

TV-150602

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park D  
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Olympia, WA 98504-7250  
Phone: 360-664-1222  
Fax: 360-586-1181  
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or  
1-800-416-5289

email: transportation@utc.wa.gov

**HOUSEHOLD GOODS MOVING COMPANY  
PERMIT APPLICATION**

#091965

FOR OFFICIAL USE ONLY			
Date Filed: 4/9/15	DOL#OS: 0	ID: 16974	Docket #:-
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	Receipt ID	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 and Attachment B      \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187 – Complete pages 3-8 and Attachments B & C      \$ 250  
THG 65376
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450) – Complete pages 3-4 and include a statement justifying the reinstatement      \$ 250
- Name Change – Complete pages 3-4 and Attachment D      \$ 35

**BUSINESS INFORMATION**

Legal Name: MUP Moving and Storage LLC  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable: MUP Moving

Physical Address: 19219 68th Ave S m14 Kent WA 98032

Mailing Address: 19219 68th Ave S m111 Kent WA 98032

Telephone Number: (253) 230 4220      Fax Number ( ) \_\_\_\_\_

**BUSINESS INFORMATION - continued**

UBI #: 603 471 525-00 Email: INFO@MUPMOVE.COM

USDOT #: 2474618 (If you currently don't have one, 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.)

Department of Labor & Industries Worker's Comp Acct? Account # 323-412-01

Employment Security Department registration number? ESD # 000-081370-00-7

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>Erik Hawkins</u>		<u>33.33</u>
<u>JASON GARCIA</u>		<u>33.33</u>
<u>Aaron Sumii</u>		<u>33.33</u>

Must 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: We will continue to offer extraordinary customer service,

Briefly describe your experience in the transportation/household goods moving industry: We have a combined 11 years in the moving industry and have been operating for one year.

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 105376

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 \_\_\_\_\_

Do you currently operate interstate?  No  Yes If yes, please indicate your MC# 900398

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

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 explain: NA

Has any person named in this application, within the past five years, been convicted of any crime involving theft, burglary, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance?  No  Yes If yes, please explain: NA

Has any person named in this application, been cited for violation of state laws or Commission rules?  No  Yes If yes, please explain: NA

### FINANCIAL STATEMENT

You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank	\$ 3,500.00	Salaries/Wages Payable	\$ 2,500.00
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$ 2,500.00	Preferred Stock	\$
Office Furniture	\$ 250.00	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$ 8,500	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$

### 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
04	Freightliner	B33417L	1FVACWDC44HN53720	26,000
07	Freightliner	CG9615C	1FVACWDC57HY45655	26,000

### 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:

Aaron Smith

Position:

MANAGER/OPS

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

### 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: ERIK HAWKINS 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: ERIK HAWKINS Position: MANAGER

### 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 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.

Erik Hawkins  
Print name of applicant

[Signature]  
Signature of Applicant

4/9/15 / Kent WA  
Date and Location



STATE OF WASHINGTON

# BUSINESS LICENSE

Domestic Limited Liability Company

Unified Business ID #: 603 471 525  
Business ID #: 1  
Location: 1

MVP MOVING AND STORAGE LLC  
19219 68TH AVE S #M111  
KENT WA 98032 2111

TAX REGISTRATION  
INDUSTRIAL INSURANCE  
UNEMPLOYMENT INSURANCE

*\* no trade name registered*

**LICENSING RESTRICTIONS:**

Not licensed to hire minors without a Minor Work Permit.

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

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 FORMATION

to

**MVP MOVING AND STORAGE LLC**

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 1/26/2015

UBI Number: 603-471-525



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

A handwritten signature in cursive script that reads "Kim Wyman".

Kim Wyman, Secretary of State

Date Issued: 1/28/2015

**ATTACHMENT B**

**Transfer of Household Goods Authority  
Per WAC 480-15-187**

Current Name on Permit (Seller): Erik Hawkins / Jason Garcia / Aaron Sumii  
Current Trade Name on Permit (Seller): MVP Moving  
Address (Seller): 19219 68th Ave S Kent WA 98032 W 111  
HG Permit Number: 65376 Phone Number (Seller): 253-236-4224

Does the transfer of this permit fall under the provisions of WAC-480-15-187(2) or (3)?  
 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? Erik Hawkins

**RELEASE OF AUTHORITY**

I, the seller, have sold or otherwise released interest in my household goods permit number HG-65376 to the following:

Name of Buyer: Erik Hawkins / Aaron Sumii / Jason Garcia  
Trade Name of Buyer: MVP Moving and Storage LLC

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

[Signature] \_\_\_\_\_ 4/9/15 Kent WA  
Seller's Signature Date and Location

[Signature] \_\_\_\_\_ 4/9/15 Kent WA  
Buyer's Signature Date and Location



**ATTACHMENT C**

**TRANSFER OF PERMANENT HOUSEHOLD GOODS AUTHORITY  
UNDER EXCEPTIONS IN WAC 480-15-187(2) or (3)**

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 control of permanent authority, and all the following conditions exist:

- Ownership 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 twelve-month period prior to the application? ~~YES~~
  - b. Provide a certified statement from the applicant and the current owner explaining why the transfer is necessary to ensure the company's economic viability;
  - c. Provide a 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.