

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			
Date Filed:	DOL/SOS:	ID: 18098	Docket # 12007
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	111-0268-013-20	

065611

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: People Movers LLC

(must be individual, partners of a partnership or corporation)

Trade Name, if applicable People Movers Seattle

Physical Address 12327 NE 7th PL, unit 104, Bellevue WA, 98005

Mailing Address 12327 NE 7th PL, unit 104, Bellevue WA, 98005

Telephone Number (206) 257-3899 Fax Number () _____

BUSINESS INFORMATION - continued

UBI #: 603 597287 Email: sergeyk@peoplemoversseattle.com

USDOT #: 2895681 (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # 622, 691-00

Employment Security Department registration number 000-625673-00-8

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>Sergey Kogay</u>	<u>CEO</u>	<u>51%</u>
<u>Elena Kogay</u>	<u>CFO</u>	<u>49%</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: Will be providing local Residential Moving services to the rapidly growing Seattle area.

2. Briefly describe your experience in the transportation/household goods moving industry: I have spent one year working on managing a trucking fleet, hiring and managing finances My wife worked as an administrator in a Seattle moving company for 1.5 yrs.

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# _____

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

7. 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 list below:

Type of Legal Proceeding	Date	State

*attach additional pages if necessary

8. Has any person named in this application ever been convicted of any crime involving theft, burglary, assault, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance? No Yes If yes, please list below:

Type of Conviction	Date	City/State

*attach additional pages if necessary

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

Violation	Date	RCW/WAC

*attach additional pages if necessary

FINANCIAL STATEMENT			
Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.			
Assets		Liabilities	
Cash In Bank	\$ 2,300.00	Salaries/Wages Payable	\$
Notes Receivable	\$ 715.00	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 23,000.00	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 26,015.00	TOTAL LIABILITIES & NET WORTH	\$

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
2012	FORD E450	WA-BBA5340	1FDXE4ES9CDA74350	14,050
2013	INTL 430	B 7377 9 W	1HTMNAAL4DH480381	25,500

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: <u>Sergey Kogay</u>	Position: <u>CEO</u>
---------------------------	----------------------

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: Elena Kogay Position: CFO

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: Sergey Kogay Position: CEO

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

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.

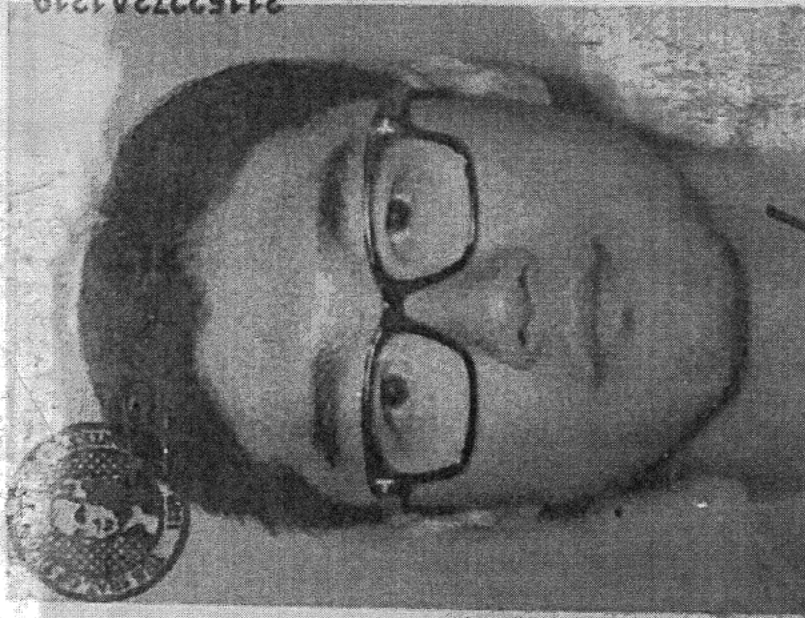
My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, 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 understand the commission will complete a criminal background check on each person named in the application.

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.

