

Dear Permitting Authority,

I am writing to request the reinstatement of my permit, which was cancelled on April 20th, 2023. I am aware that I must file this request within 30 days of cancellation, in accordance with the criteria stated in WAC 480-15-450.

I have completed pages 3 and 7 of the reinstatement form, and have provided a statement outlining the reasons why I believe my permit should be reinstated. Unfortunately, due to current economic conditions, my company has been facing cash flow problems. As a result, we were unable to make our payment to Progressive in a timely manner, which resulted in the cancellation of our insurance. We are currently working with other insurance companies to obtain coverage as soon as possible.

I am requesting that my permit be reinstated because if it is not, my company will be forced to shut down. This would not only cause significant financial hardship for myself and my employees, but it would also create unnecessary stress for our customers who rely on our services. We have a team of 15 dedicated employees who are committed to providing high-quality moving services, and we do not want to let them go on unemployment.

I understand the importance of complying with all applicable regulations and requirements, and I am willing to take any necessary steps to ensure that my operations are fully compliant with the law. Thank you for your consideration of my reinstatement request. Please do not hesitate to contact me if you require any

Sincerely,

Dmitriy Satir

Roman Satir



**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**

<b>FOR OFFICIAL USE ONLY</b>			
Date Filed: 4/21/2023	Company: PNW Moving and Delivery LLC	Docket #:	
Receipt ID:	Payment ID: 20918	Amount Paid: \$250	
111-0268-207-02	111-0268-032-20		

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

**Fee**

- Provisional and permanent authority.** The fee for provisional and then permanent authority is a one-time fee. Complete pages 3-7 and Attachment A. Note: Per **RCW 81.80.075(2)**, applications must be on file with the commission for at least 30 days before issuance. **\$550**
- 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).** **\$250**

Household Goods Permit #: (T)HG - 067549



**Section 1 - BUSINESS INFORMATION**

Legal Name: PNW Moving and Delivery LLC

Trade Name, if applicable:

Physical Address: 708 133rd St S, Tacoma, WA 98444

Mailing Address: 708 133rd St S, Tacoma, WA 98444

Telephone Number: (253) 237-4291 Email: pnw moving and delivery@gmail.com

Contact Name: Dmitry Satir

USDOT#: 2914585 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#: 603600736

Department of Labor & Industries (L&I) Worker's Comp Account #: 635021-00

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](#).

*(Empty text box for explanation of no employees)*

**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
<u>Dmitry Satir</u>	<u>Owner</u>	<u>.60</u>
<u>Roman Satir</u>	<u>Owner</u>	<u>.40</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 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: Dmitry Sator

Date: 4/21/23

### 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.