

Phone: 360-664-1222

Email: transportation@utc.wa.gov

HOUSEHOLD GOODS MOVING COMPANY - NEW COMPANY APPLICATION

You are required to have a permit from the •ommission before operating as a household goods moving (HHG) company in Washington state. You must attend •ommission-sponsored training prior to receiving your provisional permit. Household Goods Training information can be found HERE. If you cannot wait until the next training, you may come to a •ommission-sponsored orientation, however, you will also be required to attend a later training. All other application requirements must be met to schedule an orientation. This application contains the following information:

- Application Form and Attachments
- Checklist
- WAC 480-15 Rules Relating to Household Goods Carriers
- Your Guide to a Satisfactory Safety Rating

Insurance Requirements

File and maintain Public Liability and Property Damage Insurance (Form E) with the commission covering all vehicles operating under your household goods permit. Additionally, file and maintain Cargo Insurance (Form H). Retain proof of insurance coverage at your office and have it available for inspection by commission staff.

Insurance minimum limits are:

Vehicles under 10,000 GVWR	 \$300,000 combined single limit of public liability and property damage insurance (Form E) and \$10,000 cargo insurance (Form H).
Vehicles 10,000 GVWR and more	 \$750,000 combined single limit of public liability and property damage insurance (Form E) and \$20,000 cargo insurance (Form H).

FILING YOUR APPLICATION

The Commission has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1243 or The Washington Relay Service at 7-1-1 or 1-800-833-8384.

Select **one** of the following:

- Scan/PDF your application to efileapp.utc.wa.gov and pay online at payments.utc.wa.gov
- Mail your application with your check or money order to the following address: UTC, PO Box 47250, Olympia, WA 98504-7250
 - O PROCESSING MAILED APPLICATIONS WILL BE SIGNIFICANTLY DELAYED

ACH on-line (no service fee) or credit card on-line at **payments.utc.wa.gov** (2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing).

DO NOT EMAIL YOUR CREDIT CARD INFORMATION

2-2022 Page **1** of **7**



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 OFFICAL USE ONLY			
Date Filed:	Company:		Docket #:
Receipt ID:	Payment ID:	Amount	Paid:
111-0268-207-02	111-0268-032-20		

<u>Type of Household Goods Authority Requested – Check One</u>

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 -

2-2022 Page **2** of **7**



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:					
Trade Name, if app	olicable:				
Physical Address:					
Mailing Address:					
Telephone Numbe	r:		Email:		
Contact Name:					
USDOT#:	If you do no	ot have a USDOT n	umber, go on-line	at https	://cms8.fmcsa.dot.gov/registration to
apply or call 360-596	5-3812 for assist	tance.			
Is your business re	gistered with	the Department	of Revenue?	No	Yes
Business License/U	JBI#:				
Department of Lab	or & Industrie	es (L&I) Worker's	s Comp Account	#:	
Employment Secu	rity Departme	ent (ESD) registra	ation #:		
If you will not be settir	ng up an account	with L&I or ESD be	cause you do not ha	ve emplo	yees, please explain how you plan to obtair
workers. Per WAC 480	-15-555 , a crimin	al background chec	k must be complete	d on each	n person you intend to hire. If you intend to
hire day labor from a t	emp agency, the	y must perform the	criminal backgroun	d check.	Refer also to WAC 480-15-302 and 305 .
		т.	pe of Business		
		-	· -		
Individual	Partnership	Corporation	Other (LP, LLP	, LLC)	State of Incorporation
List the name title	and narrousts	ago of all martines	r's shara ar stadi	dictrib.	ition for major stockholders
	, and percenta		S Share Of StOCK	นเรเกิน	ution for major stockholders:
Name		Title			Stock Distribution/% of Shares

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.

2-2022 Page **3** of **7**



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

	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:
2.	Briefly describe your experience in the transportation/household goods moving industry:
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.
	lease answer the following questions completely. If there are multiple persons listed in this application vith legal proceedings or criminal convictions to declare, provide documentation on a separate attachment.
	D. Does any person named in this application have, or has ever had a business-related legal proceeding against you in ashington state, or in any other state? No Yes If "yes" please list below*:
	Type of Legal Proceeding Date State
<u></u> *≥t	ttach additional names if necessary

*attach additional pages if necessary

2-2022 Page **4** of **7**



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	Salaries/Wages Payable		
Notes Received	Accounts Payable		
Investments	Notes Payable		
Other Current Assets	Mortgages Payable		
Prepaid Expenses	Total Liabilities		
Land and Buildings	Net Worth		
Trucks and Trailers	Preferred Stock		
Office Furniture	Common Stock		
Other Equipment	Retained Earnings		
Other Assets	Capital		
TOTAL ASSETS	TOTAL LIABILITIES AND NET WORTH		

	Section 4 - EQUIPMENT LIST					
List the ed	List the equipment you own or lease to provide moving services (attach additional sheets if necessary). You					
must own	n or have a long-term lease for ar	ny vehicle you operate	, you may not rent vehicles on a job-by-j	ob basis.		
Year	Year Make License Number Vehicle ID (VIN) GVW					

^{*}attach additional pages if necessary

2-2022 Page **5** of **7**



Name:

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).

