



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

You are required to have a permit from the commission before operating as a household goods moving (HHG) company in Washington state. You must attend a commission-sponsored training prior to receiving your provisional permit. Please see the upcoming dates at <http://www.utc.wa.gov/hhgtraining>. If you cannot wait until the next training, you may come to a commission-sponsored orientation, however, you will also be required to attend a later training.

This application contains the following information:

- Application Form and Attachments
- Checklist
- WAC 480-15 – Rules Relating to Household Goods Carriers
- Your Guide to a Satisfactory Safety Rating

### Insurance Requirements

File and maintain Public Liability and Property Damage Insurance (Form E) with the commission covering all vehicles operating under your household goods permit. Additionally, file and maintain Cargo Insurance (Form H). Retain proof of insurance coverage at your office and have it available for inspection by commission staff.

Insurance minimum limits are:

Vehicles under 10,000 GVWR	\$300,000 combined single limit of public liability and property damage insurance (Form E) <b>AND</b> \$10,000 cargo insurance
Vehicles 10,000 GVWR and more	\$750,000 combined single limit of public liability and property damage insurance (Form E) <b>AND</b> \$20,000 cargo insurance

The commission has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1243 or The Washington Relay Service at 7-1-1 or 1-800-833-8384.

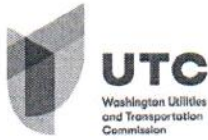
## FILING YOUR APPLICATION

Select one of the following:

- Scan/PDF your application to [efileapp.utc.wa.gov](http://efileapp.utc.wa.gov) and pay online at [payments.utc.wa.gov](http://payments.utc.wa.gov), or,
- Mail your application **with** your check or money order to the following address:  
 UTC, PO Box 47250, Olympia, WA 98504-7250

ACH online (no service fee) or credit card online at [payments.utc.wa.gov](http://payments.utc.wa.gov) (2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing).

**DO NOT EMAIL YOUR CREDIT CARD INFORMATION**



## CHECKLIST

Ensure the following items are included with your Household Goods Moving application:

### New Provisional Application

- Completed application and fee
- Register with Department of Labor & Industries
- Register with Employment Security Department
- Register with Department of Revenue
- Register with the Business Licensing Service (UBI #)
- Register with Secretary of State's Office (if corporation)
- Copy of valid driver's license or government issued photo ID card for each person named in the application
- Evidence of enrollment in a drug and alcohol testing program, or evidence that you have in place your own drug and alcohol testing program, *if your company operates commercial vehicles and has CDL drivers. See 49 CFR 382(e) and 383.5.*
- Evidence of insurance - combined single limit of public liability and property damage (Form E) and cargo insurance (Form H).
- Attachment A - Three or more completed statements of support from people in the community supporting the proposed service

### Transfer an existing household goods moving company:

- Completed application and correct fee
- Register with Department of Labor & Industries
- Register with Employment Security Department
- Register with Department of Revenue
- Register with the Business Licensing Service (UBI #)
- Register with Secretary of State's Office (if corporation)
- Copy of valid driver's license or government issued photo ID card for each person named in the application
- Evidence of your enrollment in a drug and alcohol testing program, or evidence that you have in place your own drug and alcohol testing program, *if your company operates commercial vehicles and has CDL drivers. See 49 CFR 382(e) and 383.5.*
- Attachments B & C, if appropriate
- Closing Annual report from the current company
- Evidence of insurance - combined single limit of public liability and property damage (Form E) and cargo insurance (Form H)
- Certified statement from the applicant and the current owner explaining why the transfer of ownership or control is necessary to ensure the company's economic viability
- Certified statement from the applicant and the current owner describing the steps taken by the parties to ensure the safe operations and continuity of service to customer is maintained



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: <b>2/26/2020</b>	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: Lets Move It LLC

Trade Name, if applicable N/A

Physical Address 31229 55th Ave S. Auburn, WA 98001

Mailing Address Same

Telephone Number ( 425 299-0011 ) Email: letsmoveitllc19@gmail.com

Contact Name: Kimberly Behrends

**BUSINESS INFORMATION - continued**

USDOT #: 3297667 If you do not have a USDOT number, go online at [www.fmcsca.dot.gov/online-registration](http://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 #: 604 459 447 Department of Labor & Industries (L&I)  
Worker's Comp account # 688 624 00

Employment Security Department (ESD) registration # 000-820130-00-5

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.  
N/A

**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>
Kimberly Behrends	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: Moving and transport within the state of Washington. Our customer service will drive our business as I come from 15 years of hospitality industry experience. Many moving companies lack personality, patience, and overall care of people and their belongings. Our approach will be hardworkers with heart, our care will be unmatched.

