

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: FLYING COUCH MOVING LLC

Trade Name, if applicable FLYING COUCH MOVING

Physical Address 2128 HALLECK AVE SW, SEATTLE, WA, 98116

Mailing Address 2128 HALLECK AVE SW, SEATTLE, WA, 98116

Telephone Number (860) 849-4795      Fax Number ( ) \_\_\_\_\_

Email: ROBERT@FLYINGCOUCHMOVING.COM

**BUSINESS INFORMATION - continued**

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

UBI #: 604 252 681 USDOT #: 3122707

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 # 666 382 00

Employment Security Department (ESD) registration # 000-757790-00-2

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>ROBERT TOMASEVSKIJ</u>	<u>OWNER</u>	<u>50</u>
<u>JULIUS MATUSEVICIUS</u>	<u>OWNER</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: PROFESSIONAL, TRANSPARENT, COMPETITIVE MOVING SERVICES USING HIGH QUALITY EQUIPMENT AND PROVIDING TOP CUSTOMER SERVICE

2. Briefly describe your experience in the transportation/household goods moving industry: BOTH OWNERS HAVE OVER 4 YEARS OF MOVING EXPERIENCE IN VARIOUS MOVING COMPANIES

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
NEGLIGENT DRIVING 1 <sup>ST</sup> DEGREE	05/01/2018	46.61.5249

\*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	\$ 6000	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Investments	\$ 2000	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 1100	<b>TOTAL LIABILITIES</b>	<b>\$ 0</b>
Land and Buildings	\$ 0	<b>NET WORTH</b>	
Trucks and Trailers	\$ 17000	Preferred Stock	\$ 0
Office Furniture	\$ 400	Common Stock	\$ 0
Other Equipment	\$ 1500	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
<b>TOTAL ASSETS</b>	<b>\$ 28000</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
2011	INTERNATIONAL	C16783N	1HTMMAAM4BH283426	11000

### 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:  
**ROBERT TOMASEVSKIJ**

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: **ROBERT TOMASEVSKIJ** 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: **ROBERT TOMASEVSKIJ** 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.

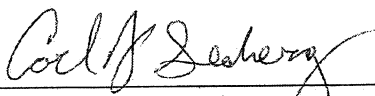
**ROBERT TOMASEVSKIJ** *Rm* 08/16/2018 SEATTLE  
Print name of applicant Signature of Applicant Date and Location

**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:**


The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Carl Seaberg
Address (include street address, mailing address, city, state, zip, and county):	2132 Halleck Ave SW Seattle, WA 98116
Phone Number:	509.398.2078
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:	As a renter, I tend to move around a lot. If I were to move again, I would likely hire a moving service to prevent injury.
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 a lot of people moving in, out, and around Seattle. There will definitely be a continuing demand for moving services, especially as people in the city grow busier.
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.	
Signature of Person Completing Form	Date and Location
	4/11/18

**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:	<i>Emilio M. Kosrovani, Ph.D.</i>
Address (include street address, mailing address, city, state, zip, and county):	<i>1024 Highland Dr. Bellingham, WA 98225</i>
Phone Number:	<i>(360) 647-4433</i>
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:	<i>We are planning a move out of state for a second home.</i>
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>It will make it easier for the community to find moving services at a reasonable cost</i>
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.	
 _____ Signature of Person Completing Form	<i>April 6, 2018</i> _____ 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:

*Laurel Hansen, Owner, MarketWatch Appraisals, LLC*

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

*PO Box 2024 Bellingham, WA 98227*

Phone Number:

*(206) 992-6451*

Do you currently need the services of a residential household goods moving company?

No  Yes If yes, please describe your current moving needs:

*Need heavy items (granite counters & doors) moved.*

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:

*Possible moving of items, furnishings from a rental unit.*

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 ~~do~~ think the community needs more honest movers & the Applicant can provide excellent service with integrity while remaining honest.*

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.

*Laurel Hansen*

Signature of Person Completing Form

*04/06/18 Bellingham, WA*

Date and Location

WA USA **WASHINGTON** DRIVER LICENSE

20 3171303D1239

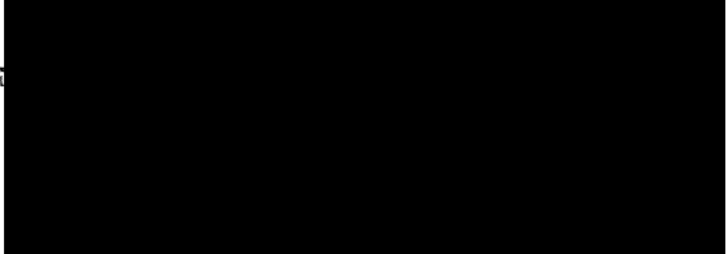


4d L [REDACTED] 9 CLASS

1 **MATUSEVICIUS**  
2 **JULIUS**

3 DOB [REDACTED] 4a ISS **05/10/2017**

15 SEX **M** 18 EYES **GRN**  
16 HGT **6'-03"** 17 WGT **208 lb**  
12 RESTRICTIONS **B** 9a END **NONE**  
4b EXP **07/06/2022**

[REDACTED] EV 01/06/2015



CLASS ENDORSEMENTS:  
NONE

RESTRICTIONS:  
B-Corrective Lenses must be worn

Please notify the Department of Licensing within 10 days of a change of address.

WA USA **WASHINGTON** IDENTIFICATION CARD

20 23181213H1507



4d [REDACTED] DONOR

1 **TOMASEVSKIJ**  
2 **ROBERT**

3 DOB [REDACTED] 4a ISS **05/01/2018**

15 SEX **M** 18 EYES **GRN**  
16 HGT **5'-07"** 17 WGT **180 lb**  
4b EXP **07/24/2023**

[REDACTED] REV 01/06/2015



Please notify the Department of Licensing within 10 days of a change of address.



Policy Number:

Date Entered: 8/10/2018

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/10/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	The J Spain Insurance Agency, Inc. 2237 California Ave. SW Seattle, WA 98116	CONTACT NAME:	
		PHONE (A/C, No, Ext): (206) 935-0917	FAX (A/C, No): (206) 937-7376
		E-MAIL ADDRESS: adriana@spain-agency.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	Flying Couch Moving LLC	INSURER A: National Indemnity Co.	
	2128 Halleck Ave SW Seattle, WA 98116	INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			71TRR240134	8/9/2018	8/9/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Cargo			71TRR240134	8/9/2018	8/9/2019	Cargo \$20,000 Cargo DED \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
Master Certificate Flying Couch Moving LLC 2128 Halleck Ave SW SEATTLE, WA 98116	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Joshua Spain