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RECEIVED

JUL 01 2019

WASH. UT. & TP. COMM

**HOUSEHOLD GOODS MOVING COMPANY
 PERMIT APPLICATION**

| FOR OFFICIAL USE ONLY | | | |
|-----------------------|-----------------|-----------------|----------|
| Date Filed: | DOL/SOS: | ID: | Docket # |
| 06/18/19 | Insurance: | | 068298 |
| Payment # | 111-0268-207-02 | 111-0268-013-20 | 250.00 |
| | | | 2346 |

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: ULTIMATE MOVERS LLC

Trade Name, if applicable _____

Physical Address 8310 8th Ave SW # 828

Mailing Address Lakewood, WA, 98498

Telephone Number () 253 327 8294 Email: mossesgathueymail.com

Contact Name: Moses Ngathui

BUSINESS INFORMATION - continued

USDOT #: 3122917 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 #: 604306365 Department of [Labor & Industries](#) (L&I)
Worker's Comp account # 650,284-01

[Employment Security Department](#) (ESD) registration # 000-772070-00-7

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](#).

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 | Title | Stock Distribution or % of Shares |
|---------------------|--------------|-----------------------------------|
| <u>Moses Nyathi</u> | <u>owner</u> | <u>100% Owned</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: Moving services serving
piece and king counties.

2. Briefly describe your experience in the transportation/household goods moving industry: I used to work for big moving company.
I have been a mover for 3 months.

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 THG 068277

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 | \$ 1,000 | Salaries/Wages Payable | \$ 800 |
| Notes Receivable | \$ | Accounts Payable | \$ 2000 |
| Investments | \$ | Notes Payable | \$ |
| Other Current Assets | \$ | Mortgages Payable | \$ / |
| Prepaid Expenses | \$ 3000 | TOTAL LIABILITIES | \$ 800 2800 |
| Land and Buildings | \$ / | NET WORTH | / |
| Trucks and Trailers | \$ 7,000 | Preferred Stock | \$ 200 |
| Office Furniture | \$ 300 | Common Stock | \$ 2000 |
| Other Equipment | \$ / | Retained Earnings | \$ |
| Other Assets | \$ / | Capital | \$ 1000 |
| TOTAL ASSETS | \$ 11,300 | TOTAL LIABILITIES & NET WORTH | \$ 8900 |

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 |
|------|------|----------------|------------------------|------|
| 2005 | INT | B358245 | 1HEMMAA-M65H68 6635 | 5500 |
| | | | | |
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