

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

## **CHECKLIST**

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

<b>New Provisional Application</b>	on			
Completed application	and fee			
Register with Departm	ent of Labor & Industries			
Register with Employm	ent Security Department			
Register with <b>Departm</b>	ent of Revenue/Business Licensing Service	ce (UBI #)		
Register with Secretary	of State's Office (if corporation or LLC)			
Completed required Ho	ousehold Goods Industry Training			
Copy of valid driver's I	icense or government issued photo ID c	ard for each p	erson named	l in the
application (upload as	a separate document)			
Evidence of enrollment	in a drug and alcohol testing program, or	evidence that	you have in p	olace your own
drug and alcohol testin	g program, if your company operates co	mmercial veh	icles and has	CDL drivers.
See 49 CFR 382(e) and	383.5.			
Evidence of insurance -	combined single limit of public liability ar	nd property da	mage (Form E	and cargo
insurance (Form H)				,
	or more completed statements of support	from people in	n the commur	nity supporting
the proposed service		The state of the s		,
	HOUSEHOLD GOODS MOVI	NG COMPA	NY	
	PERMIT APPLICAT	ION		
Date Filed: <b>05/28/2020</b>	FOR OFFICAL USE ONLY		Docket #: T	V-200490
Date Filed: <b>05/28/2020</b> Receipt ID:	FOR OFFICAL USE ONLY Company: PNW Moving and Deliv	er LLC	Docket #: <b>T</b>	V-200490
Date Filed: <b>05/28/2020</b> Receipt ID: 111-0268-207-02	FOR OFFICAL USE ONLY	er LLC		V-200490
Receipt ID:	FOR OFFICAL USE ONLY  Company: PNW Moving and Deliv  Payment ID: 13435	er LLC		V-200490
Receipt ID: 111-0268-207-02	FOR OFFICAL USE ONLY  Company: PNW Moving and Deliv  Payment ID: 13435  111-0268-032-20	er LLC Amount	Paid: <b>\$250</b>	
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5-2020



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	Section 1 - BUSINESS INFORMATIO	N
Legal Name: Dinituit S.	ath PNW Movin	y and delivery LCC
Trade Name, if applicable:		
Physical Address: 708 13	Brd St S Tacoma, WAS	98444
Mailing Address:		
Telephone Number: 25357	97127 Email: PNW M	oling and delivery @ Gmail
Contact Name: Omithing S		Je all w
		s://cms8.fmcsa.dot.gov/registration to
apply or call 360-596-3812 for assistance		
Is your business registered with the	Department of Revenue? No	Yes
Business License/UBI#: 63-6	000 - 136	
Lecture management and the control of the control o	.&I) Worker's Comp Account #: 63	5021-00
<b>Employment Security Department</b>		
AND THE RESERVE TO SERVE THE RESERVE TO SERVE THE RESERVE THE RESE		oyees, please explain how you plan to obtain
workers. Per WAC 480-15-555, a criminal ba	ackground check must be completed on eac	h person you intend to hire. If you intend to
hire day labor from a temp agency, they mu	ust perform the criminal background check.	Refer also to WAC 480-15-302 and 305.
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		1 8
	Type of Business	
Individual Partnership C	orporation Other (LP, LLP, LLC)	State of Incorporation
List the name, title, and percentage	of all partner's share or stock distribu	ution for major stockholders:
Name	Title	Stock Distribution/% of Shares
Omimin Sair	owner	70%
homan sativ	Me owner	30

Provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application. Upload or email as a separate attachment. Application processing will not begin until the commission/Licensing has received this.



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## Section 7 - DECLARATION OF APPLICANT

INITIAL

I understand that filing this application <u>does not</u> 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.

Applicant Name: Dmitkiy	Sativ	Date: 5 - 28-2020

## **Section 8 - ADDITIONAL REQUIRED ATTACHMENTS**

	For New Applications: provide three "attachment A - HOUSEHOLD GOODS STATEMENT OF
	SUPPORT" forms. Forms may be typed or hand-written.
V	For Reinstatement of Permit: provide a personal statement justifying the reinstatement.
	Business letter format preferred.

I Dmitriy Satir writing a statement why my company (PNW Moving and Delivery LLC) did not send in a certificate of insurance for April/ May of 2020. I saw the email late that my insurance was ended and I called my insurance company and reinstated my insurance policy. I told them to send certificate to UTC but they didn't send it in on time. This is now corrected because I spoke to someone at UTC Records Center (on May 28th at 2:20pm) and they said they have it now but i still need to apply to be reinstated. Thank you for your understanding.