

Phone: 360-664-1222 Email: transportation@utc.wa.gov

### **CHECKLIST**

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

New Provisional Application	<u>on</u>			
Completed application	and fee			
Register with Department of Labor & Industries				
Register with <b>Employm</b>	ent Security Department			
Register with <b>Departm</b>	ent of Revenue/Business L	icensing Service (UB	#)	
Register with Secretary	of State's Office (if corpor	ation or LLC)		
Completed required Ho	ousehold Goods Industry T	raining		
Copy of valid driver's	icense or government issu	ued photo ID card fo	r each p	erson named in the
application (upload as	a separate document)			
Evidence of enrollment	in a drug and alcohol testi	ng program, or evide	nce that	you have in place your owr
drug and alcohol testin	g program, <i>if your compar</i>	ny operates commei	cial veh	icles and has CDL drivers.
See 49 CFR 382(e) and	<i>383.5.</i>			
Evidence of insurance -	combined single limit of p	ublic liability and pro	perty da	mage (Form E) and cargo
insurance (Form H)				
Attachment A - Three o	or more completed stateme	ents of support from	people ir	n the community supporting
the proposed service				
	<b>HOUSEHOLD GO</b>	ODS MOVING C	OMPA	NY
	PERMI	T APPLICATION		
	FOR OFFIC	CAL USE ONLY		
Date Filed: 11/15/2021	Company: Ohana Movers & J	unk Removal		Docket #: <b>TV-210879</b>
Receipt ID:	Payment ID: 18	096	Amount	Paid: \$550
111-0268-207-02	111-0268-032-20			
Type of Household Go	ods Authority Request	ed – Check One		Fee
		_		
·   ·	rmanent authority. The fee	•		\$550
	ty is a one-time fee. Compl			t A.
	<b>80.075(2)</b> , applications mu east 30 days before issuance			
commission for at i	east 50 days before issuant	.e.		
Reinstatement of p	ermit Must be filed within	30 days of cancellati	on, depe	nding <b>\$250</b>
on criteria set forth	in <b>WAC 480-15-450</b> . Comp	lete pages 3 and 7, a	nd includ	
•	g the reinstatement. Busine	•		
•	ays after cancellation, you	may not reapply for	12 mont	hs per
WAC-480-15-302(1	<u></u>			
Household Goods F	Permit #: (T)HG -			

5-2020 Page **2** of **7** 



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Section 1 - BUSINESS INFORMATION
Legal Name: Ohana Movers & Junk Ramoval LLC
Trade Name, if applicable:
Physical Address: 392 White River Drive Pacifiz Wa 98047
Mailing Address: 392 White River Drive Pacific Wa 98047
Telephone Number: 206-304.8163 Email: Ohanamovers 20202 gmail, Com
Contact Name: Luke Schm. H
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 <b>Department of Revenue</b> ? No Yes
Business License/UBI#: 604.597.792
Department of Labor & Industries (L&I) Worker's Comp Account #: 075-851-00
Employment Security Department (ESD) registration #: 000-028342-00-7
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
WA
List the name, title, and percentage of all partner's share or stock distribution for major stockholders:
Name Title Stock Distribution/% of Shares
Luke Schmitt

