

Unpaid

**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, 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: SAFE-TO-GO - MOVERS, LLC.
(must be individual, partners of a partnership or corporation)
 Trade Name, if applicable: JAMES & JOHN MOVING; SAFE TO GO MOVERS, LLC.
 Physical Address: 8012 153RD ST. G. E. PUYALLUP, WA 98375.
 Mailing Address: 8012 153RD ST. G. E. PUYALLUP, WA 98375.
 Telephone Number () 206.981.9367 Fax Number () _____

By 4 OK 3

BUSINESS INFORMATION - continued

UBI #: 603-556-384 Email: Safetogymovers@gmail.com

USDOT #: 2634986 (If you currently don't have one, go online at www.fmcsa.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # 557,514-00

Employment Security Department registration number 000-163828-00-5

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:

Name	Title	Stock Distribution or % of Shares
<u>JAMES MURPHY</u>	<u>GEN. MANAGER</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: loading, shipping & unloading of household goods. Helping families with their moves especially during the peak season of summer. Our goal and objective.

2. Briefly describe your experience in the transportation/household goods moving industry: Overall, I have over 9 years experience in the moving industry. from packing, loading, estimates, transportation, etc. It is an industry I derive pleasure helping customers with their move.

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? _____

JUSTIFICATION FOR REINSTATEMENT:

An Insurance Company/Agent failed to timely file
↑ toward Jam. E. with the Commission as it's required
anytime Insurance policy is changed or renewed.

Sincerely

James

Sage To Go Movers, LLC.