



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

<i>FOR OFFICIAL USE ONLY</i>			
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: GM MOVE TRANSPORT LLC

Trade Name, if applicable _____

Physical Address 14422 42ND AVE S TUKWILA WA 98168

Mailing Address 14422 42ND AVE S TUKWILA WA 98168

Telephone Number (206 422 0426) Email: GMMOVE8@GMAIL.COM

Contact Name: AARON R. GALVEZ

BUSINESS INFORMATION - continued

USDOT #: 3295516 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 #: 604440432 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 TEMPAGENCY WHO PERFORMS BACKGROUND CHECK FOR AVERY STAFF THEY CONTRACTS OUT. ONCE BUSINESS GROWS WE ARE PLANNING ON HIRE EMPLOYEES AT WHICH TIME WILL OBTAIN DEPARTMENT OF LABOR INDUSTRIES 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>
<u>AARON R. GALVEZ</u>	<u>OWNER</u>	<u>100%</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: FULL RESIDENCIAL & COMERCIAL MOVING SERVICE IN THE PUGET SOUND AREA TO PROVIDE HIGH QUALITY MOVING EXPERIENCE FOR RASONABLE PRICE.

2. Briefly describe your experience in the transportation/household goods moving industry: I HAVE 4+ YEARS EXPERIENCE ON MOVING, LOADING & UNLOADING, PACKING ASSEMBLING & DEASSEMBLING FURNITURES. DRIVING MOVING TRUCKS FOR 26,000 LBS

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	\$ 1,385.83	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 17,700	Preferred Stock	\$
Office Furniture	\$ 1,300.00	Common Stock	\$
Other Equipment	\$ 430	Retained Earnings	\$
Other Assets	\$ 230	Capital	\$
TOTAL ASSETS	\$ 21,045.83	TOTAL LIABILITIES & NET WORTH	\$

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
2008	INTL	C88321R	1HTMMAAL78H570212	
				26,000

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.

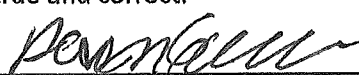
INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.

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.

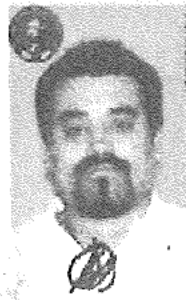
LIABILITY INSURANCE REQUIREMENTS (WAC 480-15-530). You must file and maintain proof of public liability and proper damage insurance (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

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).

<p>Name: AARON R. GALVEZ</p>	<p>Position: OWNER</p>
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OPERATIONAL RESPONSIBILITIES	
Annual Reports and Regulatory Fees (<u>WAC 480-15-480</u>). You must annually file a report of your financial operations and pay regulatory fees.	
Name: AARON R. GALVEZ	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: AARON R. GALVEZ	Position OWNER
<p>If you would like to receive information about new household goods carriers, check here <input type="checkbox"/></p> <p style="text-align: center;">DECLARATION OF APPLICANT</p> <p>I understand that filling this application <u>does not</u> in itself constitute authority to operate as a household goods mover.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>I understand the commission will complete a criminal background check on each person named in the application.</p> <p>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.</p>	
AARON R. GALVEZ	
	9/26/19
Print name of applicant	Signature of Applicant
Date	

USA WASHINGTON DRIVER LICENSE

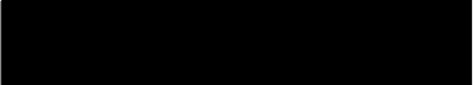


DL LIC# GALVEAR280ME
GALVEZ VILLALOBOS
AARON R

DOB [REDACTED]

EXPIRES 07-15-2015

SEX M HT 5-06
WT 230 EYES BRN
HAIR [REDACTED]
RESTRICTIONS NONE



CLASSIFICATION
ENDORSEMENTS
RESTRICTIONS



UTC

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:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Beatriz Villalobos

Address (include street address, mailing address, city, state, zip, and county):
34736 2nd Ln S A-7
Federal Way WA 98003

Phone Number:
206 747 1323

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:

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 family and I are moving in three months and Aaron and his company will move us.

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:
It will benefit me because he will be able to do me the service of moving me and my family

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
I have had him move me a couple of times; he is punctual, organized, clean, respectful and professional

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

Beatriz Villalobos
Signature of Person Completing Form

09/25/2019 Federal Way, WA
Date and Location

UTC

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Applicant Name:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Oscar Alexandre, Owner, Hidden Treasures

Address (include street address, mailing address, city, state, zip, and county):

14217 26 Pl S, Seattle, WA 98168 - King County

Phone Number:

206-280-8356

Do you currently need the services of a residential household goods moving company?

X No Yes If yes, please describe your current moving needs:

Do you anticipate a future need for the services of a residential household goods moving company?

No X Yes If yes, please describe your future moving needs: I am in the process of creating my business which entails delivering furniture & big items to clients - I will most certainly be needing the services to not only get things from point A - B, but as an essential part of my business success.

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 am familiar with Aaron's quality of work. He provides the best customer service, his prices are fair and he's honest. As someone who is starting out their own business, I can rest assured that at least that aspect of transport will be taken care of - and I can focus on building my business & working w/ clients

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

As I mentioned, I am familiar with Aaron's quality of work, he's a great person and has a great brand - his customer reviews reflect that, with his knowledge and great character - I think that his brand, and the moving industry, will find Aaron as a great asset, not only to me, but other businesses and folks in this community.

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

[Handwritten Signature]

Date and Location

09/22/19 - Seattle, WA

UTC

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HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Julie Dao, Home Owner

Address (include street address, mailing address, city, state, zip, and county):

14217 26th PLS, Seatac, WA 98168 King County

Phone Number:

206-724-5416

Do you currently need the services of a residential household goods moving company?

No Yes If yes, please describe your current moving needs: I need help moving some furniture and some boxes of my items to the new place I'm moving to.

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: If I have too much stuff that I'm moving that I end up not wanting to put in the new house, I may need help moving that stuff to a storage place.

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: People like myself and the community need people that are reliable and flexible to move/help with transporting our items. Everyone's schedule is different and Aaron is able to do all of that. He is available all week which is helpful for my hectic schedule!

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

As a close friend to my husband Aaron and his crew have been very careful transporting goods of my husband's upcoming business. Efficient and Kind!

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

4/24/19, Seatac, WA

Date and Location