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

No   Yes   If yes, please explain:   So you currently operate interstate?   No   Yes   If yes, please indicate your MC#:	Section 2 All Electron Questions			
Briefly describe your experience in the transportation/household goods moving industry:  Were Carrently providing labor Service's only, meaning were doing all packing and loading that following customers to unload location. We have been doing this type of Service for almost 2 years  3. Do you currently hold, or have you ever held, a Household Goods permit in Washington?  No fees If yes, please indicate your permit number:  1. Have you ever applied for and been denied a Household Goods permit in Washington?  If yes, please indicate your MCF:  5. If you have interstate authority, have you registered for Unified Carrier Registration?  No yes  If yes, what is the name of the company?  8. Have you completed commission-sponsored training? 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.  Type of Legal Proceeding  Type of Legal Proceeding  Type of Legal Proceeding  Date  State		ance customer choic	e, promote	
Were Courrently providing labor Services only, meaning were doing all packing and loading this type of Service for almost 1 years  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:	Local residential and commercial full services.	we will Provid	de Military	
Have you ever applied for and been denied a Household Goods permit in Washington?	2. Briefly describe your experience in the transportation/household goods moving were Courrently providing labor services only, mean and loading then following customers to unload location doing this type of service for almost 2 years	ng industry: ing were doing n. We have E	g all packing	
No   Yes   If yes, please explain:   No   Yes   If yes, please indicate your MC#:		/ashington?		
If you have interstate authority, have you registered for Unified Carrier Registration?  No		ashington?		
17	If yes, please indicate your MC#:	tration?	Yes	
8. Have you completed commission-sponsored training? No Yes  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				
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	7. Do you operate interstate as an agent of another company?  If yes, what is the name of the company?			
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	8. Have you completed commission-sponsored training? No Yes If "	yes" date: 08-18	-2021	
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	If "yes", you must attach evidence of enrollment in a drug and alcohol testing please answer the following questions completely. If there are multiple with local proceedings or criminal convictions to declare, provide docum	persons listed in th entation on a sepa	indic detaciminent.	
Type of Legal Proceeding Date State	10. Does any person named in this application have, or has ever had a business-re	lated legal proceedi	ng against you in	
		Date	State	
to the additional pages if necessary				
to the additional pages if necessary				
STITACE MULLIONION PODES	*attach additional pages if necessary			