2. Briefly describe your experience in the transportation/household goods moving industry: I personally worked for Two Men and a Truck many years ago and I saw a serious lack of care within the employees. I saw a massive opportunity within the industry to provide far better service. Our service will be trustworthy and will leave our customers with a sense that we not only treat their belongings like our own, but that we understand how stressful moving can be and we are here to help to the fullest.

**HHG trained 4/17/2019**

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 Re-submitting my application, I couldn't get the required insurances quick enough after I applied in 2019. I am applying again prepared with the needed insurances.

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
N/A	N/A	N/A

\*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
Theft, 3rd Degree	12/03/2007	Lynnwood, WA
Theft, 3rd Degree <small>(This happened in 2009 but was not charged until 2012 as I was attempting to have it deferred.)</small>	07/13/2012	Lynnwood, WA

\*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
N/A	N/A	N/A

\*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	\$ 3,000.00	Salaries/Wages Payable	\$ 0.00
Notes Receivable	\$ 0.00	Accounts Payable	\$ 0.00
Investments	\$ 0.00	Notes Payable	\$ 0.00
Other Current Assets	\$ 0.00	Mortgages Payable	\$ 0.00
Prepaid Expenses	\$ 0.00	<b>TOTAL LIABILITIES</b>	<b>\$ 0.00</b>
Land and Buildings	\$ 0.00	<b>NET WORTH</b>	
Trucks and Trailers	\$ 15,000.00	Preferred Stock	\$ 0.00
Office Furniture	\$ 0.00	Common Stock	\$ 0.00
Other Equipment	\$ 750.00	Retained Earnings	\$ 0.00
Other Assets	\$ 0.00	Capital	\$ 0.00
<b>TOTAL ASSETS</b>	<b>\$ 18,750.00</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ 0.00</b>

### 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
2012	GMC Savanna Cutaway	BEL7550	1GD374CG6C1904616	Own 10-14K lbs

**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:

Position:

Kimberly Behrends

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:  
Kimberly Behrends

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:  
Kimberly Behrends

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.

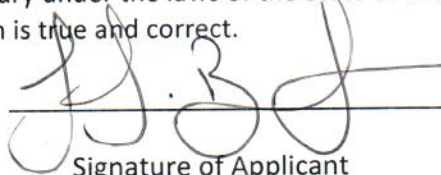
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-305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

Kimberly Behrends



02/26/2020

Print name of applicant


Signature of Applicant

Date



REDACTED per RCW 42.56.230

WA USA **WASHINGTON** DRIVER LICENSE

4d LIC# [REDACTED] DONOR 

1 BEHRENDUS  
2 KIMBERLY JO



3 DOB 06-07-1985 4a Iss 12-23-2015

5 519 W CASINO RD APT 10  
EVERETT WA 98204-1626

15 Sex F 16 Hgt 5-06  
17 Wgt 100 18 Eyes GRN  
9 Class 9a End NONE  
12 Restrictions G\*F

4b Exp 06-07-2022

3 [REDACTED] Rev 09-15-2009



*Kimberly Jo Behrendus*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/24/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> TOP Insurance Associates, LLC 10530 19th Ave. SE, Suite 101 Everett WA 98208	<b>CONTACT NAME:</b> Katie <b>PHONE (A/C, No, Ext):</b> (425) 513-6007 <b>E-MAIL ADDRESS:</b> katie@insurewithtop.com <b>FAX (A/C, No):</b> (425) 338-0275
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> Let's Move It LLC 31229 55th Ave S Auburn WA 98001	<b>INSURER A:</b> The Burlington Insurance Comapny
	<b>INSURER B:</b> Century Surety Company
	<b>INSURER C:</b> United Financial Casualty Company
	<b>INSURER D:</b>
	<b>INSURER E:</b>

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR I/TR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			224B005386	11/22/2019	11/22/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			01849405-0	02/24/2020	08/24/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	<b>Motor Truck Cargo</b>			CCP871324	11/22/2019	11/22/2020	\$20,000 per Occ. \$20,000 per Covered      Vehicle - Max

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
The Certificate Holder is an Additional Insured as respects operations of the above named insured.

<b>CERTIFICATE HOLDER</b> Washington Utilities and Transportation Commission PO Box 47250 Olympia, WA 98506	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Katie Thompson</i> <KT>
--	---



## 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:** Kimberly Behrends

**The following must be completed by the Supporter of the applicant**

**Name, Title, and Business Name:** Dana Rankin, Owner, Rankin Liquidation

**Address (include street address, mailing address, city, state, zip, and county):**  
25435 Lake Cavanaugh Rd. Mt. Vernon, WA 98274

**Phone Number:** 425-501-9642

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

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

Yes, I run a liquidation business and currently need a moving service to assist on large jobs and for customers that purchase larger items that they can't fit in their own vehicles.

