

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

|                              |                 |                  |                    |
|------------------------------|-----------------|------------------|--------------------|
| <i>FOR OFFICIAL USE ONLY</i> |                 |                  |                    |
| Date Filed:                  | DOL/SOS:        | ID: <i>21650</i> | Docket #           |
| Staff Assigned               | Insurance       | Inspection       | Permit Issued THG- |
| Reception #                  | 111-0268-207-02 | 111-0268-013-20  |                    |

*021486*

|   |                            |
|---|----------------------------|
| <b><u>Type of Household Goods Authority Requested – check one</u></b> | <b><u>Fee Required</u></b> |
|---|----------------------------|

- 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 as well as a closing annual report \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete pages 3-8 and Attachments B & C. \$ 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

|                             |
|-----------------------------|
| <b>BUSINESS INFORMATION</b> |
|-----------------------------|

Legal Name: Glodi F. Loleke  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Double Strength Movers

Physical Address 4826 Diamond Blvd SW Lakewood WA 98499

Mailing Address P.O. Box 12324 Seattle WA 98111

Telephone Number (*425*) 525-8429 Fax Number ( ) \_\_\_\_\_

r-101-Kebela-gmsh.com

**BUSINESS INFORMATION - continued**

UBI #: 604069382 Email: doublestrengthmovers@gmail.com

USDOT #: \_\_\_\_\_ (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 account # See attached email

Employment Security Department registration number \_\_\_\_\_

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 \_\_\_\_\_

List the name, title and percentage of partner's share or stock distribution for major stockholders:

| Name                    | Title        | Stock Distribution or % of Shares |
|-------------------------|--------------|-----------------------------------|
| <u>Gloria F. Lolake</u> | <u>Owner</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: Household Goods, at Double strength Movers, we will be committed to customers satisfaction and great services.

2. Briefly describe your experience in the transportation/household goods moving industry: I have worked for a moving company for more than 3 years and I have full experienced.

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? \_\_\_\_\_

## Dotson, Michael (UTC)

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**From:** ruben loleke <rloleke6@gmail.com>  
**Sent:** Tuesday, June 27, 2017 12:58 PM  
**To:** Dotson, Michael (UTC)  
**Subject:** Re: FW: Household Goods Moving Application - Missing Items

Hello Michael, here is a attached copy of my drivers license and also a receipt of \$5,000 in my checking account. Also I don't have the other two number the labor and worker's comp number and employment security department registration because I and my brother are the only one that is going to work in this company for now.

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         | \$ 400   | Salaries/Wages Payable                   | \$ |
| Notes Receivable     | \$       | Accounts Payable                         | \$ |
| Investments          | \$       | Notes Payable                            | \$ |
| Other Current Assets | \$       | Mortgages Payable                        | \$ |
| Prepaid Expenses     | \$       | <b>TOTAL LIABILITIES</b>                 | \$ |
| Land and Buildings   | \$       | NET WORTH                                |    |
| Trucks and Trailers  | \$ 600   | Preferred Stock                          | \$ |
| Office Furniture     | \$       | Common Stock                             | \$ |
| Other Equipment      | \$       | Retained Earnings                        | \$ |
| Other Assets         | \$       | Capital                                  | \$ |
| <b>TOTAL ASSETS</b>  | \$ 1,000 | <b>TOTAL LIABILITIES &amp; NET WORTH</b> | \$ |

Wells Fargo Bank  
Transaction Receipt

Store #0006959 5

Deposit

Account Number  
CHK 00120

XXXXX [REDACTED]

Cash In

\$5,000.00

Loose Currency

\$100

\$3,500.00

\$50

\$250.00

\$20

\$1,220.00

\$10

\$30.00

Sub total

\$5,000.00

Total Deposit

\$5,000.00

Deposit Availability

The full amount of your deposit is  
included in your available balance.

Transaction # 041 0063

12:03PM 06/27/17

Deposit Credit Date: 06/27/17

Thank you for your business.

Enjoy the convenience of

scheduling appointments online at

[wellsfargo.com/appointments](http://wellsfargo.com/appointments)

### 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 |
|------|------|----------------|-------------------|----------------------|
| 2000 | Ford | C22096F        | 1FDWE35S3YHA53386 | 14,000               |
|      |      |                |                   |                      |
|      |      |                |                   |                      |
|      |      |                |                   |                      |

### 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: <i>Glodi F. Loleke</i> | Position: <i>Owner</i> |
|------------------------------|------------------------|

**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: *Glodi F. Loleke*

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: *Glodi F. Loleke*

Position: *Owner*

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.

