

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: <i>10928</i>	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 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: Vamonos Junk Haulers LLC

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

Physical Address 371 S Kentucky Ave E. Wenatchee WA 98802

Mailing Address " "

Telephone Number (509) 668-7672 Fax Number ( ) \_\_\_\_\_

Email: Vamonos7672@gmail.com

**BUSINESS INFORMATION - continued**

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

UBI #: 604 196 752 USDOT #: \_\_\_\_\_

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 # 658, 706-00

Employment Security Department (ESD) registration # 000-747548-00-6

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 \_\_\_\_\_

List the name, title and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or % of Shares
<u>Vanina Sosa</u>	<u>manager</u>	<u>50%</u>
<u>miguel Sosa</u>	<u>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.

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: load and unload

customer items. Then place them where they need them. provide customer relief of loading and unloading.

2. Briefly describe your experience in the transportation/household goods moving industry:

contracted thru whant to load and unload whant.

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	\$ 4,000.00	Salaries/Wages Payable	\$
Notes Receivable	\$ -	Accounts Payable	\$ -
Investments	\$ 500.00	Notes Payable	\$ -
Other Current Assets	\$ -	Mortgages Payable	\$ -
Prepaid Expenses	\$ -	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$ -	<b>NET WORTH</b>	
Trucks and Trailers	\$ 35,000.00	Preferred Stock	\$ -
Office Furniture	\$ 300.00	Common Stock	\$ -
Other Equipment	\$ 1,000.00	Retained Earnings	\$ -
Other Assets	\$	Capital	\$ -
<b>TOTAL ASSETS</b>	\$ 40,800.00	<b>TOTAL LIABILITIES &amp; NET WORTH</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
2011	Gmc Sierra		1G11252826F195578	12000
2006	Inter/cargo	8A952013	4RAC516226014126	3180

<b>SAFETY AND OPERATIONS</b>	
<p><b>CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING</b> (<u>Title 49, Code of Federal Regulations Part 382 and Part 40</u>). 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. <b>Please attach evidence of your enrollment in a drug and alcohol testing program.</b></p>	
<b>SAFETY RESPONSIBILITIES</b>	
<p>List the person and position responsible for understanding and complying with the <u>Federal Motor Carrier Safety Regulations (FMCSR)</u> 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</p>	
<p><b>COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENT AND PENALTIES</b> (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.</p>	
<p><b>DRIVER QUALIFICATION REQUIREMENTS:</b> (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.</p>	
<p><b>DRIVERS HOURS OF SERVICE</b> (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.</p>	
<p><b>INSPECTION, REPAIR AND MAINTENANCE</b> (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.</p>	
<p><b>PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION</b> (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.</p>	
<p><b>LIABILITY INSURANCE REQUIREMENTS</b> (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)</p>	
<p><b>CARGO INSURANCE REQUIREMENTS</b> (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).</p>	
<p>Name: <i>Yasser Aosta</i></p>	<p>Position: <i>manager</i></p>

<b>OPERATIONAL RESPONSIBILITIES</b>	
Annual Reports and Regulatory Fees ( <u>WAC 480-15-480</u> ). You must annually file a report of your financial operations and pay regulatory fees.	
Name: <u>Yanina Sosa</u>	Position: <u>Manager</u>
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: <u>Yanina Sosa</u>	Position: <u>Manager</u>
If you would like to receive information about new household goods carriers, check here <input checked="" type="checkbox"/>	
<b>DECLARATION OF APPLICANT</b>	
I understand that filing this application <b>does not</b> 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.	
<u>Yanina Sosa</u> Print name of applicant	<u>Yanina Sosa</u> Signature of Applicant
<u>3-27-18/WA</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:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Shayne Starr manager Ultratan I+II

Address (include street address, mailing address, city, state, zip, and county):  
1004 Springwater Ave Wenatchee, WA 98801  
595 Grant RD East Wenatchee, WA 98802

Phone Number: 509-462-7011      509-293-2703 (cell)

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs: Our company is currently moving and require professionals that know what they are doing. Our equipment is delicate & requires a skilled person to take expert

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 will require help relocating beds further in our new location.

