

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 C	DNLY		
Date Filed:	DOL/SOS:	ID:	Docket#
	Insurance:	3	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 <u>WAC 480-15-187</u> . 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 <u>WAC 480-15-450</u>). 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: King County Moves LLC					
Trade Name, if applicable					
Physical Address 17389 NE 454 St Apt 138 Rod Mond 747					
Mailing Address DO BOX 25312 Scattle, WA 98165					
Telephone Number 2044519140 Email: Yadi Kalbianets@gmail. Lon					
Contact Name: Vad Zm Dubjanets					

BUSINESS INFORMATION - continued					
USDOT #: 30×1544 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 <u>Department of Revenue</u> ? U No XYes Business License/UBI #: 604 1890 — Department of <u>Labor & Industries</u> (L&I) Worker's Comp account # 105 786 - 00					
Employment Security Department (ESD) registration # 71091900-8					
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 <u>WAC 480-15-555</u> , 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 <u>WAC 480-15-302</u> and <u>305</u> .					
TYPE OF BUSINESS STRUCTURE					
□ Individual □ Partnership □ Corporation ◘ Other (LP, LLP, LLC) State of Incorporation ₩A					
List the name, title and percentage of partner's share or stock distribution for major stockholders:					
Name Vadzin Dubianets Title Stock 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.					
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: House Note Mount Services.					
2. Briefly describe your experience in the transportation/household goods moving industry: Currently on business in washington State - have been in business Since 518/17 in washington State.					

3.	Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property? No MYes If yes, please indicate your permit number THOTOSOSO				
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? 및 No □ Yes If yes, please indicate your MC#				
6.	If you have interstate authority, have you registered for Unified Carrier Registration $\ \square$ No $\ \square$ 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? $box{$\langle \ \ \ }$ No $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				
	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? $\mbox{\conv}$ No $\mbox{\conv}$ 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 or rules? ▼ No □Yes If yes, please list below:	cited for violation of stat	te laws or Commission		
F	Violation	Date	RCW/WAC		
L	*attach additional pages if necessary				
1 1	. If you would like to receive information about n	ew household goods car	rriers, check here 🛛		



ATTACHMENT D

CHANGE OF CORPORATE/INDIVIDUAL NAME (MAY AND 10-400)

This application is for name change only and <u>does not</u> involve a change in ownership, management, or control of the household goods operating authority. You <u>may not</u> advertise to operate under the changed name until a permit is issued in the new name. A company must file a name change application to:

- Change a corporation's name
- Change an individual's name (may be sole proprietor or individual in a partnership)
- Change or add a trade name

Current Name on	
Permit: King County Movers LLC	<u> </u>
Current Trade Name,	
d/b/a:	
Address: DCBOX 25312 Seattle TUTA-181	45
Phone Number: USDOT #:_	3629564
Email Address: wad Kalubarants Congressed	C E YE E
If a corporation, list names, titles, stock distribution or major stockhol	
I request the name on household goods permit (T)HG- <u> </u>	be changed to:
New Name:	
New Trade Name, d/b/a (if applicable):	The Moving Confa
New Trade Name, dybya (ii applicable).	The CAME OF BUILDING
Address (if changed) POPOX 25312, Seattle	17 12 10 17 18 1PM
If a corporation, list names, titles, stock distribution or major stockho	ders under the new name:
	d to the state of
I certify that this information is true and correct, that I am authorize document on behalf of the applicant and that all information is curr	a to execute and fire this ent and valid.
Vaszin Dubianets Owner 0	1/19 /2019
Name and Title of Applicant Date of Applicant	te