Position:

Name:	Position:		
Section 6 - OPERATIONAL RESPONSIBILITIES			
Identify the person and position responsible for understanding an shown below.	d complying with the requirements of each category		
Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.			
Name:	Position:		
STATE OF WASHINGTON – general laws, rules and regulations: Ind Washington must comply with the regulations of local, state, and for of the person in your organization who will be responsible for ensu Washington, such as, but not limited to the Department of Labor & wage); Department of Licensing vehicle and drivers licenses, busin	rederal agencies. Please state the name and position uring compliance with the laws of the state of Industries (industrial insurance, safety, prevailing		

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.

2-2022 Page 6 of 7



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:	Date:
-----------------	-------

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.

2-2022 Page **7** of **7**



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: Aidos Yerbolayev		
	completed by the Supporter of the app	licant
Name, Title, and Business Name: Malik Ushurbakiyev		
Address (include street address, mailing address, of 1830 W Redondo Beach Blvd, Gardena, CA		
Phone Number: 4244133750	Email: -	
Do you currently need the services of a residential	-	
No ✓ Yes If yes, please describe your curren		
We need to relocate our household items to	a new residence in the same city.	
Do you anticipate a future need for the services of	a residential household goods moving comp	pany?
☐ No ☑ Yes If yes, please describe your future	moving needs:	
We anticipate needing moving services for	future office relocations as our busine	ess expands.
. 3		
		C 10 10 10 10 10 10 10 10 10 10 10 10 10
Briefly describe how granting this company a perm benefit you, your business, and/or your communit		ces in Washington State will
Granting Goat Movers LLC a permit will pro		vices that are much needed
in our community. Their professional and c	ustomer-focused approach will enhar	nce the quality of moving
services available, ensuring smoother trans	sitions for residents and businesses a	like.
Is there anything else the commission should consi	der when making a determination about thi	is company's
application for a household goods permit?		
Goat Movers LLC has a strong reputation for Washington State will bring experienced an		n. Their expansion into
Programgion State will bring experienced an	a trastworthy solvice to the area.	
I certify (or declare) under penalty of perjury u and correct.	nder the laws of the state of Washington	n that the foregoing is true
Malik Ushurbakiyev	Halik	5/30/2024
Printed Name of Person Completing Form	Signature	Date

5-20 Page **1** of **1**



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: Aidos Yerbolayev			
Ů ™	completed by the Supporter of the applicant		
Name, Title, and Business Name: Mark Kozelek			
Address (include street address, mailing address, cit 5678 Maple Avenue, San Francisco, CA 9410			
Phone Number: 3603343319	Email: prnkid11@gmail.com		
Do you currently need the services of a residential half No version of the services of a residential half No version of the services of a residential half No version of the services of a residential half No version of the services of a residential half No version of the services of a residential half No version of the services of a residential half No version of the services of a residential half No version of the services of a residential half No version of the services of a residential half No version of the services of a residential half No version of the services of a residential half No version of the services of a residential half No version of the services of a residential half No version of the services of the servic			
I needed to move my household items from I	my old apartment in Oakland to a new home in	San Francisco.	
☐ No ☑Yes If yes, please describe your future of am planning to move again within the next	moving needs: couple of years and will definitely require mov	ing services.	
Briefly describe how granting this company a permi- benefit you, your business, and/or your community.	t to provide household goods moving services in Wash :	ington State will	
exceptional service, attention to detail, and p	gton State would be a significant advantage fo professionalism made my move stress-free and belongings are moved safely and securely, wh	d efficient. Their	
Is there anything else the commission should consider application for a household goods permit?	der when making a determination about this company	's	
complex moves with ease and their focus or	onsive and adaptable to client needs. Their abi n customer satisfaction make them a top choic rre that residents have access to top-tier movir	e for moving	
I certify (or declare) under penalty of perjury un and correct.	der the laws of the state of Washington that the	foregoing is true	
Mark Kozelek	Mark Kozelek	5/30/2024	
Printed Name of Person Completing Form	Signature	Date	

5-20 Page **1** of **1**



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: Aidos Yerbolayev		
The following must be	completed by the Supporter of the applicant	
Name, Title, and Business Name: Anton Abramau		
Address (include street address, mailing address, ci 1234 Elm Street, Los Angeles, CA 90001, Los		
Phone Number: 3102187123	Email: anton_agent22@icloud.com	
Do you currently need the services of a residential handle No Yes If yes, please describe your current		
I recently needed to relocate my household transfer.	belongings from Santa Monica to Los Angele	s due to a job
Do you anticipate a future need for the services of a No very Yes If yes, please describe your future Considering my frequent job relocations, I we	2014 AND AND ENGINEER AND	n the next year.
Briefly describe how granting this company a permi benefit you, your business, and/or your community	it to provide household goods moving services in Was r:	shington State will
moving services. My experience with them v	nighly beneficial as they offer reliable, efficien was exceptional; they managed my move seal wel of service would greatly benefit anyone no	mlessly, ensuring
Is there anything else the commission should consider application for a household goods permit?	der when making a determination about this compan	y's
	mer service and dedication to client satisfacti anaging all aspects of the moving process. A vorthy option for their moving needs.	
I certify (or declare) under penalty of perjury ur and correct.	nder the laws of the state of Washington that the	e foregoing is true
Anton Abramau	Anton Abramau	5/30/2024
Printed Name of Person Completing Form	Signature	Date

5-20 Page **1** of **1**