



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:

New Provisional Application

- Completed application and fee
- Register with **Department of Labor & Industries**
- Register with **Employment Security Department**
- Register with **Department of Revenue/Business Licensing Service (UBI #)**
- Register with **Secretary of State's Office** (if corporation or LLC)
- Completed required **Household Goods Industry Training**
- Copy of valid driver's license or government issued photo ID card for each person named in the application (upload as a separate document)
- 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

**HOUSEHOLD GOODS MOVING COMPANY
 PERMIT APPLICATION**

FOR OFFICIAL USE ONLY			
Date Filed: 5/29/2020	Company: One Nation Group LLC		Docket #: TV-200492
Receipt ID:	Payment ID: 13437	Amount Paid: \$550	
111-0268-207-02	111-0268-032-20		

Type of Household Goods Authority Requested – Check One

- | | <u>Fee</u> |
|---|--------------|
| <input checked="" type="checkbox"/> Provisional and permanent authority. The fee for provisional and then permanent authority is a one-time fee. Complete pages 3-7 and Attachment A. | \$550 |
| <input type="checkbox"/> Reinstatement of permit Must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450 . Complete pages 3 and 7, and include a statement justifying the reinstatement. Business Letter format is preferred. If longer than 30 days after cancellation, you may not reapply for 12 months per WAC-480-15-302(11). | \$250 |

Household Goods Permit #: (T)HG -



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Section 1 - BUSINESS INFORMATION

Legal Name: ONE NATION GROUP L.L.C.

Trade Name, if applicable: ONE NATION MOVING & STORAGE

Physical Address: 16609 BENSON RD S, RENTON WA 98055

Mailing Address: 16609 BENSON RD S, RENTON WA 98055

Telephone Number: 561-460-0884 Email: VANESS@ONENATIONMOVING.COM

Contact Name: VANESSA PATINO

USDOT#: 3420645 If you do not have a USDOT number, go on-line at <https://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#: 604-603-850

Department of Labor & Industries (L&I) Worker's Comp Account #: 870,2643-00

Employment Security Department (ESD) registration #: 867688-00-6

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

Individual Partnership Corporation Other (LP, LLP, LLC)

State of Incorporation

Washington

List the name, title, and percentage of all partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution/% of Shares
VANESSA PATINO	OWNER	100

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 2 - APPLICATION QUESTIONNAIRE

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:
 LOCAL HOUSEHOLD MOVING SERVICES (WA ONLY), IS GOING TO BE A WOMAN OWN AND OPERATED COMPANY. IT WILL PROMOTE COMPETITION DUE TO THE FACT OF BE RAN BY A WOMAN. THERES A LOT OF PEOPLE MOVING TO THIS STATE ON WEEKLY BASICS, A LOT OF CONSTRUCTION AND NOT A LOT OF BUSINESSES RAN BY WOMEN.

2. Briefly describe your experience in the transportation/household goods moving industry:
 I USED TO WORK IN THE MOVING INDUSTRY HELPING WITH REGULATIONS, PAPERWORK, CUSTOMER SERVICE AND DISPATCH (LOGISTICS). DID IT ALL. I ALSO BEEN IN CUSTOMER SERVICE FOR OVER A DECADE.

3. Do you currently hold, or have you ever held, a Household Goods permit in Washington?
 No Yes If yes, please indicate your permit number: _____

4. Have you ever applied for and been denied a Household Goods permit in Washington?
 No Yes If yes, please explain: _____

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. Have you completed commission-sponsored training? No Yes If "yes" date: _____

9. Will you be employing CDL drivers? No Yes
 If "yes", you must attach evidence of enrollment in a drug and alcohol testing program.

Please answer the following questions completely. If there are multiple persons listed in this application with legal proceedings or criminal convictions to declare, provide documentation on a separate attachment.

