



**CHECKLIST**

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

**RECEIVED**  
 MAR 26 2024  
 WASH. UT. & TP. COMM

**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:	Company:	Docket #:
Receipt ID:	Payment ID:	Amount Paid:
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 -



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: **Managed Moves LLC**

Trade Name, if applicable: **Managed Moves**

Physical Address: **13446 NE Whitaker Way, Portland Or 97230**

Mailing Address: **13446 NE Whitaker Way, Portland Or 97230**

Telephone Number: **503-780-7136** Email: **welcomehome@managedmoves.com**

Contact Name: **Lars@managedmoves.com**

USDOT#: **2899598** 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#: **605431630**

Department of Labor & Industries (L&I) Worker's Comp Account #: **100012302**

Employment Security Department (ESD) registration #: **000-918847-00-5**

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](#).

**Managed Moves is based out of Portland, our employees are hired in Oregon.**

**Type of Business**

Individual  Partnership  Corporation  Other (LP, LLP, LLC)

State of Incorporation

**Oregon**

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

Name	Title	Stock Distribution/% of Shares
<b>Krista Giudici</b>	<b>Partner</b>	<b>50%</b>
<b>Steve Klemroth</b>	<b>Partner</b>	<b>50%</b>

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:  
**Managed Moves is a moving company that specializes in working with seniors or are downsizing. In addition to packing and moving, we offer unpacking, sorting and downsizing, move management and donation deliveries.**

2. Briefly describe your experience in the transportation/household goods moving industry:  
**Managed Moves has had a license to move since 2016. Over the past years we have grown to 35 employees offering moving and downsizing services to seniors and their families.**

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

\*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	See Balance Sheet	<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>See B.S</b>	<b>TOTAL LIABILITIES AND NET WORTH</b>	<b>See B.S</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
2017	Hino	T600443	JHHXDM1HXHK004939	14,500
2019	Hino	T608155	JHHXDM1H7KK009460	14,500
2017	Isuzu	TG615740	TG615740	12,500
2023	Isuzu	T630858	T630858	19,500

\*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: <b>Lars Jorgensen</b>	Position: <b>Operations Manager</b>
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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: <b>Lars Jorgensen</b>	Position: <b>Operations Manager</b>
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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: <b>Lars Jorgensen</b>	Position: <b>Operations Manager</b>
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Managed Moves  
 Balance Sheet Standard  
 As of December 31, 2023

