



**BUSINESS INFORMATION**

Name of Applicant Brandon Wise  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Wise choice movers LLC

Physical Address 21129 State Route 9 Woodinville Wa. 98072

Mailing Address 21129 State Route 9 Woodinville Wa. 98072

Telephone Number (425) 280-1418 Fax Number ( )

UBI #: 603-231-865 Email: wisechoicemovers@gmail

USDOT #: 2272706 (If you currently don't have one, you can go online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) to apply for one or call 360-596-3810 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # 22663501

Employment Security Department registration number? ESD # 464470001

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

**TYPE OF BUSINESS STRUCTURE**

Individual     Partnership     Corporation (LP, LLP, LLC)     Other \_\_\_\_\_

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 Percentage of Shares</u>
<u>Brandon Wise</u>	<u>CEO</u>	<u>100%</u>

**\*Must provide a copy of a valid Washington state driver's license for each person listed above.**

## 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: Braunton Wise

Position: 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: Brandon Wise Position: owner

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: Brandon Wise Position: owner

**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 480-15-330 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 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.

Brandon Wise Brandon Wise 11/14/2022 Woodinville WA  
Print name of applicant Signature of Applicant Date and Location

**ATTACHMENT B**

**Transfer or Acquisition of Control**

Applicant is seeking one of the following – please check one:

- Transfer       Acquisition of Control

Current Name on Permit (Seller): Brandon M Wise

Current Trade Name on Permit (Seller) Wise choice movers

Address (Seller) 7622 172nd St. SE Snohomish Wa. 98296

HG Permit Number: 0604540      Phone Number (Seller) 425-280-1418

Does the transfer of this permit fall under the provisions of WAC-480-15-187?  No    Yes  
If yes, please complete Attachment C.

Have all fines or penalties owed to the commission been paid?    No    Yes

Has the closing annual report been filed with the commission?    No    Yes

A customer may file a loss or damage claim for up to nine months following a move and may file a loss or damage lawsuit for up to two years following a move. Who will be responsible for handling claims filed by customers for loss or damage that occurred on moves taking place prior to the sale and transfer/acquisition? Brandon M Wise

**RELEASE OF AUTHORITY**

I, the seller, have sold or otherwise released interest in my household goods permit number HG-0604540 to the following:

Name of Buyer: Wise choice movers, LLC.

Trade Name of Buyer: \_\_\_\_\_

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

Brandon M. Wise      11/5/2012 Woodinville, Wa.  
Seller's Signature      Date and Location

Brandon Wise      11/5/2012 Woodinville, Wa.  
Buyer's Signature      Date and Location

## ATTACHMENT C

### TRANSFER OR ACQUISITION OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER EXCEPTIONS IN WAC 480-15-187

1. The commission will grant an application to transfer existing permanent authority, without requiring a provisional permit, public notice or comment, if the applicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of permanent authority for any one of the following reasons (check one, if applicable):
- A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to a spouse or to one or more remaining partners;
  - A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
  - A sole proprietor has died, the sole proprietor devised or bequeathed the company by will, and the applicant is seeking transfer of the permit in accordance with the bequest or devise set forth in the will.
  - An individual has incorporated and the same individual remains the majority shareholder;
  - An individual has added a partner but the same individual remains the majority partner;
  - A corporation has dissolved and the interest is being transferred to the majority shareholder;
  - A partnership has dissolved and the interest is being transferred to the majority partner;
  - A partnership has incorporated and the partners are the majority shareholders; or
  - Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

**Documentation supporting the checked box above must be included with your application.** You may submit a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without requiring a provisional permit after the application has been published on the application docket subject to comment for thirty days if the applicant is fit, willing, and able to provide service, the applicant has filed to transfer or acquire control of permanent authority, and all the following conditions exist:
- Ownership or control of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:
    - a. Has the permit been actively used by the current owner to provide household goods moving services during the last twelve-month period prior to the application?     No     Yes
    - b. Need a certified statement from the applicant and the current owner explaining why the transfer of ownership or control is necessary to ensure the company's economic viability:
    - c. Include certified statement from the applicant and the current owner describing the steps taken by the parties to ensure that safe operations and continuity of service to customers is maintained.

**ATTACHMENT D**

**CHANGE OF CORPORATE/INDIVIDUAL NAME  
(WAC 480-15-400)**

This application is for name change only and must not involve a change in ownership, management, or control of the household goods operating authority.

A company must file a name change application to:

- Change a corporation's name
- Change an individual's name  
(may be sole proprietor or individual in a partnership)
- Change or add a trade name

NOTE: You may not advertise to operate under the changed name until a permit is issued in the new name.

Current Name on Permit: Wise choice movers, P.B.A. Brandon Wise

Current Trade Name on Permit: Wise choice movers, Brandon M Wise

Address: 7622 172nd St. SE. Snohomish Wa. 98296

Phone Number: 425-280-1418 Fax Number: \_\_\_\_\_

Email Address: Wise choicemovers@gmail

If a corporation, list names, titles, stock distribution or major stockholders under the current name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request the name on household goods permit HG-064540 be changed to:

New Name: Wise choice Movers, LLC. UBI Number: 603-231-865

New Trade Name (if applicable): \_\_\_\_\_

Address (if changed) 21129 State Route 9. Woodinville wa. 98072

If a corporation, list names, titles, stock distribution or major stockholders under the current name:

Brandon M Wise  
\_\_\_\_\_  
\_\_\_\_\_

*I certify that this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information is current and valid.*

Brandon Wise  
Signature and Title of Applicant

11/5/2012 Woodinville wa.  
Date and Location

**Leipski, Tina (UTC)**

---

**From:** Brandon Wise <wisechoicemovers@gmail.com>  
**Sent:** Friday, November 30, 2012 10:23 AM  
**To:** Leipski, Tina (UTC)  
**Subject:** Re: wise choice movers  
**Attachments:** UTC app\_0001.pdf; UTC app\_0002.pdf; UTC app\_0003.pdf; UTC app\_0004.pdf; UTC app\_0005.pdf; UTC app\_0006.pdf; UTC app\_0007.pdf

Still waiting on the financial statement from my CPA. I should have it to you Monday let me know if I'm missing anything.

Thanks,  
Brandon Wise

On Tue, Nov 13, 2012 at 10:05 AM, Leipski, Tina (UTC) <[TLeipski@utc.wa.gov](mailto:TLeipski@utc.wa.gov)> wrote:

Thanks Brandon for the attachments but I still need the completed application with applicable fees. Since this is a transfer, you need to complete the application.

Thanks!

Tina Leipski

Utilities & Transportation Commission

Licensing Services

360-664-1170

fax 360-586-1181

**From:** Brandon Wise [<mailto:wisechoicemovers@gmail.com>]  
**Sent:** Monday, November 12, 2012 11:28 AM  
**To:** Leipski, Tina (UTC)  
**Subject:** wise choice movers