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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

FOR OFFICIAL USE ONLY			
Date Filed: 04/27/2019	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.							
□ 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						
Is your business registered with the <u>Department of Revenue</u> ? Business License/UBI #: 604 418 778 Department of <u>Labor & Industries</u> (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 nust 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:						
Name Marcel FilipTitle OwnerStock Distribution or % of Shares 100%						
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: <u>Entering the market of household goods transportation</u>, Marsik Movers plans to provide quality service at an afordable prices in comprision to the rates that most companies provide. Custumer care will be our priority. 						
2. 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.						

REDACTED per RCW 42.56.230

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							
	Traditinged Trade							
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					
L	*attach additional pages if necessary							
10	. Has any person named in this application, been rules? ✓ No ☐ Yes If yes, please list below:	cited for violation of state	laws or Commission					
	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.

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

	EQUIPMENT LIST									
List the equi	List the equipment you own or lease to provide moving services (attach additional sheets if necessary).									
Year Make License Number Vehicle ID Number GVW										
2003	GMC	C09194R	J8DF5C13537701360	20,000						

REDACTED per RCW 42.56.230

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</u> <u>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:	Position:
Marcel Filip	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 i	new household goods carriers, check here						
	ON OF APPLICANT in itself constitute authority to operate as a household						
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 W	Marcel Filip Warcel Filip 04/27/2019						
Print name of applicant Sig	nature 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 go							
▼ No □ Yes If yes, please describe your current moving needs	5:						
Do you anticipate a future need for the services of a residential h							
□ No ▼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 h							
State will benefit you, your business, and/or your community: M	aybe I can work in this company part-time,						
or i will recomend this company for my mends.	or i will recomend this company for my friends.						
Is there anything else the Commission should consider when ma							
application for a household goods permit? I personally know Marcel as a reliable and responsible person. He also has experience in moving industry.							
person. The also has experience in moving industry.							
I certify (or declare) under penalty of perjury under the laws of th and correct.	e state of Washington that the foregoing is true						
Adrian Brinzila	04/26/2010 Vont						
Signature of Person Completing Form	04/26/2019 Kent Date and Location						
Signature of Ferson completing Form							



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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: Leonid Ratsko						
Leonid Ratsko						
The following must be completed by the Supporter of the applicant						
Name, Title, and Business Name:						
Movable LLC , Owner						
Address (include street address, mailing address, city, state, zip, and 10304 20 th st e, wa 98372 , C202	d county):					
Phone Number: 206-307-2451						
Do you currently need the services of a residential household goods	s moving company?					
\bigcirc No \square 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?						
No □ Yes If yes, please describe your future moving needs:						
Briefly describe how granting this company a permit to provide hou	sehold 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						
I certify (or declare) under penalty of perjury under the laws of the s and correct.	state of Washington that the foregoing is true					
Leonid Ratsko	04/25/2019					
Signature of Person Completing Form	Date and Location					



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

W. SEINGER

DRIVER LICENSE

9CLASS

3 **DOB**

4a ISS 05/02/2018

18 EYES BLU 17 WGT 162

9a END

15 SEX M 16 HGT 5'-08" 12 RESTRICTIONS NONE

46 EXP 05/27/2022

REVOTO6

7.100 7.100

2 MARCEL 49 LIC#



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/23/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER			CONTACT NAME: Vladimir Ulyanchuk								
Safe Shield Insurance, LLC				PHONE (A/C, No, Ext): (425) 654-3525 (A/C, No): 4256543520							
8490 Mukilteo Speedway #120				E-MAL ADDRESS: certificates@safeshieldins.com							
0.700.12444.000 0.000.000.000					INSURER(S) AFFORDING COVERAGE				NAIC#		
Mu	kilteo			WA 98275	INSTIDE			MARINE INS CO			20079
INSU				W11 70273	 		171111111111111111111111111111111111111	VERICITE INS CO			20079
	MARSIK MOVERS LLC				INSURE						
					INSURE						
	35810 16TH AVE S				INSURE						
				***	INSURE						
	FEDERAL WAY			WA 98003	INSURE	RF:					
	/ERAGES CERTIFY THAT THE POLICIES OF			NUMBER:	ENLICOL	IED TO THE I		REVISION NUME		DEDIO	
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INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY						,	EACH OCCURRENCE	T		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTEL PREMISES (Ea occurr		 ;	
								MED EXP (Any one pe			
								PERSONAL & ADV IN			
	GEN'L AGGREGATE LIMIT APPLIES PER:				I			GENERAL AGGREGA			
	PRO-				İ			PRODUCTS - COMP/			
								PRODUCTS - COMPA	OF AGG \$		i
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE I			750,000
	ANY AUTO							(Ea accident) BODILY INJURY (Per			750,000
A	OWNED SCHEDULED			72TRS100454		04/23/2019	04/23/2020	BODILY INJURY (Per			
A	AUTOS ONLY AUTOS NON-OWNED			/21K3100434		04/23/2019	04/23/2020	PROPERTY DAMAGE			
	AUTOS ONLY AUTOS ONLY							(Per accident)	-		
	UMBRELLA LIAB OCCUP										
	H-yaraa.u.							EACH OCCURRENCE	-		
								AGGREGATE			
	DED RETENTION \$ WORKERS COMPENSATION							IPER	тотн- \$	<u> </u>	
	AND EMPLOYERS' LIABILITY Y / N							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A			l			E.L. EACH ACCIDENT			
	(Mandatory in NH) If yes, describe under				j			E.L. DISEASE - EA EN	MPLOYEE \$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT \$		
	CARCO										20,000
Α	CARGO			72TRS100454		04/23/2019	04/23/2020				
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	0 101, Additional Remarks Sched	ule, may l	oe attached if me	ore space is requ	uired)			
2003	GMC WT5 J8DF5C13537701360										
											i
											i
CER	TIFICATE HOLDER				CANC	ELLATION			***************************************		
MARSIK MOVERS LLC					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	35810 16TH AVE S APT G304					AUTHORIZED REPRESENTATIVE					
	FEDERAL WAY, WA 98003										
	12221222 11111, 1111 70003				VLA	D ULYANO	MUK				