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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

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed: <b>04/27/2019</b>	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: Marsik Movers LLC

Trade Name, if applicable Owner

Physical Address 35810 16th ave s, Fedearl Way WA,98003

Mailing Address 35810 16th ave s, Federal Way Wa . 98003, apt G~304

Telephone Number (302) 217-8320 Email: marsikmovers@gmail.com

Contact Name: Marcel Filip

**BUSINESS INFORMATION - continued**

USDOT #: 32-57682 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 #: 604 418 778 Department of Labor & Industries (L&I)  
 Worker's Comp account # \_\_\_\_\_

Employment Security Department (ESD) registration # 83-3933327

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.

I plan to hire subcontractors.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or % of Shares</u>
<u>Marcel Filip</u>	<u>Owner</u>	<u>100%</u>
_____	_____	_____
_____	_____	_____

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: Entering the market of household goods transportation, Marsik Movers plans to provide quality service at an affordable prices in comprision to the rates that most companies provide. Customer care will be our priority.
- Briefly describe your experience in the transportation/household goods moving industry: I have been involved in household goods moving services for 2 years, working as a foreman and driver.

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. 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

**FINANCIAL STATEMENT**

Complete the following or attach a balance sheet, profit and loss statement, or business plan.

<b>Assets</b>		<b>Liabilities</b>	
Cash in Bank	\$ 5000\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$ 5000 \$	Mortgages Payable	\$
Prepaid Expenses	\$ 2000\$	<b>TOTAL LIABLITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$ 4000\$	Preferred Stock	\$
Office Furniture	\$ 1000\$	Common Stock	\$
Other Equipment	\$ 1000\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	<b>\$ 18 000\$</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$</b>

**EQUIPMENT LIST**

List the equipment you own or lease to provide moving services (attach additional sheets if necessary).

<b>Year</b>	<b>Make</b>	<b>License Number</b>	<b>Vehicle ID Number</b>	<b>GVW</b>
2003	GMC	C09194R	J8DF5C13537701360	20,000

**SAFETY AND OPERATIONS**

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382 and Part 40). 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 Federal Motor Carrier Safety Regulations (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:

Marcel Filip

Position:

Owner

**OPERATIONAL RESPONSIBILITIES**

Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

Name:  
Marcel Filip

Position:  
Owner

STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing business in the State of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the State of Washington, such as, but not limited to the Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax; Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue, Internal Revenue Service (taxes); and Employment Security.

Name:  
Marcel Filip

Position  
Owner

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

**DECLARATION OF APPLICANT**

I understand that filing this application does not in itself constitute authority to operate as a household goods mover.

As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-305 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.

My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.

I understand the commission will complete a criminal background check on each person named in the application.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

Marcel Filip

*Marcel Filip*

04/27/2019

Print name of applicant

Signature of Applicant

Date



**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

**Applicant Name:**  
Adrian Brinzila

The following must be completed by the Supporter of the applicant		
Name, Title, and Business Name: Adrian Brinzila		
Address (include street address, mailing address, city, state, zip, and county):  		
Phone Number: 425-577-8213		
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   If yes, please describe your current moving needs:		
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes   If yes, please describe your future moving needs: Yes, i plan to move with my girlfriend soon.		
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: Maybe i can work in this company part-time, or i will recomend this company for my friends.		
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I personally know Marcel as a reliable and responsible person. He also has experience in moving industry.		
<i>I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <i>Adrian Brinzila</i>  <hr style="border: 0; border-top: 1px solid black;"/>                     Signature of Person Completing Form                 </td> <td style="width: 50%; border: none;">                     04/26/2019 Kent  <hr style="border: 0; border-top: 1px solid black;"/>                     Date and Location                 </td> </tr> </table>	<i>Adrian Brinzila</i> <hr style="border: 0; border-top: 1px solid black;"/> Signature of Person Completing Form	04/26/2019 Kent <hr style="border: 0; border-top: 1px solid black;"/> Date and Location
<i>Adrian Brinzila</i> <hr style="border: 0; border-top: 1px solid black;"/> Signature of Person Completing Form	04/26/2019 Kent <hr style="border: 0; border-top: 1px solid black;"/> Date and Location	



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**Applicant Name:**  
Leonid Ratsko

