

**New Provisional Application** 

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:

Completed application	and fee			
Register with Department of Labor & Industries				
Register with Employm	Register with Employment Security Department			
Register with Department of Revenue/Business Licensing Service (UBI #)				
	of State's Office (if corp		6	
Completed required Ho			sted nex	ex completed 8/10
Copy of valid driver's I				
	a separate document)		o. 000., po.00	on named in the
Evidence of enrollment		ting program or evid	ence that you	have in place your own
	g program, <i>if your comp</i>			
See 49 CFR 382(e) and		any operates commi	ciciai veincies	s and has CDL arrivers.
Evidence of insurance -		nublic liability and pr	oporty damag	o (Form E) and cargo
insurance (Form H)	Pending - will	be binding by	4 8/2Z	e (Form E) and Cargo
Attachment A - Three c	or more completed states	ents of support from	neople in the	community supporting
the proposed service	n more completed staten	icitis of support from	r people in the	community supporting
the proposed service	HOUSEHOLD GO	JODE MOVING	CONADANI	
		IT APPLICATION	V	
Data Filed: 00/202020		ICAL USE ONLY		
Date Filed: 08/202020 Receipt ID:	Company: Move Dude: Payment ID: 1			ocket #: TV-200752
111-0268-207-02	111-0268-032-20	4042	Amount Pai	d:\$55U
111 0200 207 02	111 0200 032 20			
Type of Household Go	ods Authority Reques	ted – Check One		<u>Fee</u>
Provisional and ne	rmanent authority. The fo	e for provisional and	thon	ĆEEO
	ty is a one-time fee. Com			\$550
	.80.075(2), applications m			
	east 30 days before issua			
	permit Must be filed within			
	in <b>WAC 480-15-450</b> . Con			
	g the reinstatement. Busin			
WAC-480-15-302(1	ays after cancellation, yo	u may not reapply fo	r 12 months p	er
Household Goods F	ermit #: (T)HG -			



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	Section 1 - BUSINESS INFORMAT	TON
Legal Name: Move Du	des ILC	
Trade Name, if applicable:		
Physical Address: 904	awton Rd. Lynnwood	d wa 98036
ividiling Address:	0	
Telephone Number: 425. 9	54.5796 Email: aman	de Move du des cons
Contact Name: Amanda	Canales	- 10-10 Mack (5), 20/0/
		tps://cms8.fmcsa.dot.gov/registration to
apply or call 360-596-3812 for ass		spery and an action to
Is your business registered with	n the <b>Department of Revenue</b> ? No	Yes
Business License/UBI#: 604		
	ies (L&I) Worker's Comp Account #: 3	39 044-01
	nent (ESD) registration #: 87954	
		ployees, please explain how you plan to obtain
		each person you intend to hire. If you intend to
hire day labor from a temp agency, th	ey must perform the criminal background che	ck Refer also to WAC 490 15 202 and 205
N/A		
	Type of Business	
Individual Partnership	Corporation Other (LP, LLP, LLC)	State of Incomparation
	Other (Er, EEr, EEC)	
list the name title and norcent	and of all marks and all	Washington
	tage of all partner's share or stock distr	ibution for major stockholders:
Name	Title	Stock Distribution/% of Shares
Amanda Canales	Swner	100°/0

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 competition, or fill an unmet need for service:		
we will provide household moving services. whe current companies are often booked several u	n I called	a cound
current companies are often booked several u	selks out.	Dur
company will provide more immediate availabilitare to find female-owned companies in	tu Also	it is
rare to find female- owned companies in -	He's husin	4.60
2. Briefly describe your experience in the transportation/household goods moving	industry:	
my experience is in business management. It	16 NB (M) S(A)	Hr d
close family and friends in the business to lea	m standa	-1
practices.	··· Spareda	a
question and the second		
3. Do you currently hold, or have you ever held, a Household Goods permit in Was	hington?	
No Yes If yes, please indicate your permit number:		
, s, passa manas , san perimenament		
4. Have you ever applied for and been denied a Household Goods permit in Wash	ington?	
No Yes If yes, please explain:		
[ NO ] TWO IT YOU, WHATE BY DROW!		
5. Do you currently operate interstate? No Yes		
If yes, please indicate your MC#:		
ii yes, picase maleate your wich.		
6. If you have interstate authority, have you registered for Unified Carrier Registra	tion? 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 "ye	s" date:	
0. Will you be employing CDL dainess 2. The Tr		
9. Will you be employing CDL drivers? Vo Yes		
If "yes", you must attach evidence of enrollment in a drug and alcohol testing pro	ogram.	
Please answer the following questions completely. If there are multiple pe	rsons listed in th	nis application
with legal proceedings or criminal convictions to declare, provide documen	tation on a sepa	rate attachment.
10. Does any person named in this application have, or has ever had a business-relat		
Washington state, or in any other state? No Yes If "yes" please list be		ng against you in
	elow .	
Type of Legal Proceeding	Date	State
PORAL ASSIST		
*attach additional pages if necessary		



