

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			2						
Date Filed:	DOL/SOS:	ID:	Docket # 60924						
Staff Assigned	Insurance	Inspection	Permit Issued THG-						
Reception #	111-0268-207-02	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.									
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									
Permanent author pages 3-8, Attachr	Pro Audio Company Caran	l							
Reinstatement of criteria set forth in justifying the reins		l Î							
☐ Name Change – Co	\$ 35								
	BUSINES	SS INFORMATION							
Legal Name: Super Friends Moving, LLC (must be individual, partners of a partnership or corporation)									
Trade Name, if applicab									
Physical Address923 S Bayview St Seattle WA 98134									
Mailing Address 6920 Roosevelt Way NE Seattle WA 98115									

___ Fax Number (

Telephone Number 206 3028833

			BU	SINESS INFORM	ATION	- continued		
UBI	#:	60297393	6		Email:_	jake@superf	riendsmoving.com	
		2036749 sca.dot.gov/		(If you cur				
Dep	oartme	nt of <u>Labor</u>	& Industries	Worker's Comp acc	ount # _	188,748-0	00	
<u>Em</u> j	ployme	ent Security	<u>Department</u>	registration numbe	er	000-633078-	00-2	
ls y	our bus	siness regist	ered with the	e <u>Department of Re</u>	venue?	□ No √ Yes		
				TYPE OF BUSINE	SS STR	UCTURE		
□ In	ndividu	al 🗆 Pa	artnership	☐ Corporation	√ Oth	ner (LP, LLP, LLC)	State of Incorporation_	WA
List	the na	me, title an	d percentage	of partner's share	or stock	distribution for	r major stockholders:	
	<u>lame</u> acob Ra	aich		<u>Title</u> Owner/Manag	er	Sto	ock Distribution or % of Sha 100%	<u>ares</u>
nam	ned in ti Descri	he application be the servi	n. ces you wish	-	how you	ır services will	enhance customer choic	
				e in the transportal		_	noving industry: Inton for many years.	_
				you ever held, a pe icate your permit n		8	otor carrier of property? ent)	
							or carrier of property in	
5.	Do yοι	ı currently o	perate inter	state? ☑ No □ Yes	If yes, pl	ease indicate y	our MC#	=
			terstate as ar name of the	n agent of another o	company	? Ø No □ Yes	5	

Dotson, Michael (UTC)

From:

Jakub Raich <jake@superfriendsmoving.com>

Sent:

Friday, July 22, 2016 9:06 AM

To:

Dotson, Michael (UTC)

Subject:

RE: Reinstatement - Super Friends Moving, LLC

Thanks Michael.... It was cancelled due to our inability to find a replacement insurance policy in time. Our previous insurance carrier dropped us with 30 days notice, and we had trouble finding a new agent and carrier that would accept us until a few weeks ago.

Jake

On Jul 22, 2016 8:28 AM, "Dotson, Michael (UTC)" < mdotson@utc.wa.gov > wrote:

Thanks Jake, I'll get this going. We also need a statement justifying the reinstatement. Basically just an explanation as to why it was cancelled.

Thanks

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Mike Dotson

Transportation Specialist 3

Licensing Services

Washington Utilities and Transportation Commission

PH: 360-664-1223

FAX: <u>360-586-1181</u>

From: Jakub Raich [mailto:jake@superfriendsmoving.com]

Sent: Friday, July 22, 2016 7:54 AM

To: UTC DL Transportation < transportation@utc.wa.gov Subject: Reinstatement - Super Friends Moving, LLC