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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 have committed a civil offense in Washington state, or 3) found to have violated Commission rules?    No		Type of Conv	iction		Date		State
12. Has any person named in this application been: 1) convicted of a criminal offense in Washington state, 2) found 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		Type of conv	iction				
12. Has any person named in this application been: 1) convicted of a criminal offense in Washington state, 2) found 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	attack - 1 liv						
have committed a civil offense in Washington state, or 3) found to have violated Commission rules?    Yes   If yes, please list below*:							
Yes   If yes, please list below*:   Violation   Date of conviction   RCW/WAC							2, 2) found to
Notes Received   Notes Payable	17 21	1 1		und to nave vi	olated Collinission	ules:	
**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  Notes Received  Investments  Other Current Assets  Prepaid Expenses  Land and Buildings  Trucks and Trailers  Office Furniture  Other Equipment  Other Equipment  Other Assets  TOTAL ASSETS  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	<u> </u>				D-1		
Section 3 - FINANCIAL STATEMENT Complete the following or attach a balance sheet, profit and loss statement, or business plan.  Assets Liabilities  Cash in Bank Notes Received Investments Other Current Assets  Liabilities  Cand and Buildings  Trucks and Trailers  Office Furniture Other Equipment Other Assets  TOTAL ASSETS  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)  Section 4 - EQUIPMENT  LIST  Vehicle ID (VIN)  GVW		Violation			Date of conviction	RCW	/WAC
Complete the following or attach a balance sheet, profit and loss statement, or business plan.  Assets  Cash in Bank  Notes Received  Investments  Other Current Assets  Prepaid Expenses  Land and Buildings  Trucks and Trailers  Office Furniture  Other Equipment  Other Assets  Total Liabilities  Occommon Stock  Other Equipment  Other Assets  Total Liabilities  Occommon Stock  Other Assets  Total Liabilities  Occommon Stock  Other Equipment  Other Assets  Occommon Stock  Other Equipment  Other Assets  Occommon Stock  Other Equipment  Other Assets  Occommon Stock  Occommon Stock  Other Equipment  Other Assets  Occommon Stock  Occommon Stock  Other Equipment  Other Assets  Occommon Stock  Occommon Stock  Other Equipment  Other Equipment  Other Assets  Occommon Stock  Occommon Stock  Other Equipment  Other Assets  Occommon Stock  Occ							***************************************
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Complete the following or attach a balance sheet, profit and loss statement, or business plan.  Assets  Cash in Bank  Notes Received  Investments  Other Current Assets  Prepaid Expenses  Land and Buildings  Trucks and Trailers  Office Furniture  Other Equipment  Other Assets  Total Liabilities  Occommon Stock  Other Equipment  Other Assets  Total Liabilities  Occommon Stock  Other Assets  Total Liabilities  Occommon Stock  Other Equipment  Other Assets  Occommon Stock  Other Equipment  Other Assets  Occommon Stock  Other Equipment  Other Assets  Occommon Stock  Occommon Stock  Other Equipment  Other Assets  Occommon Stock  Occommon Stock  Other Equipment  Other Assets  Occommon Stock  Occommon Stock  Other Equipment  Other Equipment  Other Assets  Occommon Stock  Occommon Stock  Other Equipment  Other Assets  Occommon Stock  Occ	13. If you	would like to receive information	about new hou	sehold goods c	arriers, check here	$\boxtimes$	
Assets  Cash in Bank  Notes Received  Investments  Other Current Assets  Prepaid Expenses  Land and Buildings  Trucks and Trailers  Office Furniture  Other Equipment  Other Assets  Total Liabilities  Capital  Other Assets  Total Liabilities  O Preferred Stock  Common Stock  Other Equipment  Other Assets  Total Liabilities  O Trucks and Trailers  O Preferred Stock  Other Equipment  Other Assets  Total Liabilities  O Trucks and Trailers  O Preferred Stock  Total Liabilities  O Preferred Stock  Other Equipment  Other Assets  Total Liabilities  O Preferred Stock  Total Liabilities  O Preferred Stock  Other Equipment  Other Assets  Total Liabilities  O Preferred Stock  Total Liabilities  O Preferred Stock  Other Equipment  Other Assets  Total Liabilities  O Preferred Stock  Total Liabilities  O Preferred Stock  Total Liabilities  O Preferred Stock  Other Equipment  Other Assets  Total Liabilities  O Preferred Stock  Total Liabilities						-il	
Notes Received  Notes Received  Notes Payable  Notes Payable  Other Current Assets  Prepaid Expenses  Land and Buildings  Trucks and Trailers  Office Furniture  Other Equipment  Other Assets  Total Liabilities  Ocommon Stock  Retained Earnings  Other Assets  TOTAL ASSETS  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			ch a balance she	et, profit and i			
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Notes Payable  Other Current Assets  Prepaid Expenses  Land and Buildings  Trucks and Trailers  Office Furniture  Other Equipment  Other Assets  TOTAL ASSETS  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  Mortgages Payable  Total Liabilities  Other Worth  Section 4 - Equipment Stock  Capital  TOTAL LIABILITIES AND NET WORTH  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			51,080.				
Other Current Assets  Prepaid Expenses  Land and Buildings  Trucks and Trailers  Office Furniture  Other Equipment  Other Assets  TOTAL ASSETS  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  Mortgages Payable  Othal Liabilities  Other Worth  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							
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Net Worth   39,496							0
Trucks and Trailers  Office Furniture  100.00 Common Stock  Retained Earnings  Other Assets  TOTAL ASSETS  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				Net Worth			39 4966
Office Furniture  Other Equipment  Other Assets  Other Assets  TOTAL ASSETS  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  Common Stock  Retained Earnings  TOTAL LIABILITIES AND NET WORTH  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.			200 00	Preferred Sto	ock		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Other Assets  Capital  TOTAL ASSETS  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	200			Common Sto	ock		
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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			39 4960	TOTAL LIABI	LITIES AND NET W	ORTH	39,496.6
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	TOTAL		1116				
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	h		Section 4 - EQ	UIPMENT LIST	Γ		
wust 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	List the e	quipment you own or lease to pro	ovide moving ser	vices (attach a	dditional sheets if ne	ecessary). Yo	ou
Year Make License Number Venicle ID (VIN) GVW	must ow	n or have a long-term lease for an	y vehicle you op	erate, you may	not rent venicles on	a job-by-jo	b basis.
2007 Ford E-450 (81844W IFDXE45507DB14547 14050		Make	License Numb	per	venicie ib (VIN)		GVW
/10 1 (00) = .	2007	Ford E-450	C81844W	IFDXE	45507 DB 14547	-	14,050