Sergey Kogay SJK 9/17/2016, Bellevue
Print name of applicant Signature of Applicant Date and Location

WA USA **WASHINGTON** DRIVER LICENSE



31152273A1319

4d LIC#

1 **KOGAY**
2 **SERGEY**

3 DOB

8

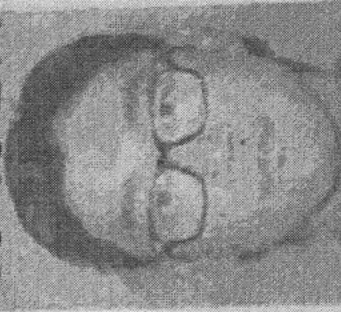


15 Sex **M** 16 Hgt **6-02**
17 Wgt **190** 18 Eyes **BRN**
9 Class **9a End NONE**
12 Restrictions **C**

DONOR ♥

4a ISS

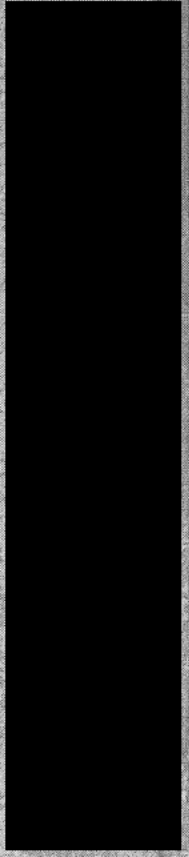
08-15-2015



4b Exp

04-14-2021

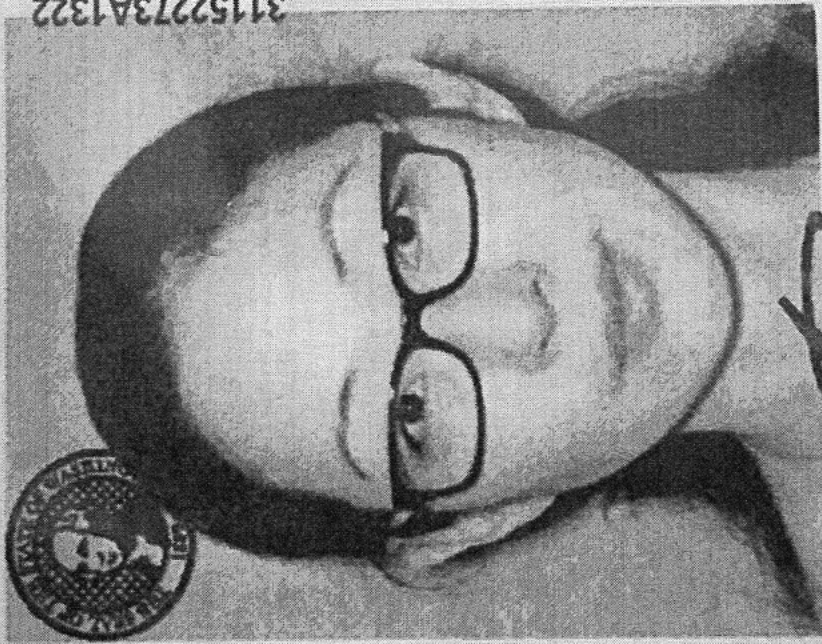
S 87 427



WA
USA

WASHINGTON

DRIVER LICENSE



31152273A1322

4d LIC#

1 KOGAY

2 ELENA

3 DOB

8

15 Sex F

16 Hgt 5-06

17 Wgt 125

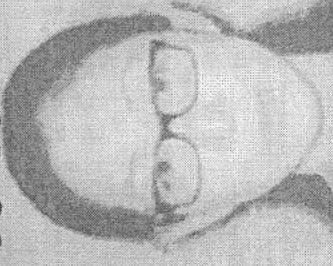
18 Eyes BRN

9 Class

9a End NONE

12 Restrictions C

4a Iss 08-15-2015



4b Exp 07-21-2021



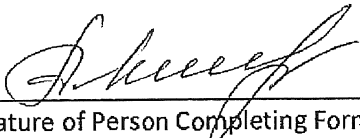
Rev 09-16-2009

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: Sergey Kogay

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<u>Anastasia Kim</u>
Address (include street address, mailing address, city, state, zip, and county):	<u>11985 Arbors Pl, Mukilteo, WA 98275</u>
Phone Number:	<u>(425) 368-8457</u>
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs:	<u>We need to move our furniture from the storage to our house.</u>
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs:	<u>We might purchase a house one year from now.</u>
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:	<u>This will increase competition and as a result will lower the hourly rates. Also this will increase the number of options we have as customers.</u>
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	<u>The management of this company is very customer focused, honest and reliable!</u>
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
 _____ Signature of Person Completing Form	<u>11/24/16 Mukilteo</u> _____ Date and Location

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: Sergey Hogay

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Lilia Seolnic also Lilia's Cleaning Service

Address (include street address, mailing address, city, state, zip, and county):
2129 Maltby Rd #F3 Bothell WA 98021

Phone Number: (206) 739-9918

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
But I will be happy to use their service.