## 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: Move Dudes LLC		
The following must be	completed by the Supporter of the applic	ant
Name, Title, and Business Name:  Jesamie Salvesen, LMFTA, Jesamie Flynn P		
Address (include street address, mailing address, c 1225 183rd St Se, Unit B302, Bothell, WA 98	ity, state, zip, and county): <b>012</b>	
Phone Number: <b>707-616-0885</b>	Email: jesamie.flynn@gmail.com	
Do you currently need the services of a residential No Yes If yes, please describe your current		
Moving office furniture from Ballard to new	home.	
Do you anticipate a future need for the services of No Yes If yes, please describe your future  October residential move from current 2-bear  Briefly describe how granting this company a perm benefit you, your business, and/or your community	moving needs:  droom apartment in Bothell.  nit to provide household goods moving services	
This company offers moving services at an residence and commercial office.		for both my
Is there anything else the commission should consi application for a household goods permit?  The owners of Move Dudes are upstanding trustworthy and professional.		
I certify (or declare) under penalty of perjury u	nder Jesamu Flohner, LMF	the foregoing is true
Jesamie Salvesen	JUDANII WE I	07/24/2020
Printed Name of Person Completing Form	Signature	Date
	Signature	

2020.07.24 16:29:58-07'00



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Турс	of Conviction		Date	State
			Date	State
ittach additional pages if necessary				
2. Has any person named in this ap	unlication been: 1) con	visted of a criminal affairs		
ave committed a civil offense in Wa	shington state, or 3) f	ound to have violated Com	e in wasning mission rule	ton state, 2) for
No Yes If yes, please	list below*:	and to have violated com	111133101111416	3:
Viola	ation	Date of cor	nviction	RCW/WAC
			TVICTION	KCVV/VVAC
ttach additional pages if necessary				
3. If you would like to receive infor	mation about new hou	isehold goods carriers, che	ck here	
	Section 2 EINIAN	ICIAL CTATERACKIT		
Complete the following	Section 3 - FINAN or attach a balance sho	ICIAL STATEMENT	ent or busin	ess nlan
Assets	Section 3 - FINAN or attach a balance sh	eet, profit and loss stateme		ess plan.
Assets	Section 3 - FINAN or attach a balance sho	eet, profit and loss stateme	iabilities	ess plan.
Complete the following  Assets Cash in Bank Jotes Received	or attach a balance sh	eet, profit and loss stateme L	iabilities	ess plan.
Assets Cash in Bank Iotes Received	or attach a balance sh	eet, profit and loss stateme L Salaries/Wages Payable	iabilities	ess plan.
Assets Cash in Bank Notes Received Notestments	or attach a balance sh	Salaries/Wages Payable Accounts Payable Notes Payable	iabilities	ess plan.
Assets Eash in Bank Hotes Received Investments Other Current Assets	or attach a balance sh	eet, profit and loss stateme L Salaries/Wages Payable Accounts Payable	iabilities	ess plan.
Assets Cash in Bank Iotes Received Investments Other Current Assets Irepaid Expenses	or attach a balance sh	Salaries/Wages Payable Accounts Payable Notes Payable Mortgages Payable	iabilities	ess plan.
Assets Fash in Bank Hotes Received Investments Other Current Assets Irepaid Expenses Investments Inves	or attach a balance sh	Salaries/Wages Payable Accounts Payable Notes Payable Mortgages Payable Total Liabilities	iabilities	ess plan.
Assets Cash in Bank	go,のか	Salaries/Wages Payable Accounts Payable Notes Payable Mortgages Payable Total Liabilities Net Worth	iabilities	ess plan.
Assets Fash in Bank Hotes Received Investments Other Current Assets Irepaid Expenses Investments Inves	go,のか	Salaries/Wages Payable Accounts Payable Notes Payable Mortgages Payable Total Liabilities Net Worth Preferred Stock Common Stock	iabilities	ess plan.
Assets Cash in Bank Notes Received Investments Other Current Assets Prepaid Expenses In and Buildings In the control of the co	go,のか	Salaries/Wages Payable Accounts Payable Notes Payable Mortgages Payable Total Liabilities Net Worth Preferred Stock Common Stock Retained Earnings	iabilities	ess plan.
Assets Cash in Bank Notes Received Investments Other Current Assets Trepaid Expenses In and Buildings Trucks and Trailers Office Furniture Other Equipment	go,のか	Salaries/Wages Payable Accounts Payable Notes Payable Mortgages Payable Total Liabilities Net Worth Preferred Stock Common Stock	iabilities e	

