I will also refer him to friends

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:

Audrey is a dedicated individual that cares about service & helping others.

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

Audrey is starting his business to benefit others within the church community

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

[Signature]

Signature of Person Completing Form

Battle Ground WA 092415

Date and Location



ATTACHMENT A

2 of 3

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 Ivanov Pro Movers LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Dennis Ivanov Fermium Marketing

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

1400 NE 139th Ave Vancouver WA 98684

Phone Number:

(360) 909-0644

Do you currently need the services of a residential household goods moving company?

No Yes If yes, please describe your current moving needs:

we will be re-locating our office.

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:

Family friends will need moving help

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:

This will help expand our network and relationships with clients

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

The commission should refer this company nation wide.

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

[Signature]

9/24/15

Signature of Person Completing Form

Date and Location



ATTACHMENT A

3 of 3

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:

Pro Movers LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Eduard Goncharuk

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

4804 NE 52 Circle Vancouver WA 98661

Phone Number:

360-883-2352

Do you currently need the services of a residential household goods moving company?

[X] 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 [X] Yes If yes, please describe your future moving needs:

My future moving needs will include moving into my new home, i will need moving service.

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:

Granting this company a permit will benefit church and community by transporting house hold furniture and equipment.

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

I recommend Utilities and Transportation Commission to refer this company nationwide based on devotion to customer service experience, safety, and quality.

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

assurance.

Signature of Person Completing Form

9/23/15

Date and Location

This is a "printer friendly" page. Please use the "print" option in your browser to print this screen.



Washington, State of - Utilities & Transportation Commission

Utilities & Transportation Commission POS

Confirmation Number:	014516
Payment Date:	Tuesday, September 29, 2015
Payment Time:	01:45PM PT

Payer Information

First Name:	Andrey Gancharuk
Street Address:	4804 NE 52nd Circle
Town/City:	Vancouver, WA 98661
Country:	United States
Daytime Phone Number:	(360) 487 - 6569
E-mail Address:	AndreyGancharuk@hotmail.com
Company Name-If not a Company, provide name of Payee:	Pro Movers LLC
Payment Menu :	Application Fees
Payment Menu - Additional Payment:	
Application Types (If Applicable):	Household Goods

Card Information

Card Type:	Visa
Card Number:	*****8583
Expiration Date:	07/2018
Card Verification Number:	****

Payment Information

Payment Type:	Utilities & Transportation Commission POS
Payment Amount:	\$550.00
Convenience Fee:	\$13.75
Total Payment:	\$563.75

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