

**RECEIVED**  
 JAN 17 2018  
 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**

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed:	DOL/SOS:	ID:	Docket #
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception # <b>063676</b>	111-0268-207-02	111-0268-013-20	

\$550.00 Check #8002

**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: mpaty Diarra Diarra Moving + Delivery Services LLC  
(must be individual, partners of a partnership or corporation)

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

Physical Address 6527 rainier ave S, Seattle, wa #98118

Mailing Address 6527 rainier ave S, Seattle, wa #98118

Telephone Number (206) 289-9203 Fax Number ( ) \_\_\_\_\_

**BUSINESS INFORMATION - continued**

UBI #: 604193197 Email: diarramoving@gmail.com

USDOT #: 3069351 (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 # N/A

Employment Security Department registration number N/A

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>Dianna</u>	<u>Owner</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: I wish to provide an affordable moving service for those who can't afford an high price moving company around my community.

2. Briefly describe your experience in the transportation/household goods moving industry: I have two good friends who own their own moving company and I have been working with them off and on for five years now.

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

<b>FINANCIAL STATEMENT</b>			
Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.			
<b>Assets</b>		<b>Liabilities</b>	
Cash in Bank	\$ 10,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$ 7,000	Preferred Stock	\$
Office Furniture	\$ 400.00	Common Stock	\$
Other Equipment	\$ 700.00	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	<b>\$ 18,100.00</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$</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
2006	Ford	DIABRM253MK	IFDWE35L26HR1140	4,773

### 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:

*Mary Davern*

Position:

*Owner*

## 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:

*Mindy Diarra*

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:

*Mindy Diarra*

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.

*Mindy Diarra*

Print name of applicant

*Mindy Diarra*

Signature of Applicant

*1/11/18*

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:** MPaly Diarra

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<u>3Z movers LLC</u>
Address (include street address, mailing address, city, state, zip, and county):	<u>14428 88<sup>th</sup> NE Kirkland, wa # 98034</u>
Phone Number:	<u>(206) 486-2462</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>yes because i also offer my moving services to people who are currently in a nursing home. or to kids who are in college</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>my moving company offers a variety of services like, Hauling, Delivery, Garbage Removal and more.</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>well not only will it benefit my family but i plan for my wife and i to quit our jobs and do this full time, plus help those who could use my help in my community for a affordable price.</u>
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	<u>please keep an mind im just a man trying to provide for my family and their future plus have five years of experinece doing this.</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>MPaly Diarra</u> Signature of Person Completing Form	<u>1/11/18</u> Date and Location

WA USA **WASHINGTON** DRIVER LICENSE

20 32171643G1125



4d LIC [REDACTED] 9CLASS  
1 DIARRA  
2 MPALY

3 DOB [REDACTED] 4a ISS 06/13/2017

15 SEX M 18 EYES BRO  
16 HGT 5'-10" 17 WGT 190 lb  
12 RESTRICTIONS 9a END NONE  
NONE 4b EXP 07/12/2023


5 DD [REDACTED]

REV 01/06/2015

*MPALY*

WA USA **WASHINGTON** DRIVER LICENSE

20 32171643G1125



4d LIC [REDACTED] 9CLASS  
1 DIARRA  
2 MPALY

3 DOB [REDACTED] 4a ISS 06/13/2017

15 SEX M 18 EYES BRO  
16 HGT 5'-10" 17 WGT 190 lb  
12 RESTRICTIONS 9a END NONE  
NONE 4b EXP 07/12/2023

5 DD [REDACTED]

REV 01/06/2015

*MPALY*

To whom it may concern:

This letter is in recommendation of Mpaly Diarra. I have known Mpaly now for over five years now. The one thing that I can say or attest to is that Mpaly is one of the hardest workers I have ever met. He goes above and beyond in everything that he does. Not only does he have a work ethic second to none, the biggest reason why he should have this business license is because he truly is passionate about the people he serves. His genuine interest in the welfare and wellbeing of the people he works for and those who ever come into contact with him is what separates him from most business owners. I have never seen somebody be able to have a positive effect on the people around him at work. His energy, motivation, and spirit bring a great sense of connection, love, and care in the lives of the people he comes across. I believe Mpaly will drive his business ethically, morally, responsibly, and with great honor. As a recently honorably discharged Veteran I know what it takes to work and make a difference in the world. I have experienced no greater work than being involved in combat operations forward deployed. Mpaly has everything it takes to succeed. The most important thing is that he is truly a man of the people. He does not live and work for himself. He creates opportunities for people to succeed in life. Please do not hesitate to call me if you have any further questions.

Very Respectfully,

Trevor Gazes

(206)369-8455



1/12/18

To whom it may concern.