**License Number** 

C42868T

Vehicle ID (VIN)

1 FWD 35 E 35 L 52 HA89287

Ford

Make

Year

2002

**GVW** 

8000

<sup>\*</sup>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: Amanda Canales 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: Amanda Canales 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: Amanda Canales Position: owner



Email: transportation@utc.wa.gov

## Section 7 - DECLARATION OF APPLICANT

INITIAL

I understand that filing this application  $\underline{\text{does not}}$  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: Amaula

Amarcla Canales

Date: 7/23/20

# **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.



# 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: Amanda Canalas		
The following must be	completed by the Companion of the	
Name, Title, and Business Name:	completed by the Supporter of the app	Discant
Jim Tinsley, Real Estate Broker, Jim Tinsley		
Address (include street address, mailing address, c	city, state, zip, and county):	
8050 Mukilteo Speedway Suite 1503		
Mukilteo, WA 98275		
Phone Number:	Email:	
Do you currently need the services of a residential No 🗸 Yes If yes, please describe your curren	household goods moving company? t moving needs:	
This past weekend it was my own neighbor they had to ask friends for help. Having a g global pandemic.	who was moving. Due to not enough roup of friends loading a truck is obvi	moving services available ously undesirable during a
Do you anticipate a future need for the services of		pany?
No ✓Yes If yes, please describe your future	e moving needs:	
As a real estate agent I regularly have the n	eed for a moving service to assist my	clients clients.
Briefly describe how granting this company a perm benefit you, your business, and/or your communit	nit to provide household goods moving servions:	ces in Washington State will
I try to be one stop resource for my clients need. A moving company is one of the top i	and provide whatever services or services or services or services.	vice recommendations the
Is there anything else the commission should consi application for a household goods permit?	ider when making a determination about thi	is company's
As a result of the current pandemic, unemp especially in the "unskilled" labor market a create jobs available to people who do not p	re desperate for jobs. This new compa	l-time high. Many people, any would immediately
I certify (or declare) under penalty of perjury u and correct.		n that the foregoing is true
Jim Tinsley	Jim Tinsley Signature	07/28/2020
Printed Name of Person Completing Form	Signature	Date



## 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: Move Dudes Lic
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name:
Address (include street address, mailing address, city, state, zip, and county): 19515 North Creek Pkw5 # 714 Bothell, WA 98011
Phone Number: 475 471 8117 Email: W. Alberta Reveal Da. Join
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 Per If yes, please describe your future moving needs:  Relocations, I am a Tealton.
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:
Bussiness Rartnership w: 11 Value Add
Is there anything else the commission should consider when making a determination about this company's application for a household goods permit?
Allanda is Honest à Hordworkens.
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
Michael Alber My 18-25
Printed Name of Person Completing Form Signature Date



## 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: MOVE DUDES LLC	
The following must be completed	eted by the Supporter of the applicant
Name, Title, and Business Name: Brandie Pla	ke - Brandie's custom Cookie
Address (include street address, mailing address, city, sta 8392 Robinson Rd ,	sedro Woolley WA
Phone Number: 360770-6141 Er  Do you currently need the services of a residential housel  No Xyes If yes, please describe your current movin	mail: Brandies Custom Cookies (agmail.com nold goods moving company? or needs: Moving equipment, tables, help packing and moving goods.
Do you anticipate a future need for the services of a resid No Yes If yes, please describe your future movin Packing and M	g poods:
Briefly describe how granting this company a permit to probenefit you, your business, and/or your community:  benefit my business or the move equipment or that the move equipment or that the move permit T will be there anything else the commission should consider what application for a household goods permit?	ranting this permit will eatly. Currently I am unable Bayer to goods with this comparent making a determination about this company's
I certify (or declare) under penalty of perjury under the and correct.  Printed Name of Person Completing Form	ne laws of the state of Washington that the foregoing is true  Well Joe Too Too Too Too Too Too Too Too Too T