

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:	Docket #:
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: Washington's Best Movers  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable: SKINNY WIMP MOVING CO. Seattle

Physical Address: 10710 SE 256<sup>th</sup> St. Kent, WA 98030

Mailing Address: 10710 SE 256<sup>th</sup> St. Kent, WA 98030

Telephone Number (805) 312-6850 Fax Number ( ) \_\_\_\_\_

**BUSINESS INFORMATION - continued**

UBI #: 604-073-995 Email: Seattle@Skinnywimpmoving.com

USDOT #: 29166930 (If you currently don't have one, go online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # NA

Employment Security Department registration number NA

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>Sean Fulham</u>	<u>member/Manager</u>	<u>50%</u>
<u>Nicholas Pasky</u>	<u>member/Manager</u>	<u>50%</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: Professional and Friendly household movers that go above and beyond the regular standard of movers to ensure customer satisfaction
- Briefly describe your experience in the transportation/household goods moving industry: we have a combined experience of almost 6 years in providing quality moving services. We have been professionally trained to be cautious and efficient
- 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? \_\_\_\_\_

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, 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	\$ 500	Salaries/Wages Payable	\$ NA
Notes Receivable	\$ NA	Accounts Payable	\$ NA
Investments	\$ NA	Notes Payable	\$ 15.5% earned income
Other Current Assets	\$ NA	Mortgages Payable	\$ NA
Prepaid Expenses	\$ NA	TOTAL LIABILITIES	\$ NA
Land and Buildings	\$ NA	NET WORTH	
Trucks and Trailers	\$ 48,000	Preferred Stock	\$ NA
Office Furniture	\$ NA	Common Stock	\$ NA
Other Equipment	\$ 1,500	Retained Earnings	\$ NA
Other Assets	\$ NA	Capital	\$ 5,000
TOTAL ASSETS	\$ 50,000	TOTAL LIABILITIES & NET WORTH	\$ 5,000 + 15.5% earned income

### 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
2009	Ford F650	8T42860	3FRNW65H49V115085	10,400

### 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:

*Nick Pasley*

Position:

*member/manager*

### 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: Sean Fulham Position: Member / Manager

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: Sean Fulham Position: Member / Manager

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.

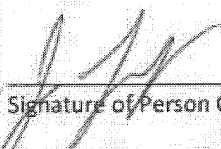
Sean Fulham      Sean Fulham      11/1/2017  
Print name of applicant      Signature of Applicant      Date and Location

**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:** Washington's Best Movers L.L.C.

<b>The following must be completed by the Supporter of the applicant</b>	
<b>Name, Title, and Business Name:</b> <u>Joe Loranger</u>	
<b>Address (include street address, mailing address, city, state, zip, and county):</b> <u>7104 2800R SE ISSAQUAH WA. 98027</u>	
<b>Phone Number:</b> <u>206 915 1766</u>	
<b>Do you currently need the services of a residential household goods moving company?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs:  <u>MOVING HOUSEHOLD GOODS TO STORAGE.</u>	
<b>Do you anticipate a future need for the services of a residential household goods moving company?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs:  	
<b>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:</b>  <u>MY WORK SCHEDULE DOES NOT ALLOW TIME</u>	
<b>Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?</b>  	
<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>	
<u></u> Signature of Person Completing Form	<u>10/25/17 ISSAQUAH WA.</u> Date and Location

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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:** Washington's Best Movers LLC.

<b>The following must be completed by the Supporter of the applicant</b>	
Name, Title, and Business Name: <u>Lighthouse Apartments - Paula Slater Manager</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>10710 256<sup>th</sup> St Kent WA 98030</u>	
Phone Number: <u>253-856-987</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: 	
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: 	
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>We are a Apartment complex and it benefits my residents by having them so close and that I can refer and make it easy</u>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>Yes, Having them have a permit helps with my residents moving - makes it so much easier</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>Paul Slater</u> Signature of Person Completing Form	<u>11/1/17</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:** Washington's Best Movers L.L.C.

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	KM Bookkeeping & Tax Services, LLC
Address (include street address, mailing address, city, state, zip, and county):	227 Bellevue Way, #53 Bellevue, WA 98004
Phone Number:	760-522-5675
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:	I am moving from my current residence to a new residence.
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:	
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:	Having a moving company makes my move a easy, creates competition, better prices and more resources.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	The company owner provide an excellent service, work cohesively with their clients, are planning on hiring.
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	Bellevue, 10/26/2017 Date and Location



42 LC [REDACTED] 9 CLASS [REDACTED]  
1 FULHAM  
2 SEAN THOMAS  
3 DOB [REDACTED] 4c SSN 09/08/2017  
5 SEX M 6 HT 6-01" 7 EYES BRO  
8 WGT 175 LB 9 RESTRICTIONS NONE  
10 EXP 08/28/2023  
11 [REDACTED]



*Sean Thomas*

REV/11/06/2013

WA WASHINGTON DRIVER LICENSE



25 3-17-143001524

48 SEX M  
1 PASTY  
2 NICHOLAS CHRISTOPHER

CLASS  
[REDACTED]

DOB [REDACTED]

EXPIRES 05/23/2017



49 EYES HAZ  
40 HGT 5-00"  
41 WGT 150 LB  
42 RESTRICTIONS NONE  
43 END NONE  
44 EXP 10/15/2022

**Form E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

Liability Limit: \$1,000,000

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Cas Co (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to WASHINGTON'S BEST MOVERS LLC, SKINNY WIMP MOVING COMPAN of 10710 SE 256TH ST APT D203, KENT, WA 98030-0000 a policy or policies of insurance effective from 09/19/2017 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143  
this 20th day of September, 2017

Insurance Company File No. CA 04148094  
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IR635398

Form H  
Uniform Motor Carrier Cargo  
Certificate of Insurance

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)  
(Name of Commission)

This is to certify that the UNITED SPECIALTY INSURANCE COMPANY NAIC# 12537  
(Name of Company)

(herein after called Company) of 1900 L DON DODSON DRIVE BEDFORD TX 76021  
(Home Address of Company)

has issued to Washington's Best Movers LLC (DBA) Skinny Wimp Moving Company Seattle  
(Name of Motor Carrier)

of 10710 SE 256th St. Apt. D203 Kent WA 98030  
(Address of Motor Carrier)

A policy or policies of insurance effective from 01/20/2017 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Cargo Insurance Endorsement has or have been amended to provide cargo insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon. This certificate and the endorsement described herein, may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Commission; such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 560 Polaris Parkway Westerville OH 43082 this 26th day of  
(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)  
Sep 20 17

Insurance Company File No. USA4140331  
(Policy Number)

Carri Melcher  
(Authorized Company Representative)