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: If I will move as they will help find better option for me.

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: offering more work opportunities to those in need of work, giving customers more options to choose from that will fit their need

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Help small business grow it will improve the 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

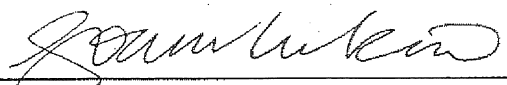
9/23/16 Bellevue
 Date and Location

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: Sergey Kogay

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<u>Joann Kim</u>
Address (include street address, mailing address, city, state, zip, and county):	<u>15816 27th Ave NE Shoreline WA 98155</u>
Phone Number:	<u>202 695 9118</u>
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs:	<u>Moving from Bothell to Shoreline, 3 bedroom house. In need of movers for furniture and boxes</u>
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs:	<u>For possible renovation of our home</u>
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:	<u>It is really difficult to move heavy and large items ourselves so we are in need of help, especially because we do not own a truck or have much time to move ourselves.</u>
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	<u>We have been so impressed by this company's professionalism, and the way that they genuinely care for and help us as their clients. I am confident that this company is and will be a</u>
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<u></u> Signature of Person Completing Form	<u>1/9/17, Shoreline</u> Date and Location

necessary
and positive
fixture in
our community

GRIFFIN MACLEAN INS
2340 130TH AV NE D150
BELLEVUE, WA 98005

636220 76 1 AT 0.399 PPACA07W 003 000076
Named insured

PEOPLE MOVERS LLC
12327 NE 7TH PLACE STE 104
BELLEVUE, WA 98005

Policy number: 03827529-0

Underwritten by:
United Financial Casualty Company
December 6, 2016
Policy Period: Jun 14, 2016 - Jun 14, 2017
Page 1 of 2

progressiveagent.com

Online Service
Make payments, check billing activity, print policy documents, or check the status of a claim.

1-425-822-1368

GRIFFIN MACLEAN INS
Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.



Commercial Auto Insurance Coverage Summary

This is your Declarations Page Your coverage has changed

Your coverage began the later of June 14, 2016 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on June 14, 2017 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852WA (09/05), 4757 (03/05), 1198 (01/04), 4852WA (09/05), 4881WA (06/12) and Z228 (01/11).

The named insured organization type is a corporation.

Policy changes effective December 5, 2016

Premium change:	\$0.00
Changes:	The auto coverage schedule has changed.

The changes shown above will not be effective prior to the time the changes were requested.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$9,687
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Underinsured Motorist Bodily Injury	\$1,000,000 combined single limit		372
Underinsured Motorist Property Damage	\$25,000 each accident	\$100 \$300 hit & run	56
Personal Injury Protection	Rejected		—
Medical Payments	\$5,000 each person		52
Comprehensive			509
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			4,057
See Auto Coverage Schedule	Limit of liability less deductible		
Total 12 month policy premium			\$14,733



Rated drivers

- 1. SERGEY KOGAY
- 2. MAKSIM PETROV
- 3. DMITRY LITVINOV

Auto coverage schedule

- 1. **2012 Ford E450 Super Duty** Stated Amount: *\$20,000 (including Permanently Attached Equip)
 VIN: 1FDXE4FS9CDA74350 Garaging Zip Code: 98005 Radius: 50

Liability Premium	Liability	UIM BI	UIM PD	Med Pay	
	\$4,015	\$186	\$22	\$52	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$500	\$197	\$1,000	\$1,123	\$5,595

- 2. **2013 Intf 430** Stated Amount: *\$90,000 (including Permanently Attached Equip)
 VIN: 1HTMMAAL4DH480381 Garaging Zip Code: 98005 Radius: 50

Liability Premium	Liability	UIM BI	UIM PD		
	\$5,672	\$186	\$34		
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$500	\$312	\$1,000	\$2,934	\$9,138

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

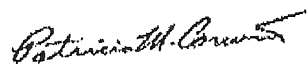
Loss Payee information

- 1. Loss Payee Auto 2 ENTERPRISE HOLDINGS
 1119 SW 7TH ST RENTON, WA 98057
 2013 Intf 430 (1HTMMAAL4DH480381)

Additional Insured information

- 1. Additional Insured ENTERPRISE HOLDINGS
 1119 SW 7TH ST RENTON, WA 98057

Company officers


 Secretary

PPACA07W 800076 002 C 001 001 ^ v