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WASH. UT. & TP. COMM

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 # <b>063509</b>	111-0268-207-02	111-0268-013-20	

028 check #  
 \$ 550.00

**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 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

**BUSINESS INFORMATION**

Legal Name: Hushland LLC

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

Physical Address 1701 NW 6AVE BATTLE Ground WA 98604

Mailing Address 1701 NW 6AVE BATTLE Ground WA 98604

Telephone Number (360) 601-5791 ~~2~~ (Number) 360 839-3370

Email: Hushlando@gmail.com

**BUSINESS INFORMATION - continued**

Is your business registered with the Department of Revenue?  No  Yes

UBI #: 45-510929L 603-200-315 USDOT #: 2298035

If you currently do not have a USDOT number, 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 (L&I) Worker's Comp account # \_\_\_\_\_

Employment Security Department (ESD) registration # \_\_\_\_\_

If you will not be setting up an account with L&I or ESD because you do not have employees, please explain how you plan to obtain workers. Per WAC 480-15-555, a criminal background check must be completed on each person you intend to hire. If you intend to hire day labor from a temp agency, they must perform the criminal background check. Refer also to WAC 480-15-302 and 305.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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

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: Husband and LLC will provide complete wholesale household moving service, in a timely safe manner.

2. Briefly describe your experience in the transportation/household goods moving industry: 16 years of safe experience off moving loads for various customers with no loss of property.

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 2298035

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# 784680-P

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
<i>DRIVER out of Service Violation</i>	<i>3-27-2016</i>	<i>550 200/248</i>
<i>DRIVER out of Service Violation</i>	<i>10-30-2015</i>	<i>0000 13/182</i>

\*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	\$ 14,026.00	Salaries/Wages Payable	\$ 0
Notes Receivable	\$	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	<b>\$ 0</b>
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 45,000.00	Preferred Stock	\$ 0
Office Furniture	\$ 900	Common Stock	\$ 0
Other Equipment	\$ 0	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
<b>TOTAL ASSETS</b>	<b>\$ 60,926.00</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ 0</b>

### 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
2008	VOLVO	35080 RP	4V4NC9TG38N477306	50,351
2013	VANBUARD	3265-YJ	LJRR53261D6001813	68,000

## 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 ACR rule Fact Sheet and publication "Our 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:

ANDREI DEMENKO

Position:

owner

**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:** Andrei Dementko

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Natalie Kostenko Ophthalmic Technician
Address (include street address, mailing address, city, state, zip, and county):	17127 SE Rhododendron St Happy Valley, OR 97086
Phone Number:	503 621-4496
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 need a large moving vehicle
Do you anticipate a future need for the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input 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:	moving all at once
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	NO
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	12/25/17 Date and Location

**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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**Applicant Name:**

ANDREI DEMENKO

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

Name, Title, and Business Name:

Yelena Beatrov bookkeeper

Address (include street address, mailing address, city, state, zip, and county):

8805sw Schmidt Loop, Tigard, OR 97224

Phone Number:

503-432-1997

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:

we are anticipate moving in a few years.

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:

It will benefit me by saving hundreds of dollars

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

NO

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

Yelena Beatrov

Signature of Person Completing Form

12/26/2017

Date and Location

**ATTACHMENT A**

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**Applicant Name:** ANDREI DEMENKO

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

Name, Title, and Business Name:  
Lyubov Semenyuta, self employed, ILS Trucking

Address (include street address, mailing address, city, state, zip, and county):  
74 SW 175<sup>th</sup> Ave, Beaverton, OR 97006

Phone Number:  
971 275 3755

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:  
We require large capacity moving van trailer

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:  
House hold LLC is a safe trucking company, with many years of experiepe in the transportation industry they will provide safe bulk household moving service.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
NO

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

Lyubov Semenyuta 12/14/17  
 Signature of Person Completing Form Date and Location



WA  
USA

**WASHINGTON**

COMMERCIAL  
DRIVER LICENSE



1015336C1US

4d LIC# [REDACTED]  
1 DEMENKO  
2 ANDREIL  
3 DOB [REDACTED] 4a Iss 12-29-2015  
8 [REDACTED]  
15 Sex M 16 Hgt 5-09  
17 Wgt 220 18 Eyes BLU  
9 Class A 9a End T 4b Exp 12-23-2021  
12 Restrictions NONE



*Andreil Demenko*

5 DD [REDACTED]

Rev 09-16-2009