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WASH. UT. & TP. COMM

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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 Issued THG-
Reception # <b>06303</b>	111-0268-207-02 <b>SSD</b>	111-0268-013-20	<b>#107</b>

**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: KING COUNTY MOVERS LLC  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable \_\_\_\_\_

Physical Address 17389 NE 45<sup>th</sup> St. Apt. 138

Mailing Address Same

Telephone Number (917) 826-6353 Fax Number ( ) \_\_\_\_\_

**BUSINESS INFORMATION - continued**

UBI #: 604-118-997 Email: VADZIM DUBOINETS@gmail.com

USDOT #: 3029564 (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 # \_\_\_\_\_

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 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>VADZIM DUBOINETS</u>	<u>Managing Member</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.

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: move local household goods at a reasonable price to save the consumer money.

2. Briefly describe your experience in the transportation/household goods moving industry: WORKED FOR OTHER MOVING COMPANIES FOR SEVERAL YEARS

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	\$ 19,000.	Salaries/Wages Payable	\$ —
Notes Receivable	\$ —.	Accounts Payable	\$ —
Investments	\$ —	Notes Payable	\$ —
Other Current Assets	\$ 5000.-	Mortgages Payable	\$ —
Prepaid Expenses	\$ —	<b>TOTAL LIABILITIES</b>	\$ 0
Land and Buildings	\$ —	<b>NET WORTH</b>	33000.-
Trucks and Trailers	\$ 5000.-	Preferred Stock	\$
Office Furniture	\$ 2500.-	Common Stock	\$
Other Equipment	\$ 1500.-	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$ 33,000.-	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 33000.-

### 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	GMC	C83164H	1GDE6H1B94J	9010SD / 18000

### 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: VADZIM DUBIANETS

Position: Managing Member.

### 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: VADZIM DUBIANETS

Position: Managing Member

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: VADZIM DUBIANETS

Position: Managing Member.

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.

VADZIM DUBIANETS

Print name of applicant



Signature of Applicant

1 05/18/2017

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:** Vadzim Dubianets King County Movers

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

Name, Title, and Business Name: Yegor Madvornyy

Address (include street address, mailing address, city, state, zip, and county):  
17212 NE 45th Street, apt 98, Redmond, WA 98052

Phone Number: 347-882-3288

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:

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:  
Will be moving to a new residential location and will be using services of this new company. Vadym showed a superior quality of his prior work and earned my trust.

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 had a pleasure to get to know Vadym and his team and witness them doing a great quality job.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

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

[Signature] 06/06/17  
 Signature of Person Completing Form Date and Location

**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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**Applicant Name:** Natasha Nadborna & Vadzim Dubianets

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<u>Natasha Nadborna</u>
Address (include street address, mailing address, city, state, zip, and county):	<u>17403 NE 45th Street, #154, Redmond, WA, 98052</u>
Phone Number:	<u>347-331-7998</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>move few things to the storage</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>moving out from my current residency into a new 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>I'll have complete trust of my belongings to be safe during the move</u>
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	<u>think how many people this company could make happy performing their moving services</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	_____ 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:** Vadzim Dubianets

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

Name, Title, and Business Name: Maryna Liubarets

Address (include street address, mailing address, city, state, zip, and county):  
17309 NE 45th St. Apt. 138, Redmond, 98052, King county.

Phone Number: (929) 231-8832

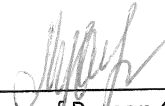
Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
Planning to move to another Washington city and need residential moving help

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:  
Within a few years plan to buy a house and will need the services of a moving company.

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:  
King County Movers moving company is simply making moving task much easier, completely hands-off work for me for a reasonable price

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

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

 06/04/2017 Redmond, WA  
 Signature of Person Completing Form Date and Location



WA USA **WASHINGTON** DRIVER LICENSE



L16232H114

4d LIC# [REDACTED]

1 DUBIANETS

2 VADZIM

3 DOB [REDACTED]

4a Iss 07-20-2016



15 Sex M 16 Hgt 5-11

17 Wgt 155 18 Eyes BLU

9 Class 9a End NONE

12 Restrictions NONE

4b Exp 03-25-2022

5 D [REDACTED]

Rev 09-16-2009