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## HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

<b>FOR OFFICIAL USE ONLY</b>		<b>Stateside Movers LLC</b>	
Date Filed: <b>3/3/2020</b>	DOL/SOS:	ID:	Docket # <b>TV-200148</b>
	Insurance:	<b>\$35.00</b>	THG- <b>THG-068627</b>
Payment # <b>10911</b>	111-0268-207-02	111-0268-013-20	

- | <u>Type of Household Goods Authority Requested – check one</u>  | <u>Fee Required</u> |
|---|---------------------|
| <input 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.  | <b>\$ 550</b>       |
| <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 | <b>\$ 550</b>       |
| <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.   | <b>\$ 250</b>       |
| <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.                           | <b>\$ 250</b>       |
| <input checked="" type="checkbox"/> <u>Name Change or Addition of d/b/a</u> – Complete pages 3-5 and Attachment D.  | <b>\$ 35</b>        |

### BUSINESS INFORMATION

Legal Name: Stateside Movers LLC

Trade Name, if applicable: Lake County Avenue Movers - Seattle NW - Spokane Co Movers

Physical Address: 411 E Seattle Way Post Falls, ID 83854

Mailing Address: " " " "

Telephone Number: (208) 770 0845 Email: Ken@lakeCDAmovers.com

Contact Name: Keineth Wilson

**BUSINESS INFORMATION - continued**

USDOT #: 311988 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  
(Foreign entity / Idaho Company)

Business License/UBI #: 604 393 686 Department of Labor & Industries (L&I)

Worker's Comp account # IDAHO - 664 631

Employment Security Department (ESD) registration # Idaho withholding

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](#).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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>Kenneth Wilson</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:

Already established with "Title". Need Wash with to update my DBAs to match FMCSA / DOT.

2. Briefly describe your experience in the transportation/household goods moving industry:

N/A



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 TRG 068627
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# 87269
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

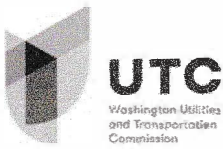
\*attach additional pages if necessary

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



**ATTACHMENT D**

**CHANGE OF CORPORATE/INDIVIDUAL NAME (WAC 480-15-400)**

This application is for name change only and does not involve a change in ownership, management, or control of the household goods operating authority. You may not advertise to operate under the changed name until a permit is issued in the new name. A company must file a name change application to:

- Change a corporation's name
- Change an individual's name  
(may be sole proprietor or individual in a partnership)
- Change or add a trade name

Current Name on

Permit: Stateside Movers LLC

Current Trade Name,

d/b/a: \_\_\_\_\_

Address: 691 E Saltice Way Post Falls, ID 83854

Phone Number: 208 770 0845 USDOT #: 3119758

Email Address: Ken@statesidemovers.com

If a corporation, list names, titles, stock distribution or major stockholders under the current name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request the name on household goods permit (THG)- 068627 be changed to:

New Name: \_\_\_\_\_

New Trade Name, d/b/a (if applicable): ~~Washington Movers~~ Seattle NW Movers, Spokane Co Movers

Address (if changed) \_\_\_\_\_

If a corporation, list names, titles, stock distribution or major stockholders under the new name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information is current and valid.**

Kenneth Wilson \_\_\_\_\_ 3/3/20  
Name and Title of Applicant Date