



1300 S. Evergreen Park Drive SW
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 email: transportation@utc.wa.gov

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	

<u>Type of Household Goods Authority Requested – check one</u>	<u>Fee Required</u>
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|---|--------|
| <input type="checkbox"/> <u>Provisional and permanent authority.</u> The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A. | \$ 550 |
| <input type="checkbox"/> <u>Permanent authority to transfer</u> 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 |
| <input type="checkbox"/> <u>Permanent authority to transfer</u> under the exceptions in <u>WAC 480-15-187</u> . Complete pages 3-8 and Attachments B & C. | \$ 250 |
| <input checked="" type="checkbox"/> <u>Reinstatement of permit</u> (must be filed within 30 days of cancellation, depending on criteria set forth in <u>WAC 480-15-450</u>). Complete pages 3-5 and include a statement justifying the reinstatement. | \$ 250 |
| <input type="checkbox"/> <u>Name Change or Addition of d/b/a</u> – Complete pages 3-5 and Attachment D. | \$ 35 |

BUSINESS INFORMATION

Legal Name: Tetris Moving Company, LLC

Trade Name, if applicable _____

Physical Address 20010 104th St E Bonney Lake, WA 98391-7989

Mailing Address 20010 104th St E Bonney Lake, WA 98391-7989

Telephone Number (~~206~~) 475-5881 Email: michaelr@tetrismovingcompany.com

Contact Name: Michael Rayl

BUSINESS INFORMATION - continued

USDOT #: 2993299 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 #: 604-068-327 Department of Labor & Industries (L&I)
Worker's Comp account # 618.312-01

Employment Security Department (ESD) registration # 793184-00-1

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 WA

List the name, title and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or % of Shares
Edward Rayl II	COO <small>Type text here</small>	50%
Michael Rayl	CEO	50%

Provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.

- 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 are a highly trained, family-owned business. We take pride in keeping valuables safe & secure, providing competitive rates & offering outstanding customer service.
- Briefly describe your experience in the transportation/household goods moving industry: We have many years of combined moving & transportation services including but not limited to: packing, assembly service, office & household moves, furniture delivery, both local & long-distance moves.

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 THG067790

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. 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? _____

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

Statement of Reinstatement

Our House hold goods moving permit got cancelled because we did not get our Annual Report submitted in time. It has since been submitted and we are currently working on getting the Annual Report for 2018 ready to submit. Please feel free to reach out to me if you need any additional information.

Thank you so much for helping us get this resolved. I truly appreciate your time and efforts.

All the best,

Edward Rayl II

A handwritten signature in black ink that reads "Edward J. Rayl II". The signature is written in a cursive style with a long horizontal flourish at the end.