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1-800-416-5289 email: transportation@utc.wa.gov

# HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

FOR OFFICIAL USE ON	VLY		
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
BUSINESSINFORMATION	
Legal Name: Moving Band LLC	
Trade Name, if applicable	0 (1
Physical Address 227 Bellevue Way NE#402	Bellevue, WH
Mailing Address	98004
•	
Telephone Number 206) 476-7203 Fax Number () Email: Mwing. band. II a gmail.com	

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EBED WEAEB #111 C2D 523-625-5833

Sep. 18. 2018 5:01PM

	Ві	isiniess infort	AATION - Contin	nued	
Is your busine	ss registered with the	e <u>Department of </u>	Revenue? 🗆 No.	<b>∑</b> Yes	
If you currentl	9 <i>4 - 151 - 6</i> y do not have a USE 60-596-3812 for ass	OT number, go on	USDOT#:	3109972 ca.dot.gov/online-	2 registration to
Department o	f <u>Labor &amp; Industries</u>	(L&I) Worker's Co	mp account # _/	o employe	<u>e</u>
Employment S	Security Department	(ESD) registration	# no emp	loyee	
explain how yo completed on must perform	be setting up an according to plan to obtain we each person you intended the criminal background to his	orkers. Per <u>WAC 48</u> end to hire. If you bund check. Refer	<u>0-15-555</u> , a crimin intend to hire day also to WAC 480-1	ial background che labor from a temp 5-302 and 305	eck must be gragency, they
		Tr'PE OF BUSIN	ESS STRUCTURI		
🕱 Individual	□ Partnership	□:Corporation	□ Other (LP, LL)	P, LEC) (State of Inc	corporation
List the name,	title and percentage	of partner's share	or stock distributi	ion for major stoc	kholders:
Johnath	an Brods	ki Title Own	ار	Stock Distribution	on or % of Shares
· · · · · · · · · · · · · · · · · · ·	•				
Must provide a o	copy of a valid driver	s license or governm	nent-issued photo i	dentification card f	or each person
	•				
<ol> <li>Describe the promote compared to the prom</li></ol>	e services you wish empetition, or fill an	to provide. Explair	how your service.	s will enhance cus	tomer choice,
moving	household	900d3 C	ustomers	can hav	e choice
2. Briefly desc	ribe your experienc	7,	tion/household go	oods moving indus	etry:
		·			

3. <sub>.</sub>	Do you currently hold, or have you ever held, a  RNo □ Yes If yes, please indicate your perm	a permit to operate as a mo nit number	tor carrier of property?
4.	Have you ever applied for and been denied a possible with the work of the wor	permit to operate as a moto	r carrier of property in
5.	Do you currently operate interstate? X No □	Yes If yes, please indicate y	our MC#
6.	Do you operate interstate as an agent of anot if yes, what is the name of the company?	her company? X No 11 Yes	
7.	Do you have, or have you ever had a business or in any other state? ▼No □Yes If yes, ple	-related legal proceeding ag ease list below:	ainst you in Washington,
	Type of Legal Proceeding	Date	State
	Type of Eegal Floceeding		
	*attach additional pages if necessary		
8.	Has any person named in this application eve burglary, assault, sexual misconduct, identity sale, or distribution of a controlled substance	theft, fraud, false statemen	ts, or the manufacture,
Г	Type of Conviction	Date	City/State
}	Type of conviction		
+			
Ĺ	*attach additional pages if necessary		
9.,	Has any person named in this application, be rules?   No □ Yes If yes, please list below	en cited for violation of stat v:	e laws or Commission
ſ	Violation	Date	RCW/WAC
}	er of total day.		
	*attach additional pages if necessary		

### **FINANCIAL STATEMENT**

Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

Ass	ets	Liabilities	
Cash in Bank	\$ 5,000.	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$ /
Investments	\$	Notes Payable	\$
Other Current Assets	S	Mortgages Payable	\$ -
Prepaid Expenses	\$	TOTAL LIABLITIES	\$ _
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 22,000	Preferred Stock	\$ <i>-</i>
Office Furniture	\$	Common Stock	\$
Other Equipment	\$ 3,000.	Retained Earnings	\$ /
Other Assets	\$	Capital	\$ -
TOTAL ASSETS	\$ 30,000	TOTAL LIABILITIES & NET WORTH	, \$.

	Describe the	EQUIPME equipment you will own (attach additional sh	or lease to provide moving servic	es
Year Make License Number Vehicle ID Number Gross Vehicle Weight				
2008	MIFU	C77/16M	JL6CCJ 1348ko14422	

## **SAFETY AND OPERATIONS**

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (<u>Title 49</u>, <u>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. 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;	12 11.
Johnath	an Brodski

Position:

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#### 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: Roman Loukiantchikov Address (include street address, mailing address, city, state, zip, and county): 123 Queen Anne Ave North, Suite 102, Seattle, WA 98109 Phone Number: 206-229-7040 Do you currently need the services of a residential household goods moving company? I No IXYes If yes, please describe your current moving needs: Reguire moving of furniture to a temporary storage in order to complete a remodel of living space Do you anticipate a future need for the services of a residential household goods moving company? I No Dives If yes, please describe your future moving needs: Moving of furniture and household goods back will be required once remodel project is complete Briefly describe how granting this company a permit to provide household goods moving services in Washington. State will benefit you, your business, and for your community: It provides me with access to a reliable, professional and reasonably priced household goods moving service in Seattle area Is there enything else the Commission should consider when making a determination about this company's application for a household goods permit? Granting permit to Moving Band LLC will benefit consumers in many areas including fair pricing, quality of service and will bring jobs I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. 9/14/2018, Seattle, WA Date and Location Signature of Person Completing Form.

