



**CHECKLIST**

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

**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/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
- Evidence of your enrollment in a drug and alcohol testing program, or evidence that you have in place *N/A* 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
- 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)

**HOUSEHOLD GOODS MOVING COMPANY  
 PERMIT APPLICATION**

FOR OFFICIAL USE ONLY			
Date Filed: 4/9/2021	Company: Spokane Movers Inc		Docket #: <b>TV-210237</b>
Receipt ID: 71625	Payment ID:		Amount Paid: \$550
111-0268-207-02	111-0268-032-20		

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

- |  | <b><u>Fee</u></b> |
|--|-------------------|
| <input checked="" type="checkbox"/> <b>Permanent authority to transfer</b> resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis). Complete pages 3-7, and Attachment B as well as submitting a closing annual report. | <b>\$550</b>      |
| <input type="checkbox"/> Permanent authority to transfer under the exceptions in <b>WAC 480-15-187</b> . Complete pages 3-7 and Attachments B & C.   | <b>\$250</b>      |



**Section 1 - BUSINESS INFORMATION - To Be Completed by the Company Assuming the Permit Authority**

Legal Name: Spokane Movers INC.

Trade Name, if Applicable: \_\_\_\_\_

Physical Address: 201 E. Sprague Ave. Spokane, WA 99202

Mailing Address: PO BOX 19232 Spokane, WA 99219

Telephone Number: 509-455-8211 Email: shane@spokanemovers.com

Contact Name: Shane

USDOT#: 781293 If you do not have a USDOT number, go on-line at <https://cms8.fmcsa.dot.gov/registration/forms> to apply or call 360-596-3812 for assistance.

Is your business registered with the Department of Revenue?  No  Yes

Business License/UBI#: 603-576-662

Department of Labor & Industries (L&I) Worker's Comp Account #: 1298701

Employment Security Department (ESD) registration #: 551398-00-6

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](#).

Empty text box for explanation of worker acquisition plan.

**Type of Business**

Individual  Partnership  Corporation  Other (LP, LLP, LLC)

State of Incorporation

Washington

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

Name	Title	Stock Distribution/% of Shares
<u>Shane Bingham</u>	<u>Owner President</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. 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:

Spokane Movers has provided quality Moving, Packing and Storage services since 2001. As the new owner I wish to provide better service going forward.

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

I have been an employee at Spokane Movers for over 4 years. 3.5 of those years were spent managing the company.

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
Misdemeanor	2009	Idaho

\*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		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>	

**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
2013	International 4300	C29920J	1HTMMAAM1DH117111	26,000
2013	International 4300	C11751K	1HTMMAAM8DH103707	26,000
2013	International 4300	C68306M	1HTMMAAL1DH240950	26,000
2014	International 4300	C39797S	1HTMMAAM7EH467585	26,000

\*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: <i>Brian Pagano</i>	Position: <i>Assistant Manager</i>
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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: <i>Shane Bingham</i>	Position: <i>Owner President</i>
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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: <i>Shane Bingham</i>	Position: <i>Owner President</i>
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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:

Shane Bingham

Date: 1/1/2021

### Section 8 - ADDITIONAL REQUIRED ATTACHMENTS

For Permanent authority to transfer resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis), complete **ATTACHMENT B – TRANSFER OF HOUSEHOLD GOODS AUTHORITY** as well as submitting a closing annual report.

For Permanent authority to transfer under the exceptions in **WAC 480-15-187**, complete pages 3-7 and **ATTACHMENTS B & C – TRANSFER OF HOUSEHOLD GOODS AUTHORITY** pages 1 and 2.



# ATTACHMENT B

## Transfer of Household Goods Authority Per WAC 480-15-187

Current Legal Name on Permit (Seller): *Spokane Movers INC.*

Current Trade Name on Permit (Seller): *Spokane Movers INC.*

Address (Seller): *PO BOX 19232 Spokane, WA 99219*

HG or THG Permit Number: *11890*

Phone Number (Seller): *509-701-8211*

Does the transfer of this permit fall under the provisions of **WAC-480-15-187(2) or (3)**?