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: They are honest, hard working, and meticulous. They are very careful with all of the equipment and professional. Organized

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? This company is top notch we appreciate all that they have done to help us max our business. They are considerate of their

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

Shayne Starr  
Signature of Person Completing Form

March 28, 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: Debbie Dejka

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: The Arrangement

Address (include street address, mailing address, city, state, zip, and county): 147 23rd St. NW East Wenatchee, WA 98802

Phone Number: 509-421-4444

Do you currently need the services of a residential household goods moving company? Yes If yes, please describe your current moving needs: staging houses (real estate) moving for interior design jobs

Do you anticipate a future need for the services of a residential household goods moving company? Yes If yes, please describe your future moving needs: Same

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: There are very few movers in the Wenatchee Valley and especially affordable and of quality like Vamanos !!

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Our business would suffer greatly without Vamanos moving!

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: Debbie Dejka Date and Location: 3/28/18 Wenatchee, WA 98801





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:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Jennifer Cuff

Address (include street address, mailing address, city, state, zip, and county):  
1221 Jupiter St SE East Wenatchee WA 98802

Phone Number: (509) 860-4984

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
I moved twice Sometime I need 1 item moved that I may have purchased

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:  
Help moving items I can not lift.

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 our community knowing there is a locally owned moving Business is Reassuring to community.

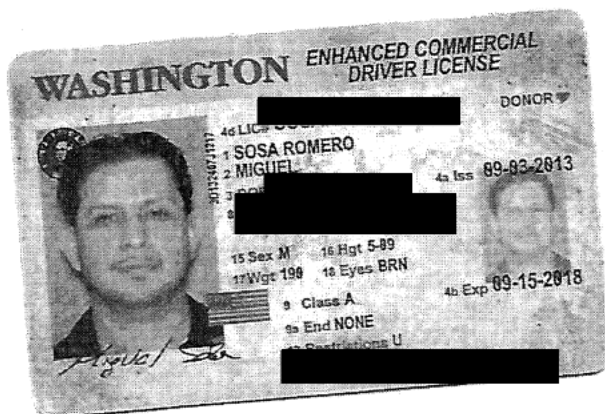
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
The Vanonos does a excellent job meeting our needs being Small Job or Big Job.

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

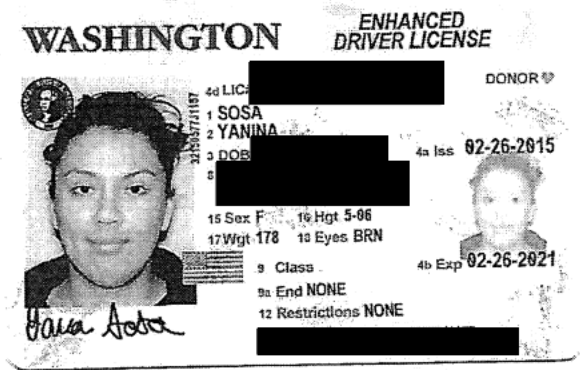
Jennifer Cuff  
Signature of Person Completing Form

3/28/18 Wenatchee  
Date and Location

Driver License



Driver License





Hull & Company, LLC  
 6443 SW Beaverton-Hillsdale Hwy, #350  
 Portland, OR 97221  
 (800)452-9412 Fax: (800)242-3742  
 Managing General Agents ■ Wholesale Insurance Brokers

**DATE:** 11/06/2017  
**TO:** General Insurance Service, Inc  
 Po Box 2225  
 Woodinville, WA 98072

**Agency Code:** 132432

**FROM:** Thomas Walsh  
 twalsh@hullconw.com

**Agency Fax:** (425)487-4801

## Insurance Binder

**Insurance Terms:**

**Insured:** Vamonos Junk Haulers  
 2027 Wenatchee Ave , Wenatchee, WA 98801

**Policy #:** MP0036002004040 **Renewal of Policy #:** NEW  
 Policy Type: Occurrence

**Insurer:** Non-Admitted  
 Mesa Underwriters Specialty Insurance Company - 40 Wantage Avenue Branchville NJ 07890  
 Hull & Company, LLC is responsible for collecting and filing the Surplus Lines taxes.

