

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 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: Lanlima Services Inc

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

Physical Address: 11056 Hart Lane NE, BI WA 98110

Mailing Address: PO Box 11505, BI WA 98110

Telephone Number (204) 240-0513 Fax Number ( ) —

Email: hapa75@hotmail

**BUSINESS INFORMATION - continued**

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

UBI #: 602-864-111 USDOT #: N/A

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 # 164,547-00

Employment Security Department (ESD) registration # 553996-00-A

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>Edward Mickelsen</u>	<u>President</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: Provide moving manpower.

2. Briefly describe your experience in the transportation/household goods moving industry: Have moved & assembled office furniture. Moved hospital supplies & equipment.

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

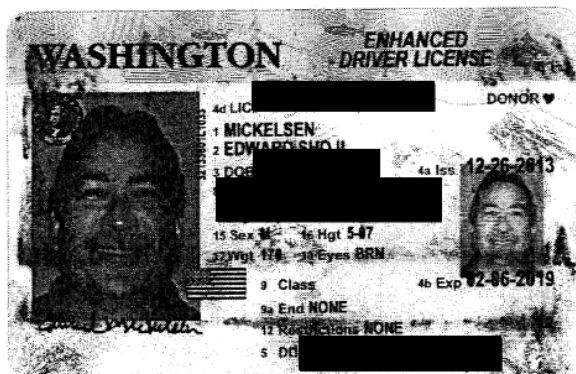
\*attach additional pages if necessary

<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	\$ 4,387. <sup>00</sup>	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	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$

<b>EQUIPMENT LIST</b>				
Describe the equipment you will own or lease to provide moving services (attach additional sheets if necessary).				
<b>Year</b>	<b>Make</b>	<b>License Number</b>	<b>Vehicle ID Number</b>	<b>Gross Vehicle Weight</b>

<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>Edward Mickelsen</i></p>	<p>Position: <i>President</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>Edward Michelsen</u>	Position: <u>President</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>Edward Michelsen</u>	Position: <u>President</u>	
If you would like to receive information about new household goods carriers, check here <input type="checkbox"/>		
<b>DECLARATION OF APPLICANT</b>		
I understand that filing this application <u>does not</u> 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>Edward Michelsen</u>	<u>Edward Michelsen</u>	
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:** *Loulima Services Inc.*

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

**Name, Title, and Business Name:** *Ty Evans - Broker - Windermere Real Estate*

**Address (include street address, mailing address, city, state, zip, and county):**  
*840 Madison BI WA 98110*

**Phone Number:** *206-795-0202*

**Do you currently need the services of a residential household goods moving company?**  
 No  Yes If yes, please describe your current moving needs:  
*For clients - for staging of my real estate 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:  
*He's trust worthy and has a excellent reputation. My clients trust him & his crew. We have shady movers on the Island.*

**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:**  
*My clients trust me to make good referrals to move their valuables and have SAFE People in their homes. I USE ED ONLY.*

**Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?** *He's the best and I've been on this Island in this business for 30 years. ED & his workers are in my top 5 to refer for service. I use ED personally & for my clients & my children for 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:** *Ty Evans*  
**Date and Location:** *6/2/2018 Bainbridge Is WA*





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: Laulima Services Inc.

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<u>Mitzi Stern, Executive Director</u>
Address (include street address, mailing address, city, state, zip, and county):	<u>186 Wyatt Way NW Bainbridge Island, WA 98110</u>
Phone Number:	<u>206 780-3646</u>
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input 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:	<u>Moving residents from apt to apt moving belongings from storage moving residents in + out of the facility</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>Wonderful help to our residents + nice to know a small company can accomodate us quickly when needed. Does small scale moves to larger. Assembles + cleans up</u>
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.	
<u>Mitzi Stern, Executive Director</u> Signature of Person Completing Form	<u>5/31/18</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:** *Lautana Services Inc*

<b>The following must be completed by the Supporter of the applicant</b>	
<b>Name, Title, and Business Name:</b>	<i>LARRY PRUITT - MGR. - RELIABLE STORAGE</i>
<b>Address (include street address, mailing address, city, state, zip, and county):</b>	<i>10600 NE State Hwy 104, KINGSTON, WA. 98346</i>
<b>Phone Number:</b>	<i>206.276.4645</i>
<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: <i>Occasionally our tenants need help with loading &amp; unloading household goods and moving to and from a unit &amp; residence.</i>	
<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: <i>Our tenants and staff trust him and he has an excellent reputation.</i>	
<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>	
<i>People trust me for trustworthy recommendations and he has proven to be trustworthy &amp; respectable with all that he does.</i>	
<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 have used Ed and his company several times, he is very careful, responsible &amp; respectful. My tenants have all expressed how wonderful he is. We only use him.</i>	
<b>I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</b>	
<i>Larry Pruitt</i>	<i>6.2.18 KINGSTON, WA.</i>
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:** *Lambina Services Inc*

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

Name, Title, and Business Name:  
*Lily Karsten, Owner, Lily Karsten LLC*

Address (include street address, mailing address, city, state, zip, and county):  
*10871 Falk Rd NE Bainbridge Island, WA 98110, Kitsap*