I David Reh have known vyealy  
David for 3 years now and I  
can honestly say he is the  
most hard working man I  
know. I know for sure he  
will succeed in this moving  
company. Once he puts his  
mind to it there is no  
stopping him. And I know  
the community around him  
will benefit from this business  
aswell.

David Reh

(425) 761-8277

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**Jay R Handley**

3823 14Th Ave  
Seattle, 98108  
(206) 898-5147  
jayhandley47@gmail.com

13 January 2018

To whom it may concern,

I am writing to briefly describe the character and measure of my friend and former co-worker, Mpaly Diarra. I have known Mpaly for roughly two years now and I have had the pleasure of witnessing his integrity, honesty and hard working spirit on many occasion. He is fundamentally one of the hardest working and honest people I have ever known. A great family man, who actively provides for his entire family, while offering assistance to friends and others without any regard for personal enrichment. Simply put, I trust this man. I trust him, to always do the right thing. It is without any reservation that I offer my reference on behalf of Mpaly and his business venture.

Sincerely,

Jay Handley



**Africatown International Inc.**  
info@africatowninternational.org  
P.O. Box 426  
Renton, WA. 98057  
1.800.889.9383/+220.756.7562

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In regards to Mpaly Diarra,

Africatown International is a Reg. 501(c)3 headquartered in Washington State, who from time to time has employed the services offered by Mr. Diarra. His work ethic and sound business practices are exemplary. We look forward to seeing his business grow and working with him in the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'Malakhi Kaine'.

Malakhi Kaine  
President / CEO

**AFRICATOWN INTERNATIONAL, POB 426, RENTON, WA. 98057**  
EMAIL: [INFO@AFRICATOWNINTERNATIONAL.ORG](mailto:INFO@AFRICATOWNINTERNATIONAL.ORG)  
WEB: [HTTP://AFRICATOWNINTERNATIONAL.ORG](http://AFRICATOWNINTERNATIONAL.ORG)



State Farm Fire and Casualty Company

PO Box 853922  
Richardson, TX 75085-3922

35828-2-B MATCH 00541 FIRE OVL

DECLARATIONS PAGE

NAMED INSURED 00541  
47-2783-2 B A

DIARRA, MPALY  
6527 RAINIER AVE S APT 6  
SEATTLE WA 98118-3362

POLICY NUMBER 420 9595-B22-47  
POLICY PERIOD AUG 22 2017 to FEB 22 2018  
12:01 A.M. Standard Time

STATE FARM PAYMENT PLAN NUMBER  
1208311415  
AGENT  
JEFFREY TAYLOR  
4850 RAINIER AVE S  
SEATTLE, WA 98118-1742

PHONE: (206)725-8008

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.  
IF AN AMOUNT IS DUE, THEN A SEPARATE STATEMENT IS ENCLOSED.

YOUR CAR

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID. NUMBER	CLASS
2006	FORD	E350SD	BOX TRK	1FDWE35L26HB11140	Commercial

SYMBOLS	COVERAGE & LIMITS	PREMIUMS
A	Liability Coverage Bodily Injury Limits Each Person, Each Accident \$100,000 \$300,000 Property Damage Limit Each Accident \$100,000	\$550.85
P1	Personal Injury Protection Coverage (See Policy Schedule for Limits.)	\$32.14
D	Comprehensive Coverage - \$500 Deductible	\$80.63
G	Collision Coverage - \$500 Deductible	\$136.71
U	Underinsured Motor Vehicle Coverage Bodily Injury Limits Each Person, Each Accident \$100,000 \$300,000	\$94.67
U1	Underinsured Motor Vehicle Property Damage Coverage Limit - Each Accident \$100,000	\$2.90

Total premium for AUG 22 2017 to FEB 22 2018. \$897.90 This is not a bill.

IMPORTANT MESSAGES

New Policy Form

EXCEPTIONS, POLICY BOOKLET & ENDORSEMENTS (See policy booklet & individual endorsements for coverage details.)

YOUR POLICY CONSISTS OF THIS DECLARATIONS PAGE, THE POLICY BOOKLET - FORM 9847A, AND ANY ENDORSEMENTS THAT APPLY, INCLUDING THOSE ISSUED TO YOU WITH ANY SUBSEQUENT RENEWAL NOTICE.  
6018CK COMMERCIAL VEHICLE.  
6128BC AMENDATORY ENDORSEMENT.  
6947A.2 AMENDATORY ENDORSEMENT.

Agent: JEFFREY TAYLOR

Telephone: (206)725-8008

Prepared AUG 29 2017 2783-C14

See Reverse Side

This policy is issued by the State Farm Fire and Casualty Company.

### Participating Policy

The named insured or named insureds shown on this Declarations Page are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

*Lynne M. Youell*  
Secretary

*Michael Flynn*  
President