**Effective Date:** 11/06/2017

**Term of Policy Coverage:** 11/06/2017 to 11/06/2018

<b>Premium:</b>	\$500.00
Broker Fee	\$150.00
WA SL Tax(2%)	\$13.00
Stamping Fee(0.1%)	\$0.65
<b>Total:</b>	<b>\$663.65</b>

**Commission:** 10 %  
**Minimum Earned Percent:** 25.00 % **Minimum Earned Premium:** \$ 125.00  
 Note: Policy fees are fully earned.

**Locations:**  
 2027 Wenatchee Ave, Wenatchee, WA, 98801

**Commercial General Liability**

**Limits:**  
 General Aggregate: \$2,000,000  
 Products/Completed Operations Aggregate: Included  
 Each Occurrence: \$1,000,000  
 Personal and Advertising Injury: \$1,000,000  
 Damages to Premises Rented To You: \$100,000  
 Medical Payments (any one person): \$5,000  
 Deductible (BI/PD) \$250 Per Occurrence

**Loc #:** - 2027 Wenatchee Ave  
**Coverage:** General Liability - Policy Type:

Class	Description	Sub-Line	Basis	Exposure	Final Rate	Premium
-------	-------------	----------	-------	----------	------------	---------



Hull & Company, LLC  
6443 SW Beaverton-Hillsdale Hwy, #350  
Portland, OR 97221  
(800)452-9412 Fax: (800)242-3742  
Managing General Agents ■ Wholesale Insurance Brokers

**DATE:** 03/20/2018  
**TO:** Peter Pabalate  
General Insurance Service, Inc  
PO Box 2225  
Woodinville, WA 98072

**Agency Code:** 132432

**FROM:** Thomas Walsh  
twalsh@hullconw.com

**Agency Fax:** (425)487-4801

### Insurance Binder

**Insurance Terms:**

**Insured:** Vamonos Junk Haulers  
371 S Kentucky Ave , East Wenatchee, WA 98802

**Policy #:** USA-4193863 **Renewal of Policy #:** NEW

**Insurer:** Non-Admitted  
United Specialty Insurance Company  
Hull & Company, LLC is responsible for collecting and filing the Surplus Lines taxes.

**Effective Date:** 03/20/2018

**Term of Policy Coverage:** 03/20/2018 to 03/20/2019

**Premium:**

<b>Premium:</b>	\$800.00
Broker Fee	\$150.00
WA SL Tax(2%)	\$19.00
Stamping Fee(0.1%)	\$0.95
<b>Total:</b>	<b>\$969.95</b>

**Commission:** 10 %

**Minimum Earned Percent:** 25.00 %

**Minimum Earned Premium:** \$ 200.00

Note: Policy fees are fully earned.

Policy Type: Occurrence

**Locations:**

2027 Wenatchee Ave, Wenatchee, WA, 98801

**Commercial Property**

<b>Coverage(s)</b>	<b>Scheduled Limit(s)</b>
Special Risks	\$10,000

Commodities: Furniture				Deductible: \$ 1,000	
Cause of Loss: Risks of Direct Physical Damage		Theft: Included		Hazard Group: 4	
Coverage	Limits		Rates	Power Units	Premium
Motor Truck Cargo	\$ 10,000	Maximum per "Covered Vehicle" Per Occurrence	\$ 800	1	\$ 800
	\$ 10,000	Maximum Per Any One Occurrence			

Additional Coverages

Code	Description	Comments	Exposure	Rate	Premium

<b>Subtotal Coverage Premium:</b>				\$ 800
<b>TRIA Premium:</b>				\$ 0
<b>Total Coverage Premium:</b>				\$ 800