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 Olympia, WA 98504-7250  
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### 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> |
|---|---------------------|
| <input checked="" 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 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: HOME2HOME Moving LLC

Trade Name, if applicable \_\_\_\_\_

Physical Address 2412 172<sup>ND</sup> STE Tacoma WA 98445

Mailing Address 2412 172<sup>ND</sup> STE Tacoma WA 98445

Telephone Number (206) 445 3423 Email: Request.H2H@gmail.com

Contact Name: Aurel FRUNZa

**BUSINESS INFORMATION - continued**

USDOT #: 3295264 If you do not have a USDOT number, go online at [www.fmcsca.dot.gov/online-registration](http://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 #: 604467560 Department of Labor & Industries (L&I)  
Worker's Comp account # \_\_\_\_\_

Employment Security Department (ESD) registration # \_\_\_\_\_

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.

WE just started the business, the only employees will be the governors.

**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
<u>AUREL FRUNZA</u>	<u>GOVERNOR</u>	<u>50%</u>
<u>NICOLAE GANDRABUR</u>	<u>GOVERNOR</u>	<u>50%</u>

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: HOUSEHOLD GOODS MOVING.

HELPING PEOPLE MOVING IN/OUT.

2. Briefly describe your experience in the transportation/household goods moving industry: BOTH GOVERNORS HAVE 4 YEARS EXPERIENCE IN MOVING INDUSTRY.

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.

Assets		Liabilities	
Cash in Bank	\$ 0	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	<b>TOTAL LIABILITIES</b>	\$ 0
Land and Buildings	\$ 0	<b>NET WORTH</b>	0
Trucks and Trailers	\$ 0	Preferred Stock	\$ 0
Office Furniture	\$ 0	Common Stock	\$ 0
Other Equipment	\$ 0	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
<b>TOTAL ASSETS</b>	<b>\$ 0</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ 0</b>

### EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	GVW
—	—	—	—	—

### 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: **AUREL FRUNZA.**

Position: **GOVERNOR**

**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: AUREL FRUNZA Position: GOVERNOR

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: AUREL FRUNZA Position: GOVERNOR

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.

AUREL FRUNZA [Signature] 06.05.19.  
Print name of applicant                      Signature of Applicant                      Date