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OCT 17 2019
WASH. UT. & TP. COMM

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 # 068815 068816
	Insurance:		THG-
Payment #	111-0268-207-02	111-0268-013-20	\$ 500.00 19034383088 \$ 50.00 19034383089

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: Interstate MCKINZIE MOVERS LLC

Trade Name, if applicable _____

Physical Address 915 Cherry St Apt 112 Seattle, WA 98104

Mailing Address 915 Cherry St Apt 112 Seattle, WA 98104

Telephone Number (206) 992 9356 Email: RosieMckinzie1@yahoo.com

Contact Name: Rosalina MCKINZIE

BUSINESS INFORMATION - continued

USDOT #: 3344536 If you do not have a USDOT number, go online at www.fmcsa.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 4586838 Department of Labor & Industries (L&I)

Worker's Comp account # 694,524-00

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.

~~_____~~ Currently in the process of setting up this account. In the mean time I would use a temp hiring agency. There's movers.com and another website. Though I can provide the ESD at a later time.

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>Rosalina McKinzie</u>	<u>owner</u>	

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: I wish to provide a household goods moving services. A lot of people are moving to Seattle, WA from all over because of Amazon, Google and other large companies. There's a high demand for movers because so many people are moving to WA.
- Briefly describe your experience in the transportation/household goods moving industry: My husband has experience in the moving industry as a professional mover and I have experience in small business working/managing a five star painting company.

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# 1068114

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	\$	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	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	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
2011	GMC	Temp. NOV. 2.19 A0167532	1G1D374CA5B 1903631	10,000

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: Rosalina McKinzie

Position: owner/admin

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: Rosalina McKinzie

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: Rosalina McKinzie

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.

Rosalina McKinzie

Rosalina McKinzie

10/19/19

Print name of applicant

Signature of Applicant

Date


Your ID Cards

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.

✂

<p>INTERSTATE MCKINZIE MOVERS LLC</p>  <p>Form A022 (03/11)</p> <p>IF YOU'RE IN AN ACCIDENT</p> <ol style="list-style-type: none">1. Remain at the scene. Don't admit fault.2. Find a safe location, call the police, and exchange driver information.3. Call Progressive right away. <p>TO REPORT A CLAIM Call 1-800-274-4499 or go to claims.progressive.com.</p> <p>PROGRESSIVE</p> <p>KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.</p>	<p>INSURANCE IDENTIFICATION CARD - Washington</p> <p>Policy Number: 01207901-0 Effective Date: 10/09/2019 Expiration Date: 04/09/2020 Policy Type: Commercial Insurer: United Financial Casualty Company 1-800-444-4487 P.O. BOX 94739 Cleveland, OH 44101</p> <p>Named Insured(s): INTERSTATE MCKINZIE MOVERS LLC</p> <p>Your Agent: INTERMOUNTAIN BUS 1-801-446-3000 1124 W SOUTH JORDAN P SOUTH JORDAN, UT 84095</p> <table><thead><tr><th>Year</th><th>Make</th><th>Model</th><th>VIN</th></tr></thead><tbody><tr><td>2011</td><td>GMC</td><td>SAVANA G3500</td><td>1GD374C45B1903631</td></tr></tbody></table> <p>Manage your policy anytime with just a few clicks at progressiveagent.com</p>	Year	Make	Model	VIN	2011	GMC	SAVANA G3500	1GD374C45B1903631
Year	Make	Model	VIN						
2011	GMC	SAVANA G3500	1GD374C45B1903631						



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: Interstate McKinzie Movers LLC. | Rosalina McKinzie

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Heidi Lundberg

Address (include street address, mailing address, city, state, zip, and county):
Po Box 59443 Renton Wa 98058

Phone Number: 206 474 - 0289

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:
Msr - all household goods into 6 bedroom home

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:
single mom 5'2 unable to move myself

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
This company allows residents to transport household goods to new location w/ ease

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
Heidi Lundberg

Date and Location
10/4/19
Renton Wa

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Applicant Name: Interstate McKinzie Movers

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: MCKENZIE, TAMMY

Address (include street address, mailing address, city, state, zip, and county): 35116 14th Ave SW FEDERAL WAY, WA 98023

Phone Number: 206-747-4693

Do you currently need the services of a residential household goods moving company?
[] No [X] Yes If yes, please describe your current moving needs:
NEED LARGE SOFA & LOVE SEAT, WORKOUT EQUIPMENT, PICNIC TABLES & BENCHES.

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:
NEED INDIVIDUALS TO MOVE ENTIRE HOME WHICH IS EXTREMELY LARGE ITEMS 3 BDR, DINE AREA, DEN ARE ETC.

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:
GRANTING THIS COMPANY A PERMIT TO PROVIDE HOUSEHOLD GOODS MOVING SERVICES, BENEFITS ME BY, NOT HURTING MYSELF. MOVING THESE ITEMS, THEY HAVE THE SAFETYWAY OF MOVING.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
THIS COMPANY DEFINITELY WOULD BE VERY BENEFICIAL TO THE COMMUNITY, W/ THESE AFFORDABLE COSTS HELPING THE ELDERLY COMMUNITY, ALSO ANYONE WHO NEEDS MOVING.

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

10/11/2019 FEDERAL WAY, WA Date and Location

old suspect of Covington, for the



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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: Interstate McKinzie Movers LLC / ROSAMUNDA MCKENZIE

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
TDS Home Services LLC

Address (include street address, mailing address, city, state, zip, and county):
PO Box 273 / 213 SW 41st ST
Renton WA 98057 / Renton WA 98057

Phone Number: Personal 206-335-6048 - Lisa

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
 Personally - I have new floors being installed and need furniture moved in/out.

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:
 I have many customers who ask if I know a reliable moving company. I would like to be able to refer my customers.

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 allows consumers an opportunity to choose a reliable company - who's owners also live in the same community.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
 Everyone deserves an opportunity to open a business.

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

Cathy W. [Signature] - Mr/owner
Signature of Person Completing Form

10-12-2019
Date and Location