



RECEIVED  
SEP 25 2018  
WASH. UT. & TP. COMM

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Olympia, WA 98504-7250  
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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: 6/27/2018	DOL/SOS:	ID: 14868	Docket # 180816
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception # 166247	111-0268-207-02 SD	111-0268-013-20	#100

**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, and a closing annual report from current company \$ 550
- Permanent authority to transfer** under the exceptions in [WAC 480-15-187](#). Complete pages 3-8, Attachments B & C, and a closing annual report from current company \$ 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: Diana Valencia  
(must be individual, partners of a partnership or corporation)  
 Trade Name, if applicable: United Movers Transportation  
 Physical Address: 9910 24th Ave Ct S. Apt U-312 Tacoma, WA 98444  
 Mailing Address: 9910 24th Ave Ct S. Apt U-312 Tacoma wa, 98444  
 Telephone Number: (206) 566-4896 Fax Number ( ) \_\_\_\_\_



**BUSINESS INFORMATION - continued**

UBI #: 604251499 Email: DiannaValencia1@gmail.com

USDOT #: 3143785 (If you currently don't have one, 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 Worker's Comp account # I will provide the 1099 form for the employees.  
Employment Security Department registration number \_\_\_\_\_

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

**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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or % of Shares</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: Giving a good customer care on our clients with a fair estimate. Also offering a variety of packing. Use our tips to help our customers to have a good moving.

2. Briefly describe your experience in the transportation/household goods moving industry: Been in the industry for a very long time, I know all the agreements the states required. Also how to help our customer to be satisfied with the work taking care their belongings. From moving to local or long distance.

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	\$ 1,500	Salaries/Wages Payable	\$ 0
Notes Receivable	\$	Accounts Payable	\$ 0
Investments	\$ 2,400	Notes Payable	\$ 0
Other Current Assets	\$	Mortgages Payable	\$ 0
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$ 0
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$ 12,000	Preferred Stock	\$ 0
Office Furniture	\$ 6,500	Common Stock	\$ 0
Other Equipment	\$ 2,600	Retained Earnings	\$ 0
Other Assets	\$	Capital	\$ 0
<b>TOTAL ASSETS</b>	\$ 25,000	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 0

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
2000	GMC	C99370J	16D96H1B6YJ905288	13,240

SAFETY AND OPERATIONS	
<p>CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (<a href="#">Title 49, Code of Federal Regulations Part 382 and Part 40</a>). 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>	
SAFETY RESPONSIBILITIES	
<p>List the person and position responsible for understanding and complying with the <a href="#">Federal Motor Carrier Safety Regulations</a> (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</p>	
<p>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.</p>	
<p>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.</p>	
<p>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.</p>	
<p>INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.</p>	
<p>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.</p>	
<p>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)</p>	
<p>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).</p>	
Name: <u>Diana Valencia</u>	Position: <u>Owner</u>

**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: <u>Diana Valencia</u>	Position: <u>Owner</u>
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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>Diana Valencia</u>	Position: <u>Owner</u>
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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.

<u>Diana Valencia</u> Print name of applicant	<u>[Signature]</u> Signature of Applicant	<u>06/21/18 Tacoma WA</u> Date and Location
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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:** Maria D Gallegos

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

Name, Title, and Business Name: Reda TAX

Address (include street address, mailing address, city, state, zip, and county):  
8302 S Tacoma Way Suite D4 Lakewood, WA 98499

Phone Number: (253) 200 - 5461

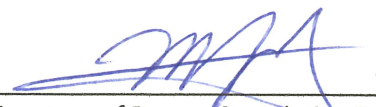
Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:

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:  
 I would need a estimate for my belongings, with united movers transportation, set a date for my moving to my new location, I would need professionalism wrapping for my items. etc.

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: Importance of good customer Service, very reliable company on taking care customers belongings. Also very affordable Prices.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
 No, I'm very excited to hope i'll be using their services in the future.

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: 06/27/2018



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**Applicant Name:** Diana Valenzuela

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

Name, Title, and Business Name:

Diana Valenzuela

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

25905 29th ave S. Apt A 102 Kent WA 98032

Phone Number:

(206) 886-4606

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

No  Yes If yes, please describe your current moving needs: I'm planning on moving from Kent to Kent need a professional person to help me pack my things. United movers transportation would take care of me and my belongings.

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: I usually move pretty often and I will need their services to help me move and give me the stress free.

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:

This would benefit me by saving a lot of time packing and going around to unpack. Also for a good deal of my moving date. I would recommend the company.

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

No, just I'm very happy we can look for more options and now we can choose United movers transportation.

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

07/06/18 / Kent  
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: Maria Belloso

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Maria Belloso, Office Administrative, Allied Construction

Address (include street address, mailing address, city, state, zip, and county): 401 Olympia Ave NE Renton, WA 98057

Phone Number: (253) 277-7822

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 recently signed to move into a new place and need assistance w/ moving a few items that are big to carry.

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 ever need to move again or need help w/ moving items I would need these services.

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 be beneficial to me because prices are very affordable and have great customer service and care for my items.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? No, just hope that their services will be available in the near future.

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: [Signature] Date and Location: 08-20-2018

WA USA **WASHINGTON** DRIVER LICENSE

32163843D13Z

4d LIC [REDACTED] DONOR ♥

1 VALENCIA ZACAPU

2 DIANA ESTELA

3 DOB [REDACTED] 4a Iss 12-29-2016

15 Sex F 16 Hgt 5-04

17 Wgt 120 18 Eyes BRN

9 Class 9a End NONE

12 Restrictions NONE 4b Exp 12-30-2022

Rev 09-16-2009

