

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 ON	LY				
Date Filed:	DOL/SOS:	ID:	Docket #	Docket #	
Staff Assigned	Insurance	Inspection	Permit Issu	ued THG-	
Reception #	111-0268-207-02	111-0268-013-20			
Type of Hou	sehold Goods Auth	ority Requested – o	check one	Fee Required	

Type of Household Goods Authority Requested - check one	
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
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BUSINESS INFORMATION	San A. J. San Jung . — Tanggan Jung . —
BUSINESS INFORMATION  Legal Name: South Sound Moverstic Moving LCC	The second secon
Legal Name: South Sound Moverstic Moving LCC	
Legal Name: South Sound Moverstic Moving LCC  Trade Name, if applicable	
Legal Name: South Sound Movers LC	

BUSINESS INFORMATION - continued				
syour business registered with the <u>Department of Revenue</u> ?   No X Yes				
USDOT #: 3237475				
Department of Labor & Industries (L&I) Worker's Comp account # 6401100				
	Employment Security Department (ESD) registration # 691290013			
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 <u>WAC 480-15-555</u> , 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 <u>WAC 480-15-302</u> and <u>305</u> .				
	TYPE OF BUSINES	SS STRUCTURE		
☐ Individual ☐ Partnership	☐ Corporation	X Other (LP, LLP, LLC) State of Incorporation		
List the name, title and percentag	ge of partner's share o	or stock distribution for major stockholders:		
<u>Name</u> Robert York	<u>Title</u> Owner/Man	Stock Distribution or % of Shares hager100%		
<ol> <li>Describe the services you wing promote competition, or fill for relocations. Like packing,</li> </ol>	sh to provide. Explain l an unmet need for ser loading, moving unloa	how your services will enhance customer choice, rvice: Moving goods from one place to another, adding, unpacking, arranging items to be shipped.		
There is no small company located in Gig Harbor, WA.  2. Briefly describe your experience in the transportation/household goods moving industry:  I have worked at a storage facility for more then a decade helping people with their storage needs and this honestly falls in hand in hand with helping people facilitate their need for labor and transportation.				

3.	Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property? X 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? X No ☐ Yes If yes, please explain			
5.	Do you currently operate interstate? X No ☐ Yes If yes, please indicate your MC#			
6.	Do you operate interstate as an agent of another company? X No			
7.	Do you have, or have you ever had a business-related legal proceeding against you in Washington, or in any other state? X No $\Box$ Yes If yes, please list below:			
	Type of Legal Proceeding	Date	State	
8.	*attach additional pages if necessary  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? X No Yes If yes, please list below:			
	Type of Conviction	Date	City/State	
9.	*attach additional pages if necessary  Has any person named in this application, been cited for violation of state laws or Commission rules? X No $\square$ Yes If yes, please list below:			
	Violation	Date	RCW/WAC	
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*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	\$22,000.00	Salaries/Wages Payable	\$18/hour/man
Notes Receivable	\$ <b>6</b>	Accounts Payable	\$850/month
Investments	\$ 6	Notes Payable	\$ 6
Other Current Assets	\$ <b>•</b>	Mortgages Payable	\$ &
Prepaid Expenses	\$ <b>6</b>	TOTAL LIABLITIES	\$
Land and Buildings	\$ <b>\Phi</b>	NET WORTH	
Trucks and Trailers	\$ <b>Ф</b>	Preferred Stock	\$0
Office Furniture	\$ <b>Ф</b>	Common Stock	\$ 4
Other Equipment	\$8000.00	Retained Earnings	\$ 0
Other Assets	\$ \$	Capital	\$ <b>Q</b>
TOTAL ASSETS	\$30000.00	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

#### 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 <u>Federal Motor Carrier Safety Regulations</u> (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:Robert Joseph York

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Position: Owner/Manager

