



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: Octopus Movers

Trade Name, if applicable: Alberto Morano Mendoza

Physical Address: 3511 S. Ronald Dr Seattle WA 98118

Mailing Address: Same

Telephone Number (206) 551-4706 Fax Number (206) 329-5693

Email: Octopusmovers@gmail.com

**BUSINESS INFORMATION - continued**

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

UBI #: 603-40-6973 USDOT #: \* 3180560

If you currently do not have a USDOT number, go online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) to apply or call 360-596-3812 for assistance.

Department of Labor & Industries (L&I) Worker's Comp account # N/A

Employment Security Department (ESD) registration # N/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.

Right now I don't have any employees, because I just started the business, I'm planning to register as my business grows up.

**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
N/A		

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: Moving services, moving furniture and any boxed item. Giving personalized services. Quality service.

2. Briefly describe your experience in the transportation/household goods moving industry: I learned in the past years that you have to be very careful with all the items you are moving to have a satisfied client.

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	\$ 1,186.45	Salaries/Wages Payable	\$ <del>0</del>
Notes Receivable	\$	Accounts Payable	\$ <del>0</del>
Investments	\$	Notes Payable	\$ <del>0</del>
Other Current Assets	\$	Mortgages Payable	\$ <del>0</del>
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$ 2,500.00	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets <sup>Handtruck</sup> pads	\$ 1,800.00	Capital	\$
<b>TOTAL ASSETS</b>	\$ 5,486.45	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ <del>0</del>

**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
1999	GMC	C47427M	1GDJ7H1D1XJ852H4	5,996

**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: <u>Alberto Moreno Mendez</u>	Position: <u>Owner</u>
------------------------------------	------------------------

<b>OPERATIONAL RESPONSIBILITIES</b>	
Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.	
Name: <u>Alberto Moreno M</u>	Position: <u>Owner</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>Alberto Moreno M</u>	Position: <u>Owner</u>
<p>If you would like to receive information about new household goods carriers, check here <input type="checkbox"/></p> <p style="text-align: center;"><b>DECLARATION OF APPLICANT</b></p> <p>I understand that filing this application <u>does not</u> in itself constitute authority to operate as a household goods mover.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>I understand the commission will complete a criminal background check on each person named in the application.</p> <p>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.</p>	
<u>Alberto Moreno Mendoza</u>	<u>Alberto Moreno</u>
Print name of applicant	Signature of Applicant
	<u>Seattle, WA 08/29/18</u>
	Date and Location

WA  
USA

# WASHINGTON

## DRIVER LICENSE



32162293G0900

4d LIC# [REDACTED]

DONOR ♥

1 MORENO MENDOZA  
2 ALBERTO

3 DOB [REDACTED]

4a Iss 08-16-2016

8 [REDACTED]

15 Sex M      16 Hgt 5-05  
17 Wgt 160    18 Eyes BRN  
9 Class      9a End NONE  
12 Restrictions NONE



4b Exp [REDACTED]

*Alberto Mendoza*

5 [REDACTED]

Rev 09-16-2009

**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:** Octopus Movers / Alberto Moreno Mendoza

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Sonia Rattan
Address (include street address, mailing address, city, state, zip, and county):	426 Wheeler St. Seattle, WA 98109
Phone Number:	917 445 9779
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:	Moving from house to house
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:	If we move again
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 do great work, fast, clean and careful.
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	Aug 31/18 Seattle, WA
	Date and Location



**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:** Octopus Movers / Alberto Moreno Mendoza

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

**Name, Title, and Business Name:** Stephen Newton, Head of Risk, Amazon

**Address (include street address, mailing address, city, state, zip, and county):**  
474 Wheeler St Seattle, WA 98109

**Phone Number:** 925-818-5921

**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:

**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 is a big need for moving services as my company hires and relocates people to the Seattle region

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

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

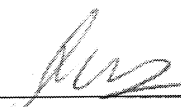
\_\_\_\_\_  
Signature of Person Completing Form

9/1/18  
\_\_\_\_\_  
Date and Location

**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:** Octopus Movers / Alberto Moreno Mendoza

<b>The following must be completed by the Supporter of the applicant</b>	
Name, Title, and Business Name: Adam Star	
Address (include street address, mailing address, city, state, zip, and county): 8321 26th Ave NW, Seattle WA 98117 USA	
Phone Number: 206-740-1493	
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: Large object moving, such as couches and dressers	
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: Yes, same as above	
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 have worked Alberto in the past and he has done an excellent job. He is honest, trustworthy and highly skilled.	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Please grant as this company would be highly beneficial to have in this market.	
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 9/3/18



STATE OF  
WASHINGTON

# BUSINESS LICENSE

Sole Proprietorship

Unified Business ID #: 603466973

Business ID #: 001

Location: 0002

ALBERTO MORENO MENDOZA  
OCTOPUS MOVERS  
3511 S RONALD DR  
SEATTLE, WA 98118-5261

TAX REGISTRATION - ACTIVE

REGISTERED TRADE NAMES:  
OCTOPUS MOVERS

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

STATE OF WASHINGTON

UBI: 603466973 001 0002

ALBERTO MORENO MENDOZA  
OCTOPUS MOVERS  
3511 S RONALD DR  
SEATTLE, WA 98118-5261

TAX REGISTRATION - ACTIVE

Thank You for Submitting Your Payment

Your payment of \$550.00 has been processed on 9/4/2016.  
(Please allow up to three business days for this charge to post to your account.)

Your confirmation number is: 7517

If you provided an e-mail address when you submitted your payment, an additional confirmation will be sent to that address. If you did not provide an e-mail address, this message will be your only record of this transaction, so please [print](#) a copy for your records.

