



**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 OFFICAL USE ONLY</b>			
Date Filed: 6/14/2024	Company: West Pro Moving Services LLC		Docket #:
Receipt ID:	Payment ID: 23579	Amount Paid: \$550	
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 -



**Section 1 - BUSINESS INFORMATION**

Legal Name: **West Pro Moving Services Inc.**

Trade Name, if applicable: **WPMS**

Physical Address: **24204 23rd Ave W, Bothell WA 98021**

Mailing Address: **24204 23rd Ave W, Bothell WA 98021**

Telephone Number: **206-825-1014** Email: **wpms.acctdept@gmail.com**

Contact Name: **Yesenia Silva**

USDOT#: ~~421043~~ **4210243** 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#: ~~604-992-872~~ **604-992-346**

Department of **Labor & Industries** (L&I) Worker's Comp Account #: **340,960-00**

**Employment Security Department** (ESD) registration #: **000-567607-00-8**

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
<b>YK Infinity Holdings Inc.</b>	<b>Holding Company</b>	<b>100</b>
<b>YK Shareholders</b>		
<b>Yesenia Silva</b>	<b>CEO</b>	<b>50</b>
<b>Krissia Henriquez Guardado</b>	<b>President</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:

**We offer packing/unpacking, loading/unloading, and moving services. We give our customers the option to select whatever service they need regardless of how big or small. We are here to serve their needs. Our Mkt includes website, commercials & search engine**

2. Briefly describe your experience in the transportation/household goods moving industry:

**I have learned from our Operations Manager the need in this industry for our services. His personal direct experience has allowed us to discover more in depth how we can be of service. We look forward to learning and contributing to this 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.

**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		<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>TOTAL LIABILITIES AND NET WORTH</b>	

SEE ATTACHED

Section 4 - EQUIPMENT LIST				
List the equipment you own or lease to provide moving services (attach additional sheets if necessary). You <b>must</b> 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
2008	International Truck		1HTMMAAL58H537399	26,000 lbs

\*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: **Yesenia Silva**

Position: **CEO**

### 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: **Juan Jimenez**

Position: **Operations Manager**

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: **Yesenia Silva**

Position: **CEO**



**Section 7 - DECLARATION OF APPLICANT**

INITIAL

- YS** I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.
- YS** 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.
- YS** 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.
- YS** 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.
- YS** I understand the commission will complete a criminal background check on each person named in the application.
- YS** 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: <b>Yesenia Silva</b>	Date: <b>06/06/2024</b>
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**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.

# Profit and Loss

## West Pro Moving Services Inc

Date Range: Jan 01, 2024 to Jun 06, 2024



Jan 01, 2024  
to Jun 06, 2024

### ACCOUNTS

#### Income

Packing Supplies	\$2,804.00
Packing/Unpacking Services	\$50,741.40
Sales Discounts	-\$2,278.15
<b>Total Income</b>	<b>\$51,267.25</b>

#### Total Cost of Goods Sold

\$0.00

#### Gross Profit

\$51,267.25

As a percentage of Total Income

100.00%

#### Operating Expenses

Accounting Fees	\$2,719.13
Auto Fuel	\$1,513.92
Business License & Registrations	\$1,005.85
Computer – Internet	\$11.04
Computer – Software	\$19.80
Depreciation Expense	\$175.00
Dues & Memberships	\$46.00
Dump Fees	\$256.89
Equipment Rental	\$3,624.77
Insurance – Vehicles	\$8,401.06

<b>Operating Expenses</b>	
Interest Expense	\$1,766.50
Marketing Expense	\$2,097.64
Materials & Supplies	\$777.36
Meals & Entertainment - 100%	\$197.76
Meals and Entertainment - 50%	\$1,184.74
Non Employee Wages	\$10,299.75
Payroll Fees	\$292.00
Repairs & Maintenance	\$485.67
Storage Rental Expense	\$2,054.00
Telephone – Land Line	\$27.14
Travel Expense	\$663.73
Uncategorized Expense	\$61.05
Vehicle – Fuel	\$888.80
Vehicle – Repairs & Maintenance	\$22.70
<b>Total Operating Expenses</b>	<b>\$38,592.30</b>
<b>Net Profit</b>	<b>\$12,674.95</b>
As a percentage of Total Income	24.72%



# Balance Sheet

## West Pro Moving Services Inc

As of Jun 06, 2024



ACCOUNTS	Jun 06, 2024
<b>Assets</b>	
Total Cash and Bank	\$11,655.40
Total Other Current Assets	\$2,797.91
Total Long-term Assets	\$10,325.00
<b>Total Assets</b>	<b>\$24,778.31</b>
<b>Liabilities</b>	
Total Current Liabilities	\$23,778.56
Total Long-term Liabilities	\$10,000.00
<b>Total Liabilities</b>	<b>\$33,778.56</b>
<b>Equity</b>	
Total Other Equity	-\$20,507.24
Total Retained Earnings	\$11,506.99
<b>Total Equity</b>	<b>-\$9,000.25</b>



# 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: West Pro Moving Services Inc**

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

Name, Title, and Business Name:

**Estefania Moreira      President, Atlantic Marine Painting LLC**

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

**Shoreline, WA 98155  
King County**

Phone Number: **206-6436-7541**

Email: **estefaniamoreira85@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:

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 will be purchasing a home later this year.**

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:

**We have met the operations manager JR Jimenez on a couple of occasions. He seemed very knowledgeable and made us feel comfortable by sharing what we could expect. We know he is eager to get this company started. We would highly benefit from WPMS's having a permit. We will also use their services for our**

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

**Juan was referred to us and our friends spoke very highly of him.**

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

**Estefania Moreira**

Printed Name of Person Completing Form

Signature

**3-18-24**

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:**

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

Name, Title, and Business Name:  
**Berenice Graham Office Manager 9200 Redmond Place Apts**

Address (include street address, mailing address, city, state, zip, and county):  
**9200 Redmond Woodinville Rd NE  
Redmond WA 98052**

Phone Number: **206-673-0676** Email: **bereep83@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:

**We have tenants that move in and out on weekly basis. We could really use a good contact that can take care of our tenants.**

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've referred other companies but there has been some things that did not work out for us, we are looking to partner up with a good loyal company that offers great customer service.**

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:

**As I mentioned, we are a trusted leasign office, our tenants depend on us for vaious services and they trust who we recomment. We would like to have a trusted company that we know will take good care of our clients.**

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

**I have known the owner of this company for many years, I can tell you that she is very trusting and loyal person. I would recommend anything she does to anyone. I look forward to being able to work with her company in the future.**

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

**Erica Berenice Graham**  
Printed Name of Person Completing Form

Signature

**05/21/24**  
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:** West Pro Moving Services

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

Name, Title, and Business Name: Carlos Xulu Owner Pros Tires

Address (include street address, mailing address, city, state, zip, and county):  
6701 15th Ave NW  
Seattle, WA 98117

Phone Number: 206-644-8351 | Email:

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
Tire Disposal

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:  
Tire Disposal - Dumping Services

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:  
Tire disposal is an on-going service for us. We could really use a reliable company to help us out

Is there anything else the commission should consider when making a determination about this company's application for a household goods permit?  
I personally know the owner, she has helped me alot with other services. I highly recommend this business.

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

Carlos Xulu  
Printed Name of Person Completing Form

carlos Xulu  
Signature

6-1-24  
Date