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## ATTACHMENT A

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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	ILLC
The following must be completed by	the Supporter of the applicant
Name, Title, and Business Name: Yedil Rakhm	etov
Address (Include street address, mailing address, city, state, 5019 176th ST SW, L	ynnwood, WA 98037
Phone Number: 4254098263	
Do you currently need the services of a residential househol ⊠ No □ Yes If yes, please describe your current moving n	d goods moving company? needs:
Do you anticipate a future need for the services of a residen   No  Yes If yes, please describe your future moving need for the services of a resident  Packing and moving 3 bedroom house, in the services of a resident  Clothes and garage stuff.	needs:
Briefly describe how granting this company a permit to prosect the state will benefit you, your business, and/or your community of the state will be be be state will be be be state will be be be stated as a state of the state	ry: estamers
Is there anything else the Commission should consider whe application for a household goods permit?  This company will cover the demand for moving se which will benifit economy, customers and creating	ervices in Seattle area, gradditional jobs on market.
I certify (or declare) under penalty of perjury under the laws and correct.	s of the state of Washington that the foregoing is true
Gedil Rakhmetov	09/16/2018
Signature of Person Completing Form	Date and Location

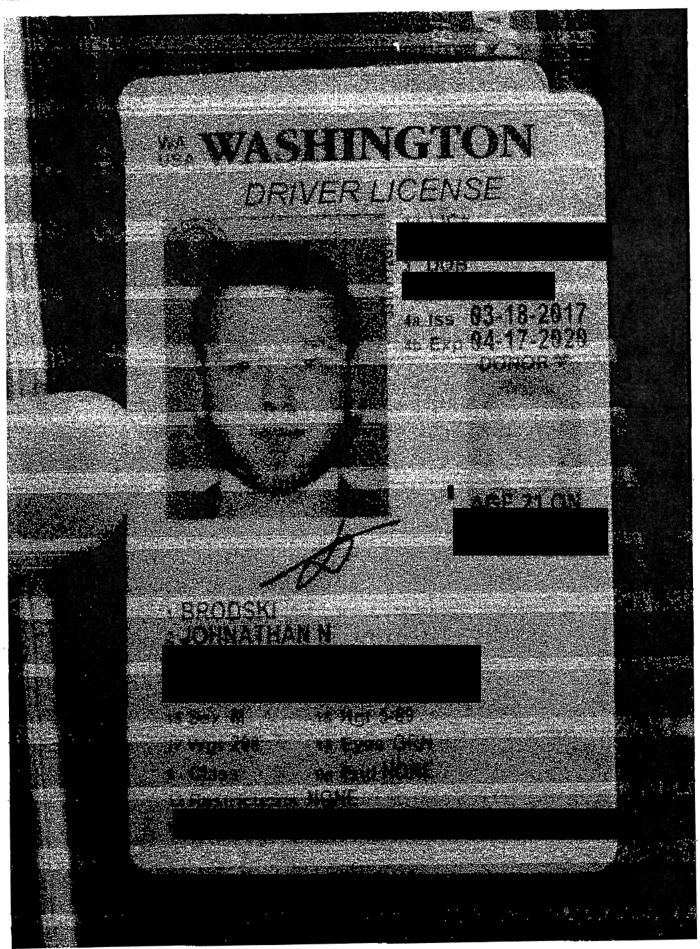


#### ATTACHMENT A

#### HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving services. 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 LCC
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: 23rd Squad
Address (include street address, mailling address; city, state, zin, 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 Kinkland, WA
Signature of Person Completing Form Date and Location



## **MOVIBAN-01**

LDOTSENKO

DATE (MM/DD/YYYY)

## CERTIFICATE OF LIABILITY INSURANCE

08/07/2018

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 fleu of such endorsement(s). CONTACT FAX (A/C, No): (253) 874-0153 Basin Pacific Insurance & Benefits 33919 9th Avenue S, Sulte 104 Federal Way, WA 98003 PHONE (A/C, No. Ext): (253) 874-0176 ADDRESS: Idotsenko@basInpacific.com INSURER(S) AFFORDING COVERAGE 11770 INSURER A: United Financial Casualty Co. INSURER B: INSURED INSURER C: Moving Band LLC 227 Bellevue Way NE #402 INSURER D: Bellevue, WA 98004 INSURER E INSURER F REVISION NUMBER: CERTIFICATE NUMBER: COVERAGES 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. POLICY EFF POLICY EXP ADDL SUBR LIMITS POLICY NUMBER TYPE OF INSURANCE EACH OCCURRENCE COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED PREMISES (Ex occurs OCCUR CLAIMS-MADE MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 122 PRODUCTS - COMP/OP AGG POLICY OTHER: COMBINED SINGLE LIMIT (Ea accident) 750,000 5 AUTOMOBILE LIABILITY 07/03/2018 01/03/2019 07831976-0 BODILY INJURY (Per person) OTUA YMA OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) NON-SWNED HUTES ONLY EACH OCCURRENCE UMBRELLA LIAB CLAIMS-MADE AGGREGATE EXCESS LIAB RETENTION \$ DED STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYER If yes, describe under DESCRIPTION OF OPERATIONS below DISEASE - POLICY LIMIT 20,000 07/03/2018 01/03/2019 Limit 07831976-0 A Cargo DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Evidence of Business Auto and Cargo coverage. Scheduled auto: 2008 MIFU 85D vin#JL6CCJ1S48K014422 CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. For Insurance Purposes Only Syndmile Dorseda

ACORD 25 (2016/03)

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