03/11/24

Dec 31, '23

ASSETS

Current Assets

Checking/Savings

Savings – OnPoint Credit Union 74,084.85

Checking – OnPoint Credit Union 38,763.62

Total Checking/Savings 112,848.47

Accounts Receivable

Accounts Receivable 50,567.19

Total Accounts Receivable 50,567.19

Other Current Assets

Boom Vision Receivable 1,710.02

PGE Deposit 3,000.00

Payroll Corrections -0.03

Petty Cash 407.93

Undeposited Funds 28,235.46

Total Other Current Assets 33,353.38

Total Current Assets 196,769.04

Fixed Assets

Accum. Depreciation -202,622.24

Leasehold Improvements 15,920.43

Furniture & Equipment Acc Dep -15,231.00

Furniture & Equipment 16,897.50

Vehicles

Isuzu 24' 87,598.10

Sprinter Van 30,666.47

Isuzu 2017 Truck 30,584.00

Vehicles – Other 132,609.35

Total Vehicles 281,457.92

Total Fixed Assets 96,422.61

Other Assets

loan to SH – S Klemroth 31,000.00

Loan to SH – K Giudici 31,000.00

Accum. Amortization Goodwill -24,666.70

Goodwill 40,000.00

Total Other Assets 77,333.30

**TOTAL ASSETS 370,524.95**

LIABILITIES & EQUITY

Liabilities

Current Liabilities

Credit Cards

Chase Ink 10,383.11

Total Credit Cards 10,383.11

Other Current Liabilities

Aflac payable 319.98

Payroll Liabilities

OR Paid Family Leave 3,731.09

Transit Taxes payable 373.21

Federal Unemployment (940) -382.56

Tri-Met tax payable	2,942.26
Sui Payable	4,508.22
Total Payroll Liabilities	<u>11,172.22</u>
Total Other Current Liabilities	<u>11,492.20</u>
Total Current Liabilities	21,875.31
Long Term Liabilities	
Isuzu loan payable	70,669.13
Loan from shareholder	6,572.72
Barb Giudici Loan	93,333.24
Note Payable - AmyBob	20,000.00
2019 HINO Truck Loan	2,065.00
Total Long Term Liabilities	<u>192,640.09</u>
Total Liabilities	214,515.40
Equity	
Capital Contributions	7,318.51
Owners Draw - Krista Giudici	-60,588.15
Owners Draw - Steve Klemroth	-60,588.15
Owners Equity	1,330,462.84
Retained Earnings	-1,310,768.39
Net Income	250,172.89
Total Equity	<u>156,009.55</u>
TOTAL LIABILITIES & EQUITY	<u>370,524.95</u>





# ATTACHMENT A

## HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

**Applicant Name:**

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name:

Jennifer Jones, Realtor and Transition Coordinator, Seniors on the Move

Address (include street address, mailing address, city, state, zip, and county):

5727 SE Insley Street, Portland, OR 97206 (Multnomah County)

Phone Number: 503-421-0323

Email: JenniferSharpeJones@gmail.com

Do you currently need the services of a residential household goods moving company?

No  Yes If yes, please describe your current moving needs:

In my capacity as Transition Coordinator for my relocating clients I am always in need of a moving company to refer my clients to using. Managed Moves has been my preferred referral mover for 5+ years.

Do you anticipate a future need for the services of a residential household goods moving company?

No  Yes If yes, please describe your future moving needs:

I will always need a residential household goods moving company to compliment the work I do and who I can trust will handle my clients with the same compassion and care that they expect from me.

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

I consider Managed Moves to be the premier moving company for my senior clients. Being able to refer them to clients moving within the state of Washington would allow me to extend the same service of care to my Washington clients as it does to my Oregon clients.

Is there anything else the commission should consider when making a determination about this company's application for a household goods permit?

Over the last 7 years I have worked with several moving companies. When my clients ask for my referrals I choose Managed Moves 100% of the time. Their attention to details, patience for our clients, accountability for the work at every level, and communication with all involved parties is beyond reproach. Every member of their team and leadership is incredible.

*I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Jennifer Jones

3/15/2023

Printed Name of Person Completing Form

Signature

Date





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## HOUSEHOLD GOODS STATEMENT OF SUPPORT

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**Applicant Name:**

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name: COURTYARD AT MT TABOR

Address (Include street address, mailing address, city, state, zip, and county):  
6125 SE Division St.  
Portland, OR 97206

Phone Number: 503-788-0896 Email: KevinChurchman@mbk.com

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
We are a senior living community. We have 322 apartments.

Do you anticipate a future need for the services of a residential household goods moving company?  
 No  Yes If yes, please describe your future moving needs:  
Seniors will move in and out of our community.

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:  
Potential residents may move from Washington.

Is there anything else the commission should consider when making a determination about this company's application for a household goods permit?  
Managed Moves is my preferred moving Co. They are wonderful!

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Kevin Churchman

Kevin Churchman

3-7-24

Printed Name of Person Completing Form

Signature

Date

**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

**Applicant Name:** Managed Moves

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name:

Katie Smith, General Manager, Van Mall Retirement

Address (include street address, mailing address, city, state, zip, and county):

7808 NE 51st Street Vancouver, WA 98662

Phone Number:

360 896 9140

Email:

ksmith@leisurecare.com

Do you currently need the services of a residential household goods moving company?

No  Yes If yes, please describe your current moving needs:

Moving, packing, downsizing, un packing

Do you anticipate a future need for the services of a residential household goods moving company?

No  Yes If yes, please describe your future moving needs:

We regularly move seniors in and out of our community.

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

Having the services that Managed Moves offers will make our clients lives much easier, less stressful, and organized.

Is there anything else the commission should consider when making a determination about this company's application for a household goods permit?

I've worked with this company in OR and they bring great value to our clients.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Katie E. Smith

Printed Name of Person Completing Form

Katie E. Smith

Signature

2/16/24

Date