The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: <b>Movable LLC , Owner</b>
Address (include street address, mailing address, city, state, zip, and county): 10304 20 <sup>th</sup> st e, wa 98372 , C202
Phone Number: 206-307-2451
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   If yes, please describe your current moving needs:
Do you anticipate a future need for the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   If yes, please describe your future moving needs:
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: We help people move, feel better in new place.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I know we may need help in future with moving
<p><i>I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i></p> <p><i>Leonid Ratsko</i> _____ <span style="float: right;">___04/25/2019___</span>                      Signature of Person Completing Form <span style="float: right;">Date and Location</span></p>





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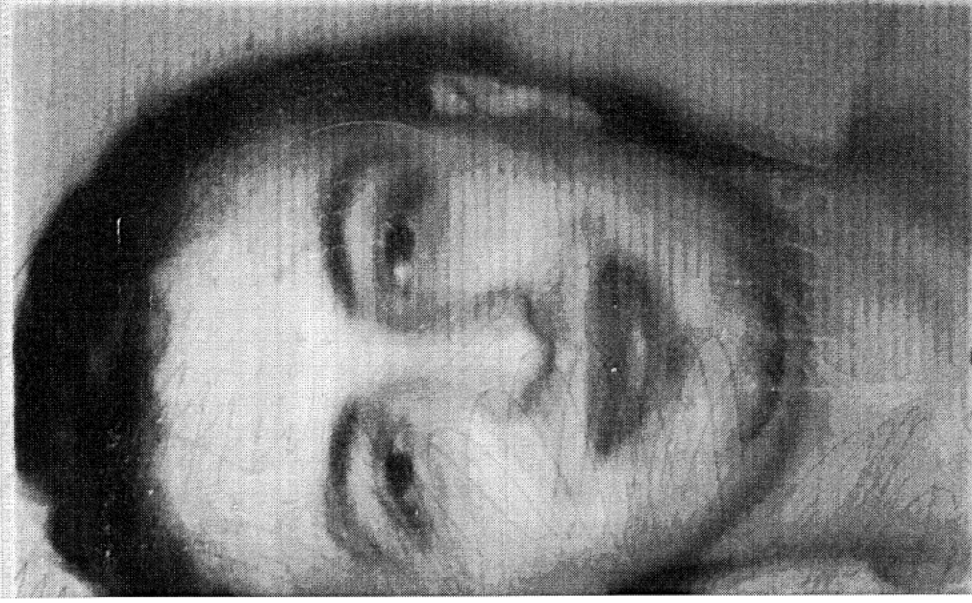
**Applicant Name:**  
**Cristian PAvlicenco**

The following must be completed by the Supporter of the applicant	
<b>Name, Title, and Business Name:</b>	<b>Cristian Pavlicenco</b>
<b>Address (include street address, mailing address, city, state, zip, and county):</b>	35810 16 <sup>th</sup> ave s , federal way 98003, apt G304
<b>Phone Number:</b>	253-709-2883
<b>Do you currently need the services of a residential household goods moving company?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe your current moving needs:
<b>Do you anticipate a future need for the services of a residential household goods moving company?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: <b>Yes, I plan to move in Florida, I will need some help.</b>
<b>Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:</b>	100% for good services
<b>Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?</b>	
<i>I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>	
<b><i>Pavlicenco</i></b> Signature of Person Completing Form	04/25/2019 __ Date and Location



# WASHINGTON

# DRIVER LICENSE



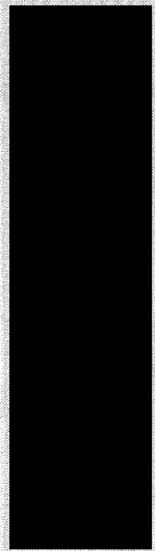
*Filip*



4d LIC#

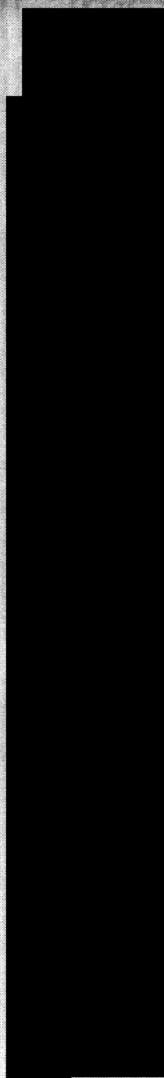
1 **FILIP**

2 **MARCEL**



3 DOB

8



15 SEX **M**

16 HGT **5'-08"**

12 RESTRICTIONS **NONE**

18 EYES **BLU**

17 WGT **162 lb**

9a END **NONE**

**NONE**

4b EXP **05/27/2022**

4a ISS **05/02/20**

9 CLASS



REV 01/06



