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HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

<i>FOR OFFICIAL USE ONLY</i>			
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 type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> Permanent authority to transfer under the exceptions in WAC 480-15-187 . Complete pages 3-8 and Attachments B & C. | \$ 250 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> Y Name Change or Addition of d/b/a – Complete pages 3-5 and Attachment D. | \$ 35 |

BUSINESS INFORMATION

Legal Name: _____ MOVING BAND LLC _____

Trade Name, if applicable _____

Physical Address _____ 227 Bellevue Way NE #402 Bellevue WA 98004

Mailing Address _____ 1100 Bellevue Way NE Ste 8A, office 402, Bellevue, WA 98004 _____

Telephone Number (206) 775 4762_ Email: __ MOVING.BAND.LLC@GMAIL.COM

Contact Name: _____ JOHNATHAN N BRODSKI _____

BUSINESS INFORMATION - continued

USDOT #: 3109972 _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 #:604-151-602

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](#).

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>
Johnathan N Brodski	Owner	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: _____

2. Briefly describe your experience in the transportation/household goods 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



ATTACHMENT D

CHANGE OF CORPORATE/INDIVIDUAL NAME ([WAC 480-15-400](#))

This application is for name change only and *does not* involve a change in ownership, management, or control of the household goods operating authority. You *may not* 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: MOVING BAND LLC

Current Trade Name,

d/b/a: _____

Address: 227 Bellevue Way NE #402 Bellevue WA 98004

Phone Number: 2067754762 USDOT #: 3109972

Email Address: MOVING.BAND.LLC@GMAIL.COM

If a corporation, list names, titles, stock distribution or major stockholders under the current name:

**I request the name on household goods permit (T)HG-THG068485
be changed to:**

New Name: _____

New Trade Name, d/b/a (if applicable): SEATTLE MOVING SERVICES

Address (if changed) 1100 BELLEVUE WAY NE STE 8A, OFFICE 402, BELLEVUE, WA 98004

If a corporation, list names, titles, stock distribution or major stockholders under the new name:

I certify that this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information is current and valid.

JOHNATHAN N BRODSKI _____ 8/15/19
Name and Title of Applicant Date