<sup>\*</sup>attach additional pages if necessary



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

### Section 7 - DECLARATION OF APPLICANT

INITIAL

I understand that filing this application <u>does not</u> 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: Luke	Schmitt	Date:  (/1/21

**Section 8 - ADDITIONAL REQUIRED ATTACHMENTS** 

$\boxtimes$	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

#### 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: Luke Schmitt	Position: Owner operator			
Section 6 - OPERATIONAL I	RESPONSIBILITIES			
Identify the person and position responsible for understanding and shown below.	d complying with the requirements of each category			
Annual Reports and Regulatory Fees (WAC 480-15-480). You must a pay regulatory fees.	annually file a report of your financial operations and			
Name: / . IVe Solver H	Position: Owner Operator			
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: Luke Schmitt	Position: Owner Operator			



# Outstanding service!

Tamberyne Bernard <a href="mailto:com/">Tamberyne@yahoo.com</a>
To: Ohanamovers2020@gmail.com

Fri, Oct 29, 2021 at 10:54 AM

### Aloha!

Tamberyne McCutcheon

October 15, 2021

## To Whom It May Concern,

I would like to express my appreciation for the team of movers that helped us with our entire move. We recently purchased our first home in Washington we were ecstatic. Being that we don't have any family here to help we decided to hire Ohana Movers to help us. From my first conversation with Luke Schmitt the owner of the company I was not let down. He put together our plan which included packing of our belongings and moving to our new home. From the time that they showed up in the morning till the time they left they worked very hard. A day that I thought would've been a little hectic went so smoothly thanks to Luke and his crew. I would recommend Ohana Movers to anyone who needs a move well done. They did not disappoint one bit.

Sincerely, Kailani Durant October 27, 2021

To Whom It May Concern,

It is my pleasure to write this letter of commendation for this moving company regarding my customer experience. We hired Ohana Movers and Junk Removal for a two-part move. The first stage of the move was into storage while we waited for our home to be completed. The second took place to move us from storage into our new home. From their early arrival to their evening departure, every procedure they made, every interaction with my husband or myself, and every item they prepared for storage, movement and then with the unpacking was done with courtesy, extreme efficiency, and tireless diligence all the while continuing to be friendly.

The owner, Luke Schmitt masterfully coordinated the sequence, insulation, and loading and unloading and unpacking of our valued goods. It was obvious that he is very experienced. There was never any wasted time or movements.

We have appreciated working with Ohana Movers and Junk Removal to coordinate our major two-part move. I have recommended them to any and everyone who has mentioned the need for a moving company.

With warm regards, Joanna Duran 253-951-2640

## **OHANA MOVERS & JUNK REMOVAL LLC**

OHANAMOVERS2020@GMAIL.COM 392 WHITE RIVER DRIVE PACIFIC WA 98047 206-304-8163

11/15/2021

#### Dear UTC

We have recently changed our company name from Grooving and Moving LLC to our new and current operating name as Ohana Movers & Junk Removal LLC. Were seeking a UTC permit in the current operating name. I have filed a business amendment and received the same UBI,ESD,EIN.

We are currently operating as a labor only company looking to expand into full services. We will use in house Drug Screening and Truthfinder.com, checkpeople.com, IDtrue.com as background checking before hiring.

I have been in contact with the DOT office and being that we have a vehicle the is under the 16000 GVW our vehicle will not need a DOT inspection. I was also informed that once we so have a vehicle that is over the 16000GVW we will need to follow up with both the UTC and DOT to use the vehicle as a part of our business.

These are a few things I felt I needed to input with the application.

Sincerely,

Luke Schmitt

Ohana Movers & Junk Removal LLC