



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	

- | <u>Type of Household Goods Authority Requested -- check one</u> | <u>Fee Required</u> |
|---|---------------------|
| <input checked="" type="checkbox"/> <u>Provisional and permanent authority.</u> The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A. | \$ 550 |
| <input type="checkbox"/> <u>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).</u> Complete pages 3-8, Attachment B as well as a closing annual report | \$ 550 |
| <input type="checkbox"/> <u>Permanent authority to transfer under the exceptions in WAC 480-15-187.</u> Complete pages 3-8 and Attachments B & C. | \$ 250 |
| <input type="checkbox"/> <u>Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450).</u> Complete pages 3-5 and include a statement justifying the reinstatement. | \$ 250 |
| <input type="checkbox"/> <u>Name Change -- Complete pages 3-5 and Attachment D.</u> | \$ 35 |

BUSINESS INFORMATION

Legal Name: Moving Band LLC

Trade Name, if applicable _____

Physical Address: 227 Bellevue Way NE #402, Bellevue, WA 98004

Mailing Address _____

Telephone Number (206) 476-7203 Fax Number () _____

Email: moving.band.llc@gmail.com

BUSINESS INFORMATION - continued

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

UBI #: 604-151-602 USDOT #: 3109972

If you currently do not have a USDOT number, go online at 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 # no employee

Employment Security Department (ESD) registration # no employee

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.

I intend to hire day labor from a temp agency.

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>Johnatnan Brodski</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:

Moving household goods, customers can have choice on faster availability, and better prices.

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

I have experience working for other 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
/		

*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	\$ 5,000.	Salaries/Wages Payable	\$ /
Notes Receivable	\$ /	Accounts Payable	\$ /
Investments	\$ /	Notes Payable	\$ /
Other Current Assets	\$ /	Mortgages Payable	\$ /
Prepaid Expenses	\$ /	TOTAL LIABILITIES	\$ /
Land and Buildings	\$ /	NET WORTH	
Trucks and Trailers	\$ 22,000.	Preferred Stock	\$ /
Office Furniture	\$ /	Common Stock	\$ /
Other Equipment	\$ 3,000.	Retained Earnings	\$ /
Other Assets	\$ /	Capital	\$ /
TOTAL ASSETS	\$ 30,000	TOTAL LIABILITIES & NET WORTH	\$ /

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
2008	MIFU	C77116M	JL6CCJ1348K014422	16,000

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>Jonathan Bradski</u>	Position: <u>owner</u>
-------------------------------	------------------------



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: Moving Band LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Yedil Rakhmetov

Address (include street address, mailing address, city, state, zip, and county):
5019 176th ST SW, Lynnwood, WA 98037

Phone Number: 4254098263

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:
Packing and moving 3 bedroom house, including furniture, clothes and garage stuff.

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:
Granting permit to Moving Band LLC would allow customers to hire professional moving services for affordable prices in Seattle Greater Area including myself.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
This company will cover the demand for moving services in Seattle area, which will benefit economy, customers and creating additional jobs on market.

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

Yedil Rakhmetov
Signature of Person Completing Form

09/16/2018
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: *Moving Band LLC*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: 23rd Squad

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

12715 NE 120th ST, Kirkland, WA, 98034

Phone Number: 2065049498

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

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

I've got an outstanding service. Whole my apartment and office goods were moved within a couple hours.

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:

If I'll ever need to relocate, I'd definitely use their services again. And I'd highly recommend them to my friends.

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 add an excellent service with competitive prices to our community. I know that I can always rely of them if I ever need moving services

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

Excellent communication skills and transparency

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

9/13/2018 Kirkland, WA

Signature of Person Completing Form

Date and Location

WASHINGTON DRIVER LICENSE



[Redacted]

[Redacted]

ISS 03-18-2017

EXP 04-17-2029

DONOR

AGE 21 ON
[Redacted]

BRODSKI
JOHNATHAN N

[Redacted]

SEX M HAIR BRN
EYES BRN SKIN BRN
GLASS NO MARKS NONE
RESTRICTIONS NONE

[Redacted]

