



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: 4/28/2023	Company: T Heart Movers, LLC	Docket #:	
Receipt ID:	Payment ID: 21193	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. **\$250**
If longer than 30 days after cancellation, you may not reapply for 12 months per WAC-480-15-302(11).

Household Goods Permit #: (T)HG - 068176



Section 1 - BUSINESS INFORMATION

Legal Name: I HEART MOVERS , LLC
Trade Name, if applicable: I HEART MOVERS, LLC
Physical Address: 2727 NE 125TH ST #10 , SEATTLE WA 98125
Mailing Address: SAME
Telephone Number: 206-299-6368 Email: ADMIN@IHEARTMOVERS.COM
Contact Name: DEAVONDIA TAYLOR

USDOT#: 2523529 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#: 603-412-472

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

Employment Security Department (ESD) registration #: ~~XXXXXXXXXXXX~~

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.

I WILL OBTAIN CONTRACT WORKERS THROUGH 1099. I WILL CONDUCT BACKGROUND CHECKS THROUGH WSP.WA.GOV.

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>DEAVONDIA TAYLOR</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.

Deavondia Taylor
2727 NE 125TH ST #10
Seattle, WA 98125

April 28, 2023

Dear UTC,

I am writing this letter to request the reinstatement of the Households Goods Permit for I Heart Movers, LLC, #(T)HG – 068176. The permit was originally cancelled due to a lack of holding insurance for the duration of the business holding the Permit. As the owner of I Heart Movers, LLC, I intend to be in full compliance upon reinstatement of the Households Goods Permit by holding full insurance required by UTC, including public liability, property damage and cargo insurance. I appreciate the opportunity to get my Permit reinstated and look forward to staying in compliance with all requirements in order to hold a Households Goods Permit moving forward. Please don't hesitate to ask any clarifying questions.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Deavondia Taylor', with a stylized, flowing script.

Deavondia Taylor
Owner, I Heart Movers, LLC



Section 7 - DECLARATION OF APPLICANT

INITIAL

DT

I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.

DT

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.

DT

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.

DT

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.

DT

I understand the commission will complete a criminal background check on each person named in the application.

DT

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: DEAVONDIA TAYLOR Date: 4-27-23

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.