



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**

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed:	Company:		Docket #:
Receipt ID:	Payment ID:	Amount Paid:	
111-0268-207-02	111-0268-032-20		

This application has been transcribed. See pages 3-4 for the original.

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:

Trade Name, if applicable:

Physical Address:

Mailing Address:

Telephone Number:

Email:

Contact Name:

USDOT#: 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#:

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

[Employment Security Department](#) (ESD) registration #:

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

List the name, title, and percentage of all partner's share or stock distribution 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.



Section 7 - DECLARATION OF APPLICANT

INITIAL

I understand that filing this application **does not** 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:
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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.



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: Move Me Do LLC
Trade Name, if applicable: Clean Truck and Movers
Physical Address: 1303 NE 147th Pl, Kenmore, WA 98028
Mailing Address: 1674 Hollenbeck Ave 55, Sunnyvale, CA 94087
Telephone Number: 650-293-7735 Email: office@movemedo.com

Contact Name: Salamat Alshyn

USDOT#: 366304 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#: 604-743-374

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

Employment Security Department (ESD) registration #:

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.

Planning to work myself for now. Not much job lately to hire people.

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>Salamat Alshyn</u>	<u>Owner</u>	<u>100%</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.



621 Woodland Square Loop
Lacey, WA 98604
P.O. Box 472
Olympia, WA 98504-7251
Phone: 360-664-1222
Email: transportation@utc.wa.gov

Section 7 - DECLARATION OF APPLICANT

INITIAL

SA

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

SA

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.

SA

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.

SA

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.

SA

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

SA

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:

Salamat Abslyn

Date: 10-19-22

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: Bota MARAT

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: AA investment

Address (include street address, mailing address, city, state, zip, and county):
13731 65th PL W Edmonds, WA 98026

Phone Number: 9496786747 **Email:** botamarat09@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 don't have enough moving companies

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:

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:
It will help our neighbors

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

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

BOTA MARAT  **10/21/21**
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: ULPAN ABDIKARIM

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Address (include street address, mailing address, city, state, zip, and county):
5402 232nd St SW, Mountlake Terrace, WA, 98043

Phone Number: 949-632-7768 Email: aylupi@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:

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:
It will give us more options and help 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 certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Ulpán Abdikarim

A. Zia

10/21/21

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: *Zaure Seitenova*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Address (include street address, mailing address, city, state, zip, and county):
10604 66th Pl W Mukilteo, WA 98275

Phone Number: *(206) 227-5731* Email: *Zaure.seitenova@gmail.com*

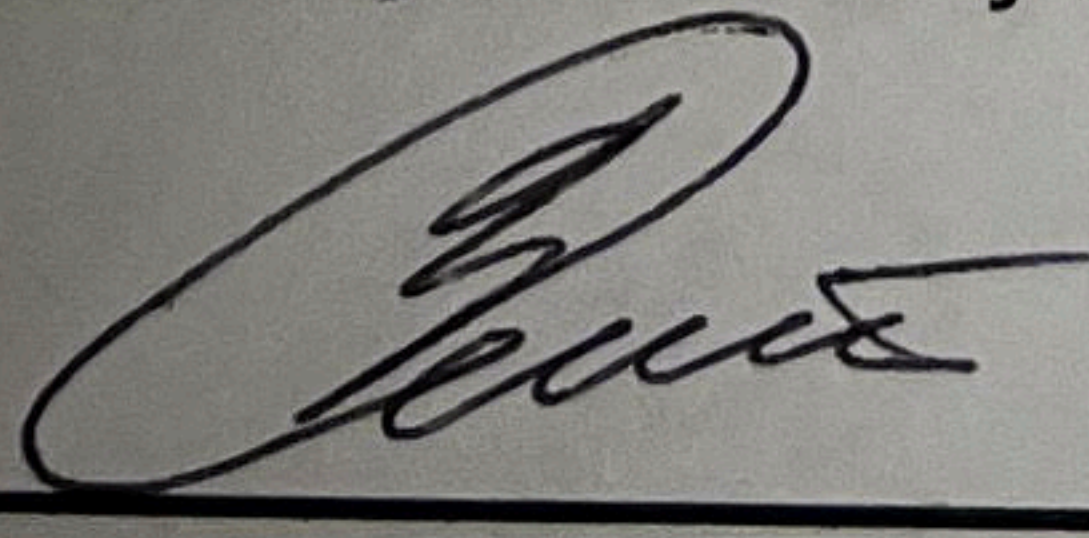
Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Looking for competitive services in our area

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 need a good quality moving services, we can rely and trust on.

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:
Our community will benefit greatly from getting more options on moving services.

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

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

Zaure Seitenova  *10/22/21*
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: *Madina Kossunova*

The following must be completed by the Supporter of the applicant		
Name, Title, and Business Name:		
Address (include street address, mailing address, city, state, zip, and county): <i>10448 NE 29th Street #20 Bellevue WA 98004</i>		
Phone Number: <i>4159372577</i> Email: <i>Salimova.87@gmail.com</i>		
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: <i>We need really good services of moving, because not all companies can do good job.</i>		
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: <i>Company with clean, safe trucks and hard working movers.</i>		
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>Moov Me do gave us good service. Came on time, clean truck and polite stuff.</i>		
Is there anything else the commission should consider when making a determination about this company's application for a household goods permit?		
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.		
<i>Madina</i>	<i>[Signature]</i>	<i>10/22/21</i>
Printed Name of Person Completing Form	Signature	Date