Any questions can be directed to Accounts Receivable, 360-664-1349

Cookies may need to be enabled for credit card payments  
utm\_campaign=Q1\_Jan\_2016\_NON-HE%20Maintenance%20Wind  
16\_Jan%2011%20&utm\_medium=email&utm\_source=Eloqua&hl=e  
Internet Explorer (<http://windows.microsoft.com/en-US/windows-vist>  
16\_Jan%2011%20&utm\_medium=email&utm\_source=Eloqua&hlqT  
(<https://support.mozilla.org/en-US/kb/enable-and-disable-cookies-w>  
16\_Jan%2011%20&utm\_medium=email&utm\_source=Eloqua&hlqT  
([http://help.apple.com/safari/mac/9.0/?utm\\_campaign=Q1\\_Jan\\_201](http://help.apple.com/safari/mac/9.0/?utm_campaign=Q1_Jan_201)  
16\_Jan%2011%20&utm\_medium=email&utm\_source=Eloqua&hlqT

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The Declarations include a second part designated "Part 2".

RENEWAL NUMBER

CROSS REFERENCE NUMBER

**05 TRM 030392 - 01**

**COMPANY**  
**DENVER, COLORADO**

**TRUCKERS COVERAGE DECLARATIONS**

Producer

Rice Insurance, LLC  
 1400 Broadway  
 Bellingham, WA 98225

ITEM ONE NAMED INSURED & ADDRESS

**ALBERTO MENDOZA**  
**DBA: OCTOPUS MOVERS**  
**3511 S RONALD DR**  
**SEATTLE, WA 98118**

FORM OF NAMED INSURED'S BUSINESS: **Individual**

NAMED INSURED'S BUSINESS: **MOVING OPERATIONS**

POLICY PERIOD: Policy covers FROM **08/21/2018 2:42 PM** TO **08/21/2019** 12:01 A.M. Standard Time at the Named Insured's Address stated above.

**ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Truckers Coverage Form next to the name of the coverage

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Truckers Coverage Form shows which autos are covered autos)	LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	<b>46</b>	\$ <b>1,000,000 CSL</b>	\$ <b>4,605</b>
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ Deductible	\$
ADDED P.I.P. (or equivalent added No-fault cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INSURANCE (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS	<b>46</b>	\$ <b>5,000</b>	\$ <b>387</b>
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (when not included in Uninsured Motorists coverage)	<b>51</b>	\$ <b>1,000,000 CSL (BI &amp; PD)</b>	\$ <b>208</b>
TRAILER INTERCHANGE COVERAGE		\$	\$
<b>PHYSICAL DAMAGE INSURANCE</b>			
COMPREHENSIVE COVERAGE	<b>46</b>	\$ <b>See M 3831c (12/2001)</b>	\$ <b>INCL</b>
SPECIFIED CAUSES OF LOSS		\$	\$
COLLISION COVERAGE	<b>46</b>	\$ <b>See M 3831c (12/2001)</b>	\$ <b>546</b>
TOWING AND LABOR		\$ <b>Deductible FOR EACH COVERED AUTO</b>	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION <b>See M4572 (12/1994)</b>		PREMIUM FOR ENDORSEMENTS	\$ <b>2,080</b>
		ESTIMATED TOTAL PREMIUM	\$ <b>7,826</b>
ENTER SYMBOL 51 DESCRIPTION HERE: <b>Only those autos described in Item Three of the Declarations with Liability premium shown.</b>			
POLICY SUBJECT TO A FULLY EARNED POLICYWRITING MINIMUM PREMIUM OF \$		<b>0</b>	IF CANCELLED BY THE INSURED.
<b>ITEM THREE - SCHEDULE OF COVERED AUTOS</b>		<b>AS ATTACHED</b>	

Countersigned At \_\_\_\_\_ By \_\_\_\_\_ AUTHORIZED SIGNATURE

In Witness whereof, we have caused this policy to be executed and attested.

*Julian S. Perry*

Secretary

*Donald P. Whiston*

President

**ITEM TWO FOR THE CARGO COVERAGE FORM ONLY - SCHEDULE OF COVERAGE AND COVERED AUTOS**

This policy provides cargo coverage under the Cargo Coverage Form.

DESCRIPTION of CARGO principally consists of:

**Household Goods Moving**

Radius     N/A     miles from the address of the Named Insured, stated in the TRUCKERS COVERAGE DECLARATIONS or the BUSINESS AUTO COVERAGE DECLARATIONS.

COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Cargo Coverage Form shows which types of autos are covered autos.)     46A    

**ITEM THREE FOR THE CARGO COVERAGE FORM ONLY**

**SCHEDULE OF COVERAGE**

**COVERED AUTOS**

Covered Auto numbers below refer to the covered auto number and corresponding auto described in Item Three of the Truckers Coverage Declarations or the Business Auto Coverage Declarations attached to this policy

COVERED AUTO NO.	LIMIT OF INSURANCE	RATE	PREMIUM
1	50,000	N/A	2,080
DEDUCTIBLE FOR EACH COVERED "AUTO" \$ 500			
TOTAL CARGO COVERAGE PREMIUM			\$ 2,080

All other terms, conditions and agreements of the policy shall remain unchanged.

Company Name  <b>Continental Divide Insurance Company</b>	Policy Number <b>05 TRM 030392 - 01</b> Supplemental Declarations Effective <b>08/21/2018 2:42 PM</b>
Named Insured  <b>ALBERTO MENDOZA</b>	Countersigned at  by _____  (Authorized Representative)

(The Attaching Clause need be completed only when this supplemental declarations is issued subsequent to preparation of the policy)