



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed:	DOL/SOS:	ID:	Docket # <u>61223</u>
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. \$ 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: Valerian Nimirenco / Achilles Pro Movers INC.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 12508 Lake City Way NE, #511, Seattle WA 98125

Mailing Address _____

Telephone Number (1571-214-6024) Fax Number () _____

BUSINESS INFORMATION - continued

UBI #: 603-612-685

Email: achillespromovers@gmail.com

USDOT #: 2893002

(If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3912 for assistance.)

Department of Labor & Industries Worker's Comp account # 627, 752-00

Employment Security Department registration number 000-661691-00-1

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

TYPE OF BUSINESS STRUCTURE

S-Corp since May 13/2018

Individual Partnership Corporation Other (S.P., 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>Valerian Minicenco</u>	<u>President/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.

- Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Fast quotes, right on time arrivals, reasonable rates, work fast and quality and leaving each customer with a big smile. We will also move pianos free of charge, we are equipped for it.
- Briefly describe your experience in the transportation/household goods moving industry: I have worked as a mover/forman/GM for over 3.5 years I enjoy it a lot work is challenging with each customer I believe that we (movers) do a great work taking care of what we do!
- 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 _____
- 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# _____
- Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? _____

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: See

Current Trade Name, d/b/a: Original

Address: Application

Phone Number: _____ Fax Number: _____

Email Address: _____ USDOT #: _____

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

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

New Name: _____

New Trade Name, d/b/a (if applicable): See attached

Address (if changed) _____

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

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.

Nimira
Signature and Title of Applicant

11/17/2016
Date and Location



My DOR

ACHILLES PRO MOVERS INC.

LICENSE INFORMATION:

[New search](#) [Previous search](#)

Entity name: ACHILLES PRO MOVERS INC.

Business name: ACHILLES PRO MOVERS INC.

Entity type: Profit Corporation

UBI: 603-612-685 **Business ID:** 001 **Location ID:** 0001

Location: Open

Status: To check the status of this company, go to the link(s) below:
 Department of Revenue
 Secretary of State

Location and Mailing address:

12508 LAKE CITY WAY NE,
 SEATTLE, APT 511, WA, 98125

GOVERNING PEOPLE MAY INCLUDE GOVERNING PEOPLE NOT REGISTERED WITH SOS

Governing people	Title
ACHILLES PRO MOVERS INC.	President

REGISTERED TRADE NAMES

Registered trade names	Status	First issued
ACHILLES PRO MOVERS INC. <i>Legal Name</i>	Active	Jun-16-2016
MOVERS ISSAQUAH	Active	Oct-19-2016
MOVERS MAGNOLIA	Active	Oct-19-2016
MOVERS REDMOND	Active	Oct-19-2016
SEATTLE PROFESSIONAL MOVERS	Active	Oct-19-2016

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