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:

Yes, current and future services.

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:

The current companies that are used for my customers is typically LUGG and others craigslist movers, I haven't been satisfied with their customer service or their pricing.

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

Kimberly's moving company will greatly benefit myself and my liquidation company as many of my customers decide not to make purchases because they either have no way to get the items home, companies like LUGG are too expensive, or they have to wait days until the items can be delivered.

*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

07/20/2019 Mount Vernon, WA

Date and Location



Hampton Inn and Suites Seattle-Airport/28th Ave.  
18850 28th Avenue South, SeaTac, WA 98188

tel: **206.244.5044**  
fax: 206.244.5087

July 20, 2019

Beatriz Galvez

Assistant General Manager

Hampton Inn and Suites Seattle-Airport/28<sup>th</sup> Ave.

18850 28<sup>th</sup> Ave S.

Seatac, WA 98188

Subject: Letter of Recommendation

To whom it may concern,

As Kimberly Behrends' right hand person for the past 5 years of her 13 year hospitality career, I can't express to you how I have benefited and learned from her tireless work ethic, creative problem solving skills, and the absolute best customer service I have witnessed. I was thrilled when she asked me to write her a letter of recommendation for a moving business that she is looking to start.

Not only will Ms. Behrends' moving business bring a service that I personally feel is completely lacking in our region, but her professionalism is what will set her business far apart from the competition. I have personally had to move every year from the past six years, all of which I've hired a moving service. At no point was I ever comfortable with the people or the business that I selected for numerous reasons. After reading Ms. Behrends' business plan, objectives, and mission statement, I'm am 100% confident that her and her team will be that one moving company that is able to calm the nerves of those that are just like me and have had nothing but negative experiences.

Ms. Behrends's background has been in the hospitality industry for the past 13 years. In all of my years, I have never seen a person in a management position care so much about how their customer's experience is. Transitioning from hospitality to the moving industry, customers will immediately flock to her company based off of her kindness and willingness to make any wrongs right again.

I've always been impressed with her decision making and ability to hire the right people. To me, a massive part of this moving industry is hiring the right movers that care just as much as the owners do. Ms. Behrends will only have the best on her team, this future company will be no different.

I will personally be hiring Let's Move It LLC for my future moves simply based off of the fact that I know Ms. Behrends will be there every step of the way to ensure my moves are flawless. I would absolutely enjoy sharing any additional praise or information that is needed to assist Ms. Behrends in the UTC approval process, please do not hesitate to reach out to me.

Sincerely,

Beatriz Galvez

[bgalvez@bmihospitality.com](mailto:bgalvez@bmihospitality.com)

Direct Line: (206) 748-2803



for reservations please visit us at [hampton.com](http://hampton.com) or call 1.800.hampton



LETTER OF RECOMMENDATION: Let's Move It LLC

FOR: Kimberly Behrends

DATE: July 26<sup>th</sup>, 2019

To Washington Utilities & Transportation Commission,

*It is with great pleasure to write this letter of recommendation on behalf of Kimberly Behrends and her moving company Let's Move It LLC. I have known Kimberly for just over a decade when we began our career working in hotels. My career developed and over the past 4 years I have been in apartment leasing and I have had endless interactions and experiences with moving companies. As I am closely linked to this industry, I can tell you that Kimberly will run the tightest, most efficient, yet most gentle moving company in this area. Kimberly's background has been a long run in hospitality, an industry that has helped mold her into absolutely the most customer friendly person you might ever meet. She knows the value of a good relationship with her customers, something that just can't be taught anymore. With being in apartment leasing myself, I can tell you that this single factor will push Kimberly's business to the top of the field in popularity. She does have a background in moving as she worked for Two Men and A Truck years ago. She always said how she was bothered by the lack of care by the movers as they all seemed to be in it for a paycheck and nothing else. She knows what it like to be a mover and to be in a moving company office as she worked in both. I'm incredibly confident that she will have a small but incredible crew of movers and she will keep her record keeping tight and organized. One of Kimberly's biggest strengths beyond customer service is her ability to keep her employees happy. I know she will treat them well in all aspects of her business and retain them for years. For me, approving Kimberly for this UTC application is a no-brainer, and I'd be the first person promoting her business to all of my residents here at Hangar 128.*

*If you are in need of further information please do not hesitate to contact me directly at the information below. Thank you for taking the time to read my recommendation letter, Kimberly will be a gem in the moving industry.*

Sincerely,



Jasmine Campbell

Leasing Agent at Hangar 128

13031 8<sup>th</sup> Ave W Everett, WA 98204

(425)275-3771