



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	

- | <b>Type of Household Goods Authority Requested – check one</b>  | <b>Fee Required</b> |
|---|---------------------|
| <input checked="" type="checkbox"/> <u>Provisional and permanent authority.</u> The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A.   | \$ 550              |
| <input type="checkbox"/> <u>Permanent authority to transfer</u> 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"/> <u>Permanent authority to transfer</u> under the exceptions in <u>WAC 480-15-187</u> . Complete pages 3-8 and Attachments B & C.   | \$ 250              |
| <input type="checkbox"/> <u>Reinstatement of permit</u> (must be filed within 30 days of cancellation, depending on criteria set forth in <u>WAC 480-15-450</u> ). Complete pages 3-5 and include a statement justifying the reinstatement.                           | \$ 250              |
| <input type="checkbox"/> <u>Name Change or Addition of d/b/a</u> – Complete pages 3-5 and Attachment D.   | \$ 35               |

### BUSINESS INFORMATION

Legal Name: Keystone Hauling Services, LLC

Trade Name, if applicable College Hunks Hauling Junk and Moving

Physical Address 7125 E. Broadway Ste 100, Spokane Valley, WA 99212

Mailing Address 1110 W Waikiki Rd. Spokane, WA 99218

Telephone Number 509 530-0858 Email: price.paramore@chhj.com

Contact Name: Price Paramore

**BUSINESS INFORMATION - continued**

USDOT #: 3339968 If you do not have a USDOT number, go online at [www.fmcsa.dot.gov/online-registration](http://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 #: 604-464-613 Department of Labor & Industries (L&I)

Worker's Comp account # 684.320-00

Employment Security Department (ESD) registration # Submitted 9/9/19. Application still processing.  
EAMS 855-829-9243 #4

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.

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**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>Price Paramore</u>	<u>Managing Member</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: We will provide stress free junk removal and moving experiences. We provide a Honest Uniformed Nice and knowledgeable Service (H.U.N.K.S)

2. Briefly describe your experience in the transportation/household goods moving industry: I have many experiences as a customer. I have moved 5 times in 13 years, 4 of which were international moves.

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# Plan on obtaining an MC#.

6. If you have interstate authority, have you registered for Unified Carrier Registration  No  Yes when I obtain MC authority.

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

As of Oct 2019. Target Open date Dec 2019.

**FINANCIAL STATEMENT**

Complete the following or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank	\$ 42,495	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 112,888 (Lease)
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	<b>TOTAL LIABILITIES</b>	\$ 112,888
Land and Buildings	\$ 0	<b>NET WORTH</b>	\$ 42,495
Trucks and Trailers	\$ 112,888	Preferred Stock	\$ 0
Office Furniture	\$ 0	Common Stock	\$ 0
Other Equipment	\$ 0	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
<b>TOTAL ASSETS</b>	\$ 155,383	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 42,495

**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
2019	1202U	In process for license/registration	540C4W1B2KS806252	14,500
2019	1202U	In process for license/registration	540C4W1B2KS805668	25,999

**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:

Price Paramore

Position:

Managing Member

**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: Price Paramore

Position: Managing member

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: Price Paramore

Position: Managing Member

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.

Price Paramore

Price Paramore

10/2/19

Print name of applicant

Signature of Applicant

Date

Price DL

WA WASHINGTON DRIVER LICENSE FEDERAL LIMITS APPLY

USA WASHINGTON WA

20 T0715198G0947

4d LIC# [REDACTED] 9 CLASS DONOR

1 PARAMORE  
2 PRICE THOMAS

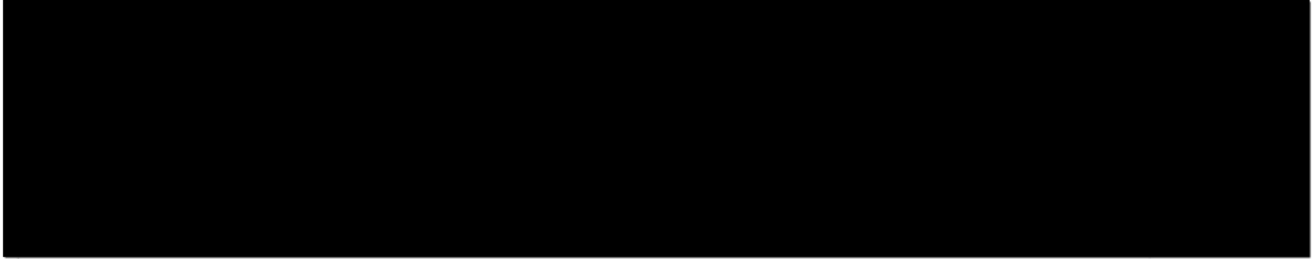
3 DOB [REDACTED] 4a ISS 07/15/2019

15 SEX M  
16 HGT 5'-08"  
12 RESTRICTIONS NONE

18 EYES HAZ  
17 WGT 215 lb  
9a END NONE  
4b EXP 08/26/2024

REV 09/04/2018



CLASS  
ENDORSEMENTS:  
NONE

RESTRICTIONS:  
NONE

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: Price Paramore, keystone Hauling Services, LLC dba College Hunks Hauling Junk and Moving

The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: Kyle Hartwig
Address (include street address, mailing address, city, state, zip, and county): 7812 N Stevens St, Spokane WA 99208
Phone Number: 360 998-9176
Do you currently need the services of a residential household goods moving company? [X] No [ ] Yes
Do you anticipate a future need for the services of a residential household goods moving company? [ ] No [ ] Yes
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: Provide a service to people and businesses to in there moving needs.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Not at this time.
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: Kyle Hartwig
Date and Location: 10-18-19 Spokane



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Applicant Name: Price Paramore, keystone Hauling Services, LLC dba College Hunks Hauling Junk and Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: CHRIS JAMES

Address (include street address, mailing address, city, state, zip, and county): 2 W ELCHIFF AVE. SPOKANE, WA 99218

Phone Number: 214 717 1435

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:  
 POSSIBLE FOL WASTE REMOVAL AFTER FINISHERS RENEWAL

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:  
 GOOD, HARDWORKING, HONEST LABOR PROVIDING NEEDED SERVICE

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
 NO

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: [Signature] Date and Location: 19 OCT 2019 SPOKANE WA



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: Price Paramore, keystone Hauling Services, LLC dba College Hanks Hauling Junk and Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:  
Cristina Smith

Address (include street address, mailing address, city, state, zip, and county):  
11112 N Waikiki Rd, Spokane, WA 99218 - Spokane County

Phone Number:  
509-701-1018

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:  
Will need to hire a household moving service for anticipated future relocation.

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 would benefit our community due to the increasing desire to use a moving service for relocation purposes.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
There is a growing need for moving services in the Spokane area due to several large companies opening facilities in the city.

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: Cristina Smith Date and Location: 10-21-19

