



### 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: <b>7/6/2020</b>	Company: <b>Champion Ventures, Inc.</b>	Docket #: <b>TV-200617</b>	
Receipt ID:	Payment ID: <b>13580</b>	Amount Paid: <b>\$550</b>	
111-0268-207-02	111-0268-032-20		

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

- |   | <u>Fee</u>   |
|---|--------------|
| <input checked="" type="checkbox"/> <b>Provisional and permanent authority.</b> The fee for provisional and then permanent authority is a one-time fee. Complete pages 3-7 and Attachment A. Note: Per <a href="#">RCW 81.80.075(2)</a> , applications must be on file with the commission for at least 30 days before issuance.  | <b>\$550</b> |
| <input type="checkbox"/> <b>Reinstatement of permit</b> Must be filed within 30 days of cancellation, depending on criteria set forth in <a href="#">WAC 480-15-450</a> . Complete pages 3 and 7, and include a statement justifying the reinstatement. Business Letter format is preferred. <b>If longer than 30 days after cancellation, you may not reapply for 12 months</b> per <a href="#">WAC-480-15-302(11)</a> . | <b>\$250</b> |

Household Goods Permit #: (T)HG -



**Section 1 - BUSINESS INFORMATION**

Legal Name: **Champion Ventures, Inc.**

Trade Name, if applicable: **What-A-Move!**

Physical Address: **5023 16th Ave NE, Seattle, WA 98105**

Mailing Address: **5023 16th Ave NE, Seattle, WA 98105**

Telephone Number: **360-609-6924** Email: **whatamovewow@gmail.com**

Contact Name: **Jaime Ramirez**

USDOT#: **3431789** 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#: **603502972**

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**.

**I will be finding my help for the lifting by going through temp agencies that meet all the state requirements, and I will be the only driver.**

**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
<b>Jaime Ramirez</b>	<b>President</b>	<b>100</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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:

**I wish to provide moving services to the people of Washington state, primarily those in the greater Puget Sound area. I'm highly service-oriented and pride myself on providing customers with a stress-free experience and ensuring all of their items are handled and transported safely and with care. I want to make a positive influence on the industry.**

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

**I've been providing moving services through for-hire apps since July 2017. This includes handling furniture and boxed/bagged items and safely transporting them through elevators and stairways to and from buildings and trucks. I also transported items with my own truck through these apps before that was no longer an option with them.**

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

Section 3 - FINANCIAL STATEMENT			
Complete the following or attach a balance sheet, profit and loss statement, or business plan.			
Assets		Liabilities	
Cash in Bank	\$ 8,106	Salaries/Wages Payable	\$ 0
Notes Received	\$ 0	Accounts Payable	\$ 589
Investments	\$ 0	Notes Payable	\$ 4,427
Other Current Assets	\$ 4,000	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	<b>Total Liabilities</b>	<b>\$ 5,016</b>
Land and Buildings	\$ 0	Net Worth	<b>\$ 12,690</b>
Trucks and Trailers	\$ 5,000	Preferred Stock	\$ 0
Office Furniture	\$ 100	Common Stock	\$ 0
Other Equipment	\$ 500	Retained Earnings	\$ 0
Other Assets	\$ 0	Capital	\$ 0
<b>TOTAL ASSETS</b>	<b>\$ 17,706</b>	<b>TOTAL LIABILITIES AND NET WORTH</b>	<b>\$ 12,690</b>

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
2004	Ford	C62573L	1FDWE35L54HA61959	12,000

\*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: **Jaime Ramirez**

Position: **President**

### 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: **Jaime Ramirez**

Position: **President**

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: **Jaime Ramirez**

Position: **President**



### 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: **Jaime Ramirez**

Date: **07/06/2020**

### 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.
- 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:**

*What - A - Move!*

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

Name, Title, and Business Name:

*Richard Nash*

Address (include street address, mailing address, city, state, zip, and county):

*10520 60<sup>th</sup> Ave NE Marysville WA 98270*

Phone Number:

*425 750 2975*

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

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

*I am moving in the near future and need a good moving company*

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 have a lot of stuff*

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:

*Owner is an honest and reliable person who has assisted me many times in the past.*

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

*owner is always professional and presentable to all his clients*

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

*[Signature]*

*5/19/20*

Signature of Person Completing Form

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:** What-A-Move!

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

Name, Title, and Business Name:

ELIZABETH PERLUSSI - SUDOROTH

Address (include street address, mailing address, city, state, zip, and county):

700 N 160th ST UNIT A110, SHORELINE WA 98133

Phone Number:

(206) 397.6717

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

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

MOVING TO NEW RESIDENCE IN LAKE FOREST PARK, WA.

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:

MOVING HOUSEHOLD ITEMS IN STORAGE OR VICE VERSA.

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:

PEOPLE NEED MOVING SERVICES DUE CHANGE OF JOB LOCATION MOVING TO PERMANENT HOME DOWNSIDE FROM RENTAL HOME. WHAT-A-MOVE SERVICES IS A NECESSITY.

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

I BELIEVE IN EXCELLENT CUSTOMER SERVICE. WHAT-A-MOVE RESPONDS TO INQUIRY ~~ASAP~~ IN A PROFESSIONAL, SWIFT AND RESPECTFUL MANNER. I FEEL THAT THIS COMPANY IS

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

6/5/20

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:** What - A - Move!

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

Name, Title, and Business Name:

NATHANIEL MAHAN

Address (include street address, mailing address, city, state, zip, and county):

9715 92<sup>nd</sup> Place NE, Marysville, WA 98270

Phone Number:

206 224 7420

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:

I enjoy patronizing local small businesses, and the owner was friendly + professional, and had all the tools needed to meet my moving needs.

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

Our moving time + date changed suddenly, and the owner still met my needs within 15 minutes of the original time.

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

Nathan Mahan

Signature of Person Completing Form

6/6/2020 Marysville, WA

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: What-A-Move**

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

Name, Title, and Business Name:  
**Max Zaleski, Owner - Without a Cause**

Address (include street address, mailing address, city, state, zip, and county):  
**215 135th St SE Everett WA 98208 (Snohomish County)**

Phone Number: **425-443-1353** Email: **MaxAZaleski@hotmail.com**

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
**As an owner of another small business in the entertainment industry, having someone that I know and trust be available for moving of furniture for our events would be incredibly helpful.**

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:  
**We'll be moving in the foreseeable future and knowing that I have someone as professional and hard working as Jaime transporting my stuff would put my mind at ease.**

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:  
**Whether it's for my business or for my personal move to another house, granting this permit would make it a lot easier to hire a moving company instead of going off of reviews by people I don't immediately know.**

Is there anything else the commission should consider when making a determination about this company's application for a household goods permit?  
**I've known Jaime for at least the last 4 years and he's a stand up and hard working man that I would put my goods in the care of.**

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

**Max Zaleski**

**06/07/2020**

Printed Name of Person Completing Form

Signature

Date