

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:

**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

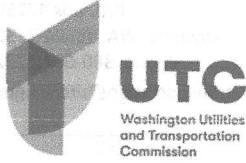
**HOUSEHOLD GOODS MOVING COMPANY  
 PERMIT APPLICATION**

FOR OFFICIAL USE ONLY			
Date Filed: 01/27/2022	Company: Interstate McKinzie Movers LLC	Docket #: TV-220060	
Receipt ID: 111-0268-207-02	Payment ID: 18348	Amount Paid: \$550	
111-0268-207-02	111-0268-032-20		

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

- |   | <u>Fee</u>   |
|---|--------------|
| <input checked="" type="checkbox"/> Provisional and permanent authority. The fee for provisional and then permanent authority is a one-time fee. Complete pages 3-7 and Attachment A.<br>Note: Per RCW 81.80.075(2), applications must be on file with the commission for at least 30 days before issuance.   | <b>\$550</b> |
| <input type="checkbox"/> 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. If longer than 30 days after cancellation, you may not reapply for 12 months per WAC-480-15-302(11). | <b>\$250</b> |

Household Goods Permit #: (T)HG - 069048



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 1 - BUSINESS INFORMATION**

Legal Name: Interstate McKinzie Movers LLC

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

Physical Address: 62 S Idaho St, Tacoma, WA 98404

Mailing Address: SAME AS ABOVE

Telephone Number: 206 992 9356 Email: InterstateMcKinzieMovers@gmail.com

Contact Name: Rosalina McKinzie

USDOT#: 3344536 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#: 604458683

Department of Labor & Industries (L&I) Worker's Comp Account #: 694,524-00

Employment Security Department (ESD) registration #: 000-832666-00-2

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**

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
<u>ROSALINA MCKINZIE</u>	<u>OWNER</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:

Household goods moving, local and long distance. Furniture moving, appliances etc.

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

Prior experience as a mover. Started a HIGH moving company at the beginning of the pandemic. COVID impacted the business and personnel.

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: 069048

4. Have you ever applied for and been denied a Household Goods permit in Washington?

No  Yes

If yes, please explain:

Applied, approved, never denied.

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: 12/18/2019

9. Will you be employing CDL drivers?  No  Yes

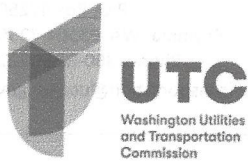
If "yes", you must attach evidence of enrollment in a drug and alcohol testing program.

**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



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

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	\$509	Salaries/Wages Payable	
Notes Received		Accounts Payable	
Investments		Notes Payable	TRUCK PAYMENT \$226
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>	\$226

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
2011	GM/C SAVANA	BRH2460	1G1D374CA5B1903681	5,326 lbs

\*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 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: <u>Rosalina McKinzie</u>	Position: <u>Owner</u>
--------------------------------	------------------------

**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: <u>Rosalina McKinzie</u>	Position: <u>Owner</u>
--------------------------------	------------------------

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: <u>Rosalina McKinzie</u>	Position: <u>Owner</u>
--------------------------------	------------------------



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 **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: Rosalina McKinzie

Date: 1/24/22

### 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.

To the Washington State UTC Commission and Commissioner:

I hope this letter finds you well. On behalf of Interstate Mckinzie Movers, I am requesting the reinstatement of THG permit #069048. I started my moving company at the end of 2019, the very start of the Covid-19 pandemic. Like the millions of people and small businesses/owners that took devastating losses and permanent endings; my business operations, goals, and finances took a major hit as well... I am a woman-minority and small business owner. I currently work in healthcare as a social worker in skilled nursing setting for the last 2 years. I did not have any financial support from a bank, credit line/loan, investors, etc. at the beginning of even registering my business under SOS, and now. I did not qualify for PPE loans or any aid assistance for my business, as I was still not yet fully established with a brand-new company. I invested my earnings into starting this company supporting my livelihood. Due to extremely tight circumstances relating to the Covid-19 pandemic, I voluntary revoked my UTC permit in July 2020 and have not operated since. Within that timeline, I've made a lot of mistakes, learned from others in the industry, gained new knowledge and experiences both professionally and businesswise.

I am asking for the reinstatement of my THG permit so that I can; apply and emerge myself into something I love, reach new goals, expand my company and services, and pay my dues. As soon as possible.

Respectfully and with best regards,

Thank you kindly.

Sincerely,

Rosalina Mckinzie