



621 Woodland Square Loop SE
 Lacey, WA 98503
 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:	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. \$ 250
- [Name Change or Addition of d/b/a](#) – Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: Easy Move Transport, LLC

Trade Name, if applicable _____

Physical Address 1420 218th PI SW Lynnwood WA, 98036

Mailing Address 1420 218th PI SW Lynnwood WA, 98036

Telephone Number (425) 971-9077 Email: easymovetransport@gmail.com

Contact Name: Juan Luis Palomares Martinez

BUSINESS INFORMATION - continued

USDOT #: 3300474 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 #: 604420116 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](#).

As we start out, we are going to use a temp agency who performs background check for every staff they contracts out. Once our business grows, we are planning on hiring employees at which time we will obtain Department of Laobor & Industries account number and Employment Serurity Department registration number.

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>
Juan Luis Palomares Martinez	Owner	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: A full service residential and commercial moving service in the greater Puget Sound area to provide high quality and easy moving experience for reasonable price. The moving need in the area is increasing as the population grows while the level of service largely varies depending on the provider. We are committed to provide great service the last-minunite needs with high quality .
- Briefly describe your experience in the transportation/household goods moving industry: I have more than 7 years of experiences in moving, packing, loading/unloading, furniture assembling/deassembling, and driving moving trucks within the state of Washington.

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
Received a notification letter from UTC that we had promoted house hold goods move business on thumbtack.com without permit. We are submitting this application to comply with the notice and for obtaining the permit.	9/12/2019	81.80.075

*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	\$ 5,712.27	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 0
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 6,500.00	Preferred Stock	\$
Office Furniture	\$ 300.00	Common Stock	\$
Other Equipment	\$ 200.00	Retained Earnings	\$
Other Assets	\$ 225.00	Capital	\$
TOTAL ASSETS	\$ 12937.27	TOTAL LIABILITIES & NET WORTH	\$ 0

EQUIPMENT LIST				
List the equipment you own or lease to provide moving services (attach additional sheets if necessary). You must own or have a long term lease for any vehicle you operate, you may not rent vehicles on a job by job basis				
Year	Make	License Number	Vehicle ID Number	GVW
2001	GMC	C57051S	4KDB4B1R01JA04151	16,000

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:

Juan Luis Palomares Martinez

Position:

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: Juan Luis Palomares Martinez	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: Juan Luis Palomares Martinez	Position: Owner
---------------------------------------	--------------------

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.

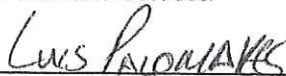
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-305 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.

Juan Luis Palomares Martinez



09/25/2019

Print name of applicant

Signature of Applicant

Date

WA USA **WASHINGTON** DRIVER LICENSE
FEDERAL LIMITS APPLY

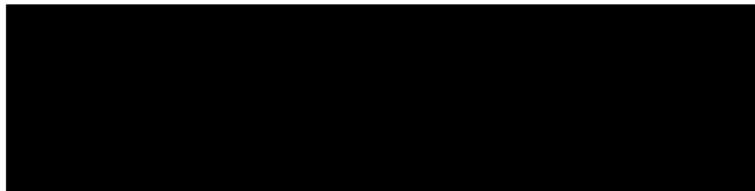
20 P0618/BB32040

4d LIC [REDACTED] 9 CLASS
1 PALOMARES MARTINEZ
2 JUAN LUIS

4a ISS 05/16/2019

15 SEX M 16 HGT 5'-07" 17 WGT 165 lb
18 EYES BRO 19 END NONE
12 RESTRICTIONS NONE 4b EXP 02/26/2025

REV 09/04/2018



CLASS ENDORSEMENTS: NONE

RESTRICTIONS: NONE

02/28/1993

Please notify the Department of Licensing within 10 days of a change of address.



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: EASY MOVE TRANSPORT LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Ali Sokolow, Licensed Mental Health Counselor

Address (include street address, mailing address, city, state, zip, and county):
 4455 148th Ave. NE, Bellevue, WA 98007
 King County

Phone Number: 425-462-2776

Do you currently need the services of a residential household goods moving company?
 No Yes Yes, I work with clients who are going through major life transitions that need help moving their personal belongings.

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: See above—will cont. to work with clients who will need assistance.

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: Being able to send someone to a company that I trust will help people going through an already tough time, be able to relax and be content that one part of their life is being taken care of and is in good hands. They can then focus on the other things that need to be taken care of. Luis is trustworthy, careful, and treats other peoples' personal belongings with great care. They can be assured that nothing will get damaged or mishandled. It will ease a lot of stress for the these people.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? He has worked with my clients in the past and is professional, efficient, and organized. He has great expertise and a lot of experience. He is very trustworthy and I would absolutely let him handle any future move I made. My husband is also a real estate agent and will refer his clients to Luis in the future.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.



 Signature of Person Completing Form

9/25/19 Bellevue, WA

 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:
Easy Move Transport

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: <i>Kari Terrana</i>	
Address (include street address, mailing address, city, state, zip, and county): <i>16414 SE 35th St. Bellevue, WA.</i>	
Phone Number: <i>425-274-6074</i>	
Do you currently need the services of a residential household goods moving company? <input type="radio"/> No <input checked="" type="radio"/> Yes If yes, please describe your current moving needs: <i>In the future,</i>	
Do you anticipate a future need for the services of a residential household goods moving company? <input type="radio"/> No <input checked="" type="radio"/> Yes If yes, please describe your future moving needs: <i>Moving out of my house to new location. I will be contacting them.</i>	
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: <i>Knowing them I would trust them to move my belongings as if it was theirs.</i>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <i>His experience in the moving business qualify him to lead a moving company - and compete with other co. to do their best.</i>	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<i>Kari Terrana</i> _____ Signature of Person Completing Form	<i>Sep 24 2019 Bellevue</i> 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: EASY MOVE TRANSPORT

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: SHOKO YANO, Program Manager, Microsoft Corporation

Address (include street address, mailing address, city, state, zip, and county):
9020 132nd AVE NE, Redmond, WA 98052

Phone Number: 425-301-0745

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Not right away

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:
My kids are getting older and our current space is becoming a bit tight, so in 4-5 years we'll need to move, and I need good help from movers.

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:
Trustworthy moving company is very important for me as we have so much to move in so little time to prepare. I like to work with company who I can trust with my

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
I've known the owners and their staff who are very trustworthy and punctual, pay attention to details that I can trust w/my household items.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

[Signature] 9/25/2019

Signature of Person Completing Form Date and Location