*Glodi F. Loleke*

Print name of applicant

*Glodi F. Loleke*

Signature of Applicant

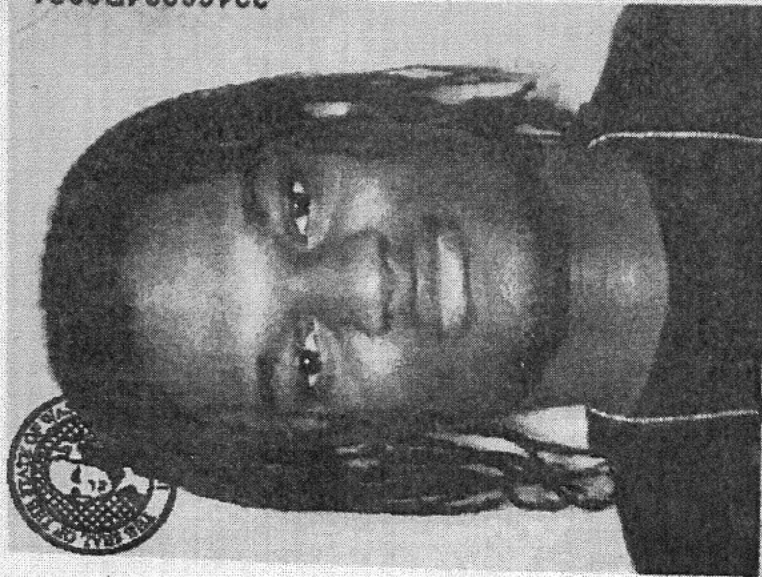
*6/21/17*

Date and Location

WA  
USA

WASHINGTON

DRIVER LICENSE



33160884B0921

4d LIC#

1 LOLEKE

2 GLODIE

3 DOB

15 Sex M

16 Hgt 6-02

17 Wgt 160

18 Eyes BRN

9 Class

9a End NONE

12 Restrictions NONE

4a ISS

4b Exp

5

Rev 09-16-2009


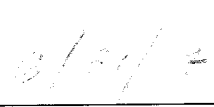


**ATTACHMENT A**

**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:** *Glodi F. Loleke*

| The following must be completed by the Supporter of the applicant  |  |
|--|--|
| Name, Title, and Business Name:  | <i>Paulny Jean Francois</i>  |
| Address (include street address, mailing address, city, state, zip, and county):   | <i>24404 15th Ave S. des Moines WA 98198</i>   |
| Phone Number:  | <i>(800) 342-8880</i>  |
| Do you currently need the services of a residential household goods moving company?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs:              | <i>I will need to move my households goods from my previous address to another one.</i>  |
| Do you anticipate a future need for the services of a residential household goods moving company?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: | <i>I will need his moving company to help me in the future to move my furniture and other goods in fast and easy and reliable and secure ways.</i> |
| 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:   | <i>Benefit me in moving fast and easy and most of all secure my propertible goods.</i>   |
| Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?   | <i>They should approved them for the great service they will provide.</i>  |
| I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.  |  |
| <br>_____<br>Signature of Person Completing Form  | <br>_____<br>Date and Location                                |



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**Applicant Name:** *AA Glodi F. Loleke*

**The following must be completed by the Supporter of the applicant**

**Name, Title, and Business Name:**  
*Glodi F. Loleke*

**Address (include street address, mailing address, city, state, zip, and county):**  
*322 2nd St NW Seattle WA 98101*

**Phone Number:**  
*206 462 8800*

**Do you currently need the services of a residential household goods moving company?**  
 No  Yes If yes, please describe your current moving needs:  
*I am currently moving from my current residence to a new residence in Seattle, WA.*

**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:  
*I anticipate a future need for residential household goods moving services in the future.*

**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:**  
*Granting this company a permit to provide household goods moving services in Washington State will benefit me, my business, and my community by providing a reliable and efficient moving service.*

**Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?**  
*Nothing else to consider.*

*I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

*Glodi F. Loleke*

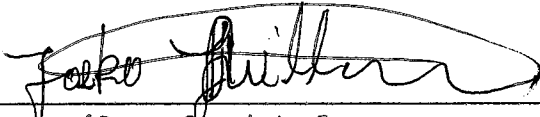
**Signature of Person Completing Form** **Date and Location**

**ATTACHMENT A**

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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:** *Glodi F. Loleke*

| The following must be completed by the Supporter of the applicant  |   |
|--|---|
| Name, Title, and Business Name:  | <i>Tosko William Window &amp; Blinds Cleaning Services</i>  |
| Address (include street address, mailing address, city, state, zip, and county):   | <i>2455 F. St of Apt. 96 Auburn WA 98002</i>  |
| Phone Number:  | <i>(425) 524-6874</i>   |
| Do you currently need the services of a residential household goods moving company?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs:              | <i>I will need residential household goods moving company, to help service me when I move all my furniture to my new place.</i>                                       |
| Do you anticipate a future need for the services of a residential household goods moving company?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: | <i>I will need them if I will be moving my families or friends or parents I will recommend their service to them. Also moving my own appliances I will need them.</i> |
| 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:   | <i>It will help me get things done and easy and fast ways. Also it will benefit others by saving more money and moving.</i>   |
| Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?   | <i>I consider they will do great service and they should be granted.</i>  |
| <i>I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>   |   |
| <br>Signature of Person Completing Form   | <i>6/21/17</i><br>Date and Location   |

## Dotson, Michael (UTC)

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**From:** Dotson, Michael (UTC)  
**Sent:** Thursday, June 22, 2017 9:32 AM  
**To:** 'rloleke@gmail.com'  
**Cc:** 'doublestrengthmovers@gmail.com'  
**Subject:** Household Goods Moving Application - Missing Items

Good morning, I received your Household Goods Moving Application yesterday afternoon. Before I can get started there are a couple of things I need. I need your USDOT number, your Labor & Industries Worker's Comp account number, your Employment Security Department registration number, a copy of your driver's license, all listed on page 5 of the application. I also need a more detailed financial break down. What you have written currently, does not show me that you have enough money to properly operate a household goods moving company. For instance if the truck breaks down on the freeway, you do not appear to have enough money to get it repaired and get your customers their property.

Thanks

Mike Dotson  
Transportation Specialist 3  
Licensing Services  
Washington Utilities and Transportation Commission  
PH: 360-664-1223  
FAX: 360-586-1181