No  Yes If yes, please complete page 2 / Attachment C.

Have all fines or penalties owed to the commission been paid?  No  Yes

**A closing annual report must have been filed with the commission by the current company.**

A customer may file a loss or damage claim for up to nine months following a move and may file a loss or damage lawsuit for up to two years following a move. Who will be responsible for handling claims filed by customers for loss or damage that occurred on moves taking place prior to the sale and transfer?

Contact name: *Shane Bingham*  
Contact phone number: *509-455-8211*  
Contact email address: *shane@spokanemovers.com*

### RELEASE OF AUTHORITY

I, the seller, have sold or otherwise released interest in my household goods permit number HG- to the following:

Legal Name of Buyer: *Spokane Movers INC (Shane Bingham)* - Not sure if you need my name or just company name here.

Trade Name of Buyer: *Spokane Movers INC.*

**We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.**

*Gerald Jahn, Previous President*  
Name and Title of Seller

*Gerald Jahn* \_\_\_\_\_ *1-1-21*  
Signature Date

*Shane Bingham, President*  
Name and Title of Buyer

*Shane Bingham* \_\_\_\_\_ *1/1/2021*  
Signature Date

## Balance Sheet

As of December 31, 2019

	Dec 31, 19
<b>ASSETS</b>	
<b>Current Assets</b>	
Checking/Savings	
BOFA - Cash Account	700.00
Checking - BOFA	41,060.91
Checking - Global	9,953.83
Clearing Account	1,151.55
Savings - Global	0.58
<b>Total Checking/Savings</b>	<b>52,866.87</b>
Accounts Receivable	
Accounts Receivable	-4,410.75
<b>Total Accounts Receivable</b>	<b>-4,410.75</b>
<b>Other Current Assets</b>	
AR - Other	-1,254.53
Inventory Asset	27,283.86
Undeposited Funds	3,428.50
<b>Total Other Current Assets</b>	<b>29,457.83</b>
<b>Total Current Assets</b>	<b>77,913.95</b>
<b>Fixed Assets</b>	
Accumulated Depreciation	-11,798.17
Office Equipment	11,798.17
<b>Vehicles</b>	
Acc. Dep. - Vehicles	-114,074.67
Truck #10 - 2014 International	18,299.00
Truck #7 - 2013 International	34,453.50
Truck #8 - 2013 International	31,112.00
Truck #9 - 2013 International	30,210.17
<b>Total Vehicles</b>	<b>0.00</b>
<b>Total Fixed Assets</b>	<b>0.00</b>
<b>TOTAL ASSETS</b>	<b>77,913.95</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Credit Cards</b>	
Divine Corp	672.27
VISA-0312-0727-0251-8600	47.92
VISA - BOFA	4,103.67
<b>Total Credit Cards</b>	<b>4,823.86</b>
<b>Other Current Liabilities</b>	
<b>Payroll Liabilities</b>	
Federal Unemployment	135.01
L & I Field	8,468.62
L & I Office	237.22
State Unemployment	2,436.12
Tips Payable	82.67
<b>Total Payroll Liabilities</b>	<b>11,359.64</b>
Sales Tax Payable	968.27
Unclaimed Property	139.65
<b>Total Other Current Liabilities</b>	<b>12,467.56</b>
<b>Total Current Liabilities</b>	<b>17,291.42</b>
<b>Total Liabilities</b>	<b>17,291.42</b>
<b>Equity</b>	
Opening Balance Equity	100.00
Paid-In Capital	13,187.93
Retained Earnings	18,937.12
Shareholder Distributions	-13,971.14
Net Income	42,368.62
<b>Total Equity</b>	<b>60,622.53</b>



**SPOKANE MOVERS INC**  
**Balance Sheet**  
As of December 31, 2019

	Dec 31, 19
TOTAL LIABILITIES & EQUITY	<u>77,913.95</u>