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 P.O. Box 47250
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HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID:	Docket #
	Insurance:		THG-
Payment #	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 or Addition of d/b/a – Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: Ed's Moving & Storage Inc

Trade Name, if applicable _____

Physical Address 4823 95th St SW Suite E Lakewood, WA 98499

Mailing Address P.O. Box 39340 Lakewood, WA 98496

Telephone Number (253) 581-2446 Email: jjohnson@edsmoving.com

Contact Name: Jackie Johnson

BUSINESS INFORMATION - continued

USDOT #: 914878 If you do not have a USDOT number, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.

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

Business License/UBI #: 278046503 Department of Labor & Industries (L&I)

Worker's Comp account # 627,162-00

Employment Security Department (ESD) registration # 293569-00-9

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.

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>Scott Coyle</u>	<u>COO</u>	<u>51%</u>
<u>Michael Traylor</u>	<u>CFO</u>	<u>49%</u>

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: We wish to provide continued quality service to help relieve the stress of moving to our customers.

2. Briefly describe your experience in the transportation/household goods moving industry: This company has operated in the moving industry for over 50 years. We've handled local, interstate, military, international and intrastate shipments.

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 THG019094

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# 175550

6. If you have interstate authority, have you registered for Unified Carrier Registration No Yes

7. Do you operate interstate as an agent of another company? No Yes
 If yes, what is the name of the company? Atlas Van Lines

8. 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

9. 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

10. 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

11. If you would like to receive information about new household goods carriers, check here