



HOUSEHOLD GOODS MOVING COMPANY - NEW COMPANY APPLICATION

You are required to have a permit from the commission before operating as a household goods moving (HHG) company in Washington state. You must attend commission-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 commission-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	<ul style="list-style-type: none"> • \$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	<ul style="list-style-type: none"> • \$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
 - 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



Section 1 - BUSINESS INFORMATION

Legal Name: **Heritage Moving Solutions, LLC**

Trade Name, if applicable:

Physical Address: **4420 NE St Johns Rd Suite E Vancouver WA 98661**

Mailing Address: **Same**

Telephone Number: **360.828.7871** Email: **info@heritagemsgs.org**

Contact Name: **Ramona (Mona) Robinson**

USDOT#: **4217841** 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#: **605523568**

Department of **Labor & Industries** (L&I) Worker's Comp Account #: **978337.02**

Employment Security Department (ESD) registration #: **000926101-00-6**

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

Washington

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

Name	Title	Stock Distribution/% of Shares
Tara Kleinschmidt	Owner	100%

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.



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	\$ 10,000	Salaries/Wages Payable	\$ 250,000
Notes Received	\$ 0	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 25,000
Prepaid Expenses	\$ 0	Total Liabilities	\$ 275,000
Land and Buildings	\$ 0	Net Worth	
Trucks and Trailers	\$ 30,000	Preferred Stock	
Office Furniture	\$ 10,000	Common Stock	
Other Equipment	\$ 20,000	Retained Earnings	
Other Assets		Capital	
TOTAL ASSETS	\$ 70,000	TOTAL LIABILITIES AND NET WORTH	

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
1988	Izuzu	D40473C	JALE5W166J7300176	16+

*attach additional pages if necessary



Section 7 - DECLARATION OF APPLICANT

INITIAL

RR

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

RR

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.

RR

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.

RR

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.

RR

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

RR

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: **Ramona Robinson**

Date: **06/03/2024**

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.



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: Tara Kleinschmidt, Heritate Moving Solutions

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Krista Thompson; Case Manager Area Agency on Aging and Disability

Address (include street address, mailing address, city, state, zip, and county):
**201 NE 73rd St
Vancouver WA 98665**

Phone Number: **360.759.4672** Email:

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
I have a client nearing the proces to move into an apartment from a hotel.

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:
Frequently, we have clients who are unable to move their own belongings and need help moving to a safer environment.

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:
Currently, the state only has one moving company contracted. Having a second will lower prices and increase availabilty.

Is there anything else the commission should consider when making a determination about this company's application for a household goods permit?
Tara and her company have always treated my clients with respect and care. My clients fee comfortable with them.

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

Krista Thompson

Krista Thompson

4/15/24

Printed Name of Person Completing Form

Signature

Date

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: Tara Kleinschmidt, Heritage Moving Solutions

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Sandy Silveria, Resident Service Coordinator, Van Vista Assisted Living Center

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

410 W 13th St
Vancouver, WA 98660

Phone Number: 360.750.4665 opt 5

Email: Sandy@kpinc.net

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 position, I am constantly having clients moving in or out.

Having a reliable household goods moving company that understands our clients will be fantastic.

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 have new folks moving in and out of our facility monthly.

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:

When I was a CCG there was one mover contracted and it was getting harder and harder to book them in any decent timeline. A lot of times this created complications that held up move dates or in worst case scenarios had folks moving into places with none of their belongings. How exciting to be able to have an agency that understands the needs of the CCGs, and their clients, providing this important service to the community.

Is there anything else the commission should consider when making a determination about this company's

application for a household goods permit? I was not employed by Heritage but looked at them as a great example of an employer that valued their employees, provided amazing training and support, and took seriously their mission to help improve the lives of people in this community. I now work for an Assisted Living here in Vancouver that regularly houses folks who come with a CCG helping them move. I see the excellent work that is done by the CCGs from Heritage and believe that granting the contract for moving services to Heritage is an investment. In the services provided by DSHS and will help not only Heritage but other CCG employers get their jobs done more efficiently and help the recipients move into better lives faster. Thank you for the opportunity to give support to Heritage.

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

Sandy Silveria

Sandy Silveria

04/18/24

Printed Name of Person Completing Form

Signature

Date



ATTACHMENT A

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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: Heritage Moving Solutions; Tara Kleinschmidt

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Toma Kariakina, AFH Owner, Homestead Care Home

Address (include street address, mailing address, city, state, zip, and county):
**7207 NE 54th Place
Vancouver WA 98661**

Phone Number: **360.521.5981** Email: **toma.kariakina@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:
I have several open spots and will need assistance to move clients into my AFH.

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 are always in need of someone to help move a client into our home or out of our home as the need arises.

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:
There currently is only one moving company that is contracted with the state in this area to move our clients. Having another will help with cost and availability.

Is there anything else the commission should consider when making a determination about this company's application for a household goods permit?
I have worked with Tara and her other company HNWC for several years. She is kind and trustworthy.

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

Toma Kariakina

Toma Kariakina

04/29/2024

Printed Name of Person Completing Form

Signature

Date