10. Does any person named in this application have, or has ever had a business-related legal proceeding against you in Washington state, or in any other state? No Yes If "yes" please list below*:

Type of Legal Proceeding	Date	State

*attach additional pages if necessary



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11. 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	State

*attach additional pages if necessary

12. Has any person named in this application been: 1) convicted of a criminal offense in Washington state, 2) found to have committed a civil offense in Washington state, or 3) found to have violated Commission rules? No Yes If yes, please list below*:

Violation	Date of conviction	RCW/WAC

*attach additional pages if necessary

13. If you would like to receive information about new household goods carriers, check here

Section 3 - FINANCIAL STATEMENT			
Complete the following or attach a balance sheet, profit and loss statement, or business plan.			
Assets		Liabilities	
Cash in Bank	10000	Salaries/Wages Payable	4800
Notes Received	0	Accounts Payable	1200
Investments	0	Notes Payable	0
Other Current Assets	0	Mortgages Payable	0
Prepaid Expenses	0	Total Liabilities	6000
Land and Buildings	0	Net Worth	\$ 9,500
Trucks and Trailers	0	Preferred Stock	0
Office Furniture	2500	Common Stock	0
Other Equipment	3000	Retained Earnings	0
Other Assets	0	Capital	\$ 3,000
TOTAL ASSETS	15500	TOTAL LIABILITIES AND NET WORTH	\$ 12,500

Section 4 - 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 (VIN)	GVW
2016	HINO 268 GATE/RAMP	2WU279	5PVNE8JV3G4S55017	25,999

*attach additional pages if necessary



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Section 5 – SAFETY

Identify the person and position responsible for understanding and complying with the **Federal Motor Carrier Safety Regulations (FMCSR)**, Washington state laws (RCW) 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.

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 if your company has commercial vehicles and employs CDL drivers.**

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: VANESSA PATINO

Position: OWNER

Section 6 - OPERATIONAL RESPONSIBILITIES

Identify the person and position responsible for understanding and complying with the requirements of each category shown below.

Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

Name: VANESSA PATINO

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 & 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: VANESSA PATINO

Position: OWNER



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Section 7 - DECLARATION OF APPLICANT

INITIAL

- VP I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.
- VP 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.
- VP 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.
- VP 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.
- VP I understand the commission will complete a criminal background check on each person named in the application.
- VP 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: **VANESSA PATINO**

Date:

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.
- For Reinstatement of Permit:** provide a personal statement justifying the reinstatement. Business letter format preferred.



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: Vanessa Patino

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: ASHLEY WHITE, MANAGING PARTNER, LOLA'S LLC

Address (include street address, mailing address, city, state, zip, and county):
360 CORPORATE DRIVE N. TUCWILA WA 98188

Phone Number: (206) 617-4833

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:

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 WILL BENEFIT OUR BUSINESS WHEN WE MOVE TO A NEW COMMERCIAL BUILDING, TO HELP MOVE OUR EQUIPMENT.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? HER AND HER TEAM ARE DEDICATED TO HIGH CUSTOMER SATISFACTION.

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

5/5/20 TUCWILA WA

Date and Location

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: *Vanessa Putino*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Gabriel Diaz

Address (include street address, mailing address, city, state, zip, and county):
17448 129th Ave SE, Renton, WA 98058

Phone Number: *206-~~979~~-6364*

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

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

planning to moved my house after the pandemic

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, always looking for a good reliable company to move

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 is challenging to find an affordable, reliable and honest company when it comes to moving. I am looking forward to hiring this company that I will have trust & confidence in as well as making sure my goods arrive safe, promptly & undamaged.

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

I am confident that by granting a permit to this company will bring a great benefit to our community and affect it in a positive way.

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

Gabriel Diaz
Signature of Person Completing Form

4/25/20
Date and Location

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: Vanessa Patino

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Emily Chant

Address (include street address, mailing address, city, state, zip, and county):
6717 Roosevelt Way NE Apt 319
Seattle, WA 98115

Phone Number: 206-348-8151

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:

I plan to move in the next 1-2 years.

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:

Moving companies provide essential help in times of need.

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

This company will provide excellent service!

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

Emily Chant
Signature of Person Completing Form

4/25/2020 Seattle
Date and Location