



**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**

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed:	Company:		Docket #:
Receipt ID:	Payment ID:	Amount Paid:	
111-0268-207-02	111-0268-032-20		

**Type of Household Goods Authority Requested – Check One**

**Fee**

**Provisional and permanent authority.** The fee for provisional and then permanent authority is a one-time fee. Complete pages 3-7 and Attachment A. Note: Per [RCW 81.80.075\(2\)](#), applications must be on file with the commission for at least 30 days before issuance.

**\$550**

**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.

**\$250**

**If longer than 30 days after cancellation, you may not reapply for 12 months** per [WAC-480-15-302\(11\)](#).

**Household Goods Permit #: (T)HG -**



**Section 1 - BUSINESS INFORMATION**

Legal Name:

Trade Name, if applicable:

Physical Address:

Mailing Address:

Telephone Number:

Email:

Contact Name:

USDOT#: 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#:

Department of **Labor & Industries** (L&I) Worker's Comp Account #:

**Employment Security Department** (ESD) registration #:

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

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

Name Title Stock Distribution/% of Shares

**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.**



**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:

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

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



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

<b>Section 3 - FINANCIAL STATEMENT</b>			
Complete the following or attach a balance sheet, profit and loss statement, or business plan.			
<b>Assets</b>		<b>Liabilities</b>	
Cash in Bank		Salaries/Wages Payable	
Notes Received		Accounts Payable	
Investments		Notes Payable	
Other Current Assets		Mortgages Payable	
Prepaid Expenses		<b>Total Liabilities</b>	
Land and Buildings		Net Worth	
Trucks and Trailers		Preferred Stock	
Office Furniture		Common Stock	
Other Equipment		Retained Earnings	
Other Assets		Capital	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES AND NET WORTH</b>	

<b>Section 4 - EQUIPMENT LIST</b>				
List the equipment you own or lease to provide moving services (attach additional sheets if necessary). You <b>must</b> 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

\*attach additional pages if necessary



### 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:	Position:
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### 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:	Position:
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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:	Position:
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**Section 7 - DECLARATION OF APPLICANT**

INITIAL

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.

Applicant Name:	Date:
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**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.



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](mailto: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

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID:	Docket #
	Insurance:		THG-
Payment #	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.  | \$ 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: Super Friends Moving LLC

Trade Name, if applicable: \_\_\_\_\_

Physical Address: 22426 72nd Ave S, KENT WA 98032

Mailing Address: 6920 Roosevelt Way NE Seattle WA 98115

Telephone Number (206) 302.8833 Email: jake@superfriendsmoving.com

Contact Name: Jacob Ruich

**BUSINESS INFORMATION - continued**

USDOT #: 2036749 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 #: 602 973 936 Department of Labor & Industries (L&I)  
 Worker's Comp account # 188 748-00

Employment Security Department (ESD) registration # 000-633078-00-2

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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or % of Shares</u>
<u>Sacos Reich</u>	<u>Owner/Manager</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 wish to provide high quality household moving services. We will give our customers a cost effective and transparent moving experience.

2. Briefly describe your experience in the transportation/household goods moving industry: I started out as a professional mover while attending college, and found the customer interaction to be very appealing. I have been running Super Friends Moving for 12 years.

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 714822

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# 714822

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
Operating w/o Permitted Authority	3/31/2017	81.04.510
Operating w/o Permitted Authority	3/3/2017	8.80.075

