



UTILITIES AND TRANSPORTATION
COMMISSION

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HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

<i>FOR OFFICIAL USE ONLY</i>			
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: Can't Stop Moving LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 4044 23rd Ave W Seattle, WA 98199

Mailing Address 1911A 49th Pl W Lynnwood WA 98036

Telephone Number (425) 577-1524 Fax Number () n/a

BUSINESS INFORMATION - continued

UBI #: 603-129-934 Email: ericj.michelson@yahoo.com

USDOT #: 1934023 (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 800-556-5812 for assistance.)

Department of Labor & Industries Worker's Comp account # _____

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 WA

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>
<u>Eric Michelson</u>	<u>owner/member</u>	<u>50</u>
<u>Alex Overlan</u>	<u>owner/member</u>	<u>50</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:

HHG moving. We are among the most reputable movers in WA, and we provide unparalleled service at a reasonable rate.

2. Briefly describe your experience in the transportation/household goods moving industry:

we have been in business for 10 years in Washington state

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 063768

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# 892-741

6. Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? _____