

1300 S. Evergreen Park Drive SW P.O. Box 47250 Olympia, WA 98504-7250 · Phone: 360 664 1222 Fax: 360-586-1181 TTY- 2611\_586\_87113

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:	Docket#	
Staff Assigned	Insurance	Inspection	Permit Issue	d THG-
Reception #	111-0268-207-02	111-0268-013-20		
Type of Househ	old Goods Autho	્રિલ Sfity Requested =	check one	Fee Required
		he fee for provisional, a Complete pages 3-8 and		\$ 550
interest (at least	six months must be ser	ng in a change in owners rved on a temporary pro- rell as a closing annual r	ovisional basis).	\$ 550
	rity to transfer under i 8-8 and Attachments B	tine exceptions in <u>WAC 4</u>	180-15-187.	\$ 250
on criteria set for	permit (must be filed th in WAC 480-15-450) ing the reinstatement.	within 30 days of cance ). Complete pages 3-5 a	Mation, depending nd include a	\$ 250°
■ Name Change – Complete pages 3-5 and Attachment D.			\$ 35	
	BUSINE	SS INFORMATIO	N	
Legal Name: <u>Tosl</u>		artners of a partnership or c		T111" / LC
Trade Name, if applicabl		10 10 1000 -	LT, NOVE	17. 000
Physical Address 16	825 48th	Ave W. #1	05, Lynnuc	It!!" LLC
Mailing Address Sam	ie as Phys	ical Addres	5.	
Telephone Number (360	525-7654	Fax Numbe	er ( )	
4-2017			Р	age 3 of 12

BUSINESS INFORMATION - continued	
UBI#: 604-088-306 Email: Josh Marion 990 qu	ail.cov
USDOT #: (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration fo สุทุกให กัก สุทุกให กัก สุทุกให	
Department of Labor & Industries Worker's Comp account #	_
Employment Security Department registration number	_
Is your business registered with the <u>Department of Revenue</u> ? \( \subseteq \text{No \text{Yes}} \)	
TYPE OF BUSINESS STRUCTURE	
☐ Individual ☐ Partnership ☐ Corporation ☐ Other (LP, LLP, LLC) State of Incorporation	ion
List the name, title and percentage of partner's share or stock distribution for major stockholders	•
Name Stock Distribution or % o  Soch Marrian Owner 100 %	<u>f Shares</u>
1. Describe the services you wish to provide. Explain how your services will enhance customer of promote competition, or fill an unmet need for service: Maine Company, Prosboth residential and commercial news. We after pack services as well.	
2. Briefly describe your experience in the transportation/household goods moving industry:  I have worked with other moving companies for over  3 years and have done both packing and unpacking as  45 loading and unloading trucks.  3. Do you currently hold, or have you ever held, a permit to operate as a motor carrier of proper  BNO Ses if yes, please indicate your permit number	well
4. nave you ever applied for and been defined a permit to operate as a motor carrier of property Washington?   No □ Yes If yes, please explain	
5. Do you currently operate interstate? KNo ☐ 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?	
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## **Statement Justifying Reinstatement**

Dear sir or madam,

I was simply out of town and missed the warnings about needing further insurance information from me.

I have provided the missing information and everything is current.

We provide an excellent service to the community and maintain a 5 star rating on most review sites.

Please reinstate my household goods moving authority so I may continue business.

All the best, Josh Manion Owner of "We Like To Move It, Move It!!"" LLC 360-525-7654