Phone Number:  
*206.605.6673*

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
*I own a Interior Styling / Home staging business. I need movers all the time to help set up, move old furniture out, etc.*

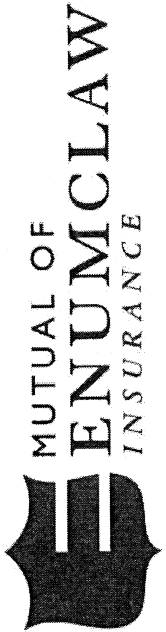
Do you anticipate a future need for the services of a residential household goods moving company?  
 No  Yes If yes, please describe your future moving needs:

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 can't imagine not having Ed and his crew to help me and my clients. They are fast and efficient!*

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
*They are a small business. I am too. It's nice to be able to support locally.*

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

*[Signature]*  
Signature of Person Completing Form  
*June 4, 2018*  
Date and Location



LAULIMA SERVICES INC  
 PO BOX 11505  
 BAINBRIDGE ISLAND, WA 98110

**Account Activity Since Last Bill**

Description	Amount
Previous Account Balance	\$665.60
Payments (Less Service Charge)	(\$83.20)
Account Activity	\$0.00
Other Charge(s) (See Reverse)	\$0.00
Current Account Balance	\$582.40

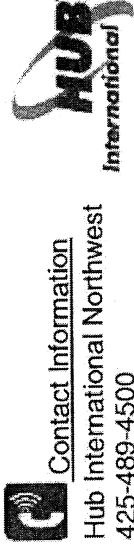
Insurance Bill  
 As of April 21, 2018

Due Date: 05/10/2018  
 Minimum Due: \$88.20

Pay by Phone: 888-475-2823

Pay Online: [mutualofenumclaw.com](http://mutualofenumclaw.com)

*pd 5/8/18*  
*via ph pgud*  
*4/14/2018*



Contact Information  
 Hub International Northwest  
 425-489-4500

Billing Questions: 800-456-7750

**Summary for Account Number P103233110**

Company	Type	Policy Number	Status	Minimum Due	Policy Balance
MOE	Commercial Package	CPP0019838	Active	\$83.20	\$582.40
<b>Other Charge(s):</b>				\$0.00	\$0.00
<b>Service Charge*:</b>				\$5.00	\$0.00
<b>Totals</b>				<b>\$88.20</b>	<b>\$582.40</b>

EP&C – Enumclaw Property and Casualty Insurance Company / MOE – Mutual of Enumclaw Insurance Company

Payment of the minimum due includes a \$5.00 service charge. Paying the account balance or signing up for our Easy Pay program allows you to avoid these charges. See reverse side for details on our Easy Pay program.

For more detailed information regarding your account activity, please contact your agent or visit our website at [mutualofenumclaw.com](http://mutualofenumclaw.com).

**THANKS FOR YOUR BUSINESS!**

Please detach and return lower portion with your payment in the envelope provided.

0006226900056900100100



## General Information

**Due Date** – The date payment of at least the minimum due should be received. NOTE: Payment must be received by 5:00 PM, Pacific Time to be posted the same business day.

**Returned Payments** – If your payment is not honored by your financial institution, you may be charged a returned item/NSF fee.

**Policy Changes** – Because we do not issue revised bills, changes to your policy will be reflected on future bills.

### Other Charges – Descriptions

- 1 – Late Fee (\$5.00)
- 2 – Returned Item/NSF Fee (\$20.00)
- 3 – Reinstatement Fee (\$15.00)
- 4 – Oregon Insurance Guarantee Association Assessment

For more information regarding your account activity, please contact your agent or visit our website at [www.mutualofenumclaw.com](http://www.mutualofenumclaw.com).

### Have you registered your account online at [www.mutualofenumclaw.com](http://www.mutualofenumclaw.com)? Once registered you can:

- Pay your bill
- View detailed policy transaction history
- View billing documents
- Set up recurring credit card or E-Check payments
- Sign up for Easy Pay (EFT)
- File a claim
- Download our mobile app

**Other Payment Options** – You can pay your bill using your Visa, MasterCard, Discover, or electronic check (E-Check) by:

- Visiting our website at [www.mutualofenumclaw.com](http://www.mutualofenumclaw.com); or
- Calling our automated phone system at 888-475-2823.

**Easy Pay (EFT)** – Please sign up for Easy Pay to avoid future invoice charges. Contact your agent or visit our website at [www.mutualofenumclaw.com](http://www.mutualofenumclaw.com) for more information.

**Collections** – Unpaid earned premium will be turned over to an outside collection agency and a \$6 collection fee will be added to your balance.

**Special Note for Oregon Customers** – In the case of the cancellation of a Commercial Liability policy (in force for more than 60 days), you have the right to request a hearing before the Director of the Oregon Department of Consumer and Business Services (DCBS) for the limited purpose of establishing the existence of the proof or evidence given by the company as reason for the cancellation. The request must be made within 30 days of receiving this notice. (per ORS 742.702, 742.704)

*Headquarters*  
Mutual of Enumclaw Insurance Company  
1460 Wells St.  
Enumclaw, WA 98022