\*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	\$ 14,500	Salaries/Wages Payable	\$ 10,000
Notes Receivable	\$ 56,000	Accounts Payable	\$ 45,000
Investments	\$ 0	Notes Payable	\$
Other Current Assets	\$ 10,000	Mortgages Payable	\$ 3,200
Prepaid Expenses	\$ 0	<b>TOTAL LIABILITIES</b>	<b>\$ 58,200</b>
Land and Buildings	\$ 0	<b>NET WORTH</b>	<b>50,000</b>
Trucks and Trailers	\$ 110,000	Preferred Stock	\$ 0
Office Furniture	\$ 1,000	Common Stock	\$ 0
Other Equipment	\$ 3,000	Retained Earnings	\$
Other Assets	\$ 0	Capital	\$ 14,500
<b>TOTAL ASSETS</b>	<b>\$ 144,500</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ 108,200</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
2006	GMC	C55198E	16D57F1396F415962	25,999
2013	International	C48276J	3HAMMAAL9DL163819	25,999
2012	International	C01311C	3HAMMAAL6CL661636	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:

JACOB RAICH

Position:

Owner/Manager

### 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: JACOB RAICH

Position: Owner / Manager

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: Jacob Raich

Position: Owner / Manager

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.

Jacob Raich

*Jacob Raich*

6/5/2020

Print name of applicant

Signature of Applicant

Date

## DRUG-FREE WORKPLACE POLICY

Super Friends Moving LLC. intends to provide a safe and drug-free work environment for our clients and our employees. With this goal in mind and because of the serious drug abuse problem in today's workplace, we are establishing the following policy for existing and future employees Super Friends Moving, LLC.

Super Friends Moving llc explicitly prohibits:

- The use, possession, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on Super Friends Moving llc or customer premises or while performing an assignment.
- Being impaired or under the influence of legal or illegal drugs or alcohol away from Super Friends Moving llc or customer premises, if such impairment or influence adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk the Company's reputation.
- Possession, use, solicitation for, or sale of legal or illegal drugs or alcohol away from Super Friends Moving llc or customer premises, if such activity or involvement adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk the Company's reputation.
- The presence of any detectable amount of prohibited substances in the employee's system while at work, while on the premises of Super Friends Moving llc or its customers, or while on company business. "Prohibited substances" include illegal drugs, alcohol, or prescription drugs not taken in accordance with a prescription given to the employee.

Super Friends Moving llc will conduct drug and/or alcohol testing under any of the following circumstances:

- **RANDOM TESTING:** Employees may be selected at random for drug and/or alcohol testing at any interval determined by Super Friends moving llc.
- **FOR-CAUSE TESTING:** Super Friends Moving llc may ask an employee to submit to a drug and/or alcohol test at any time it feels that the employee may be under the influence of drugs or alcohol, including, but not limited to, the following circumstances: evidence of drugs or alcohol on or about the employee's person or in the employee's vicinity, unusual conduct on the employee's part that suggests impairment or influence of drugs or alcohol, negative performance patterns, or excessive and unexplained absenteeism or tardiness.
- **POST-ACCIDENT TESTING:** Any employee involved in an on-the-job accident or injury under circumstances that suggest possible use or influence of drugs or alcohol in the accident or injury event may be asked to submit to a drug and/or alcohol test. "Involved in an on-the-job accident or injury" means not only the one who was or could have been injured, but also any employee who potentially contributed to the accident or injury event in any way.

If an employee is tested for drugs or alcohol outside of the employment context and the results indicate a violation of this policy, or if an employee refuses a request to submit to testing under this policy, the employee may be subject to appropriate disciplinary action, up to and possibly including discharge from employment. In such a case, the employee will be given an opportunity to explain the circumstances prior to any final employment action becoming effective.

## DRUG AND/OR ALCOHOL TESTING CONSENT FORM

### EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of Super Friends Moving llc, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have Super Friends Moving llc and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to Super Friends Moving llc and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize Super Friends Moving llc to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Super Friends Moving llc officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless Super Friends Moving llc, its company physician, and any testing laboratory Super Friends Moving llc might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Super Friends Moving llc or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless Super Friends Moving llc, its company physician, and any testing laboratory Super Friends Moving llc might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT SUPER FRIENDS MOVING LLC WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

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Signature of Employee

Date

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Employee's Name - Printed

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Company Representative

Date