

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: **Elegant Moving LLC**

Trade Name, if applicable:

Physical Address: **1313 Bridge St. Clarkston, WA 99403**

Mailing Address: **1313 Bridge St. Clarkston, WA 99403**

Telephone Number: **509-758-8155**

Email: **jld-courtesy@hotmail.com**

Contact Name: **Jessica**

USDOT#: **4184342** 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#: **604906646**

Department of Labor & Industries (L&I) Worker's Comp Account #: **298,855-00**

Employment Security Department (ESD) registration #: **000-528262-00-4**

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
Roscoe Dowdy	Partner	33.3
Trevor Dowdy	Partner	33.3
Jessica Dowdy	Partner	33.3

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.



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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 wish to offer moving services primarily in our rural area. There are currently few options and we want to fulfill that need. Additionally, there are not currently any oversize/heavy (pianos, gunsafes, etc.) moving services available in our area and that would be one of the services we would offer.

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

For several decades we have been in the Retail Furniture business including delivering furniture into customer's homes. We would like to bring those years of experience to the 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#: **MC-1611556-C**

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: **09/28/2023**

9. Will you be employing CDL drivers? ☒ No ☐ Yes

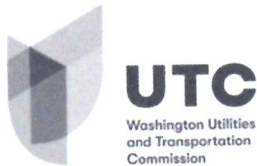
If "yes", you must attach evidence of enrollment in a drug and alcohol testing program.

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



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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 ☒

P+2 attached

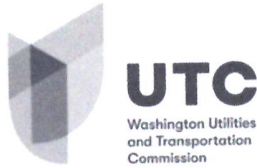
Section 3 - FINANCIAL STATEMENT
Complete the following or attach a balance sheet, profit and loss statement, or business plan.

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 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
2006	Mitsubishi	D27802C	JL6BBG1S16K006325	14,500

*attach additional pages if necessary



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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: **Trevor Dowdy**

Position: **Partner**

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.

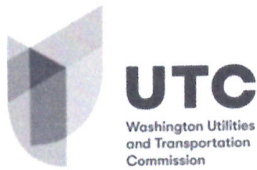
Name: **Jessica Dowdy**

Position: **Partner**

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: **Jessica Dowdy**

Position: **Partner**



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Section 7 - DECLARATION OF APPLICANT

INITIAL

TD

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

TD

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.

TD

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.

TD

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.

TD

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

TD

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:

Trevor Dowdy *[Signature]*

Date: 4/8/2015

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.

1:28 PM

04/08/25

Accrual Basis

Elegant Moving
Profit & Loss
March 31, 2024 through March 31, 2025

	Mar 31, '24 - Mar 31, 25
Ordinary Income/Expense	
Income	
Sales	186,613.52
Total Income	186,613.52
Expense	
Accountant	5,014.95
Advertising and Promotion	155.88
Automobile Expense	2,271.12
Bank Service Charges	11.50
Business Licenses and Permits	1,109.00
Credit Card Fees	1,469.64
Draws	0.00
Fuel	5,394.16
Guaranteed Payments-Jessica	15,000.00
Guaranteed Payments-Ross	15,000.00
Guaranteed Payments-Trevor	15,000.00
Insurance Expense	6,198.19
Meals and Entertainment	95.92
Office Supplies	55.34
Parts	772.32
Payroll Expenses	103,779.29
Property Taxes	13.98
Sales Tax	1,655.50
Storage Unit Rent	5,521.70
Supplies	303.66
Travel Expense	6,787.01
Utilities	480.00
Total Expense	186,089.16
Net Ordinary Income	524.36
Net Income	524.36

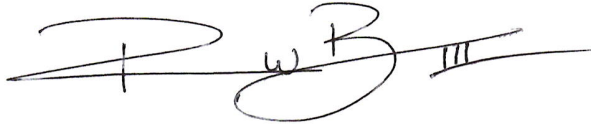
04/08/2025

To whom it may concern,

I am writing today as a statement of support for Elegant Moving to become a moving service in my community. The owners are currently serving the Clarkston WA, and Lewiston ID community currently in furniture retail, and have been doing so for many years.

I've been asked to show support in writing to help them become a permitted moving service for our valley. Please see this letter as full support from me.

Richard Beck III

A handwritten signature in black ink, appearing to read 'R. Beck III'. The signature is stylized with a large 'R' and a cursive 'Beck' followed by 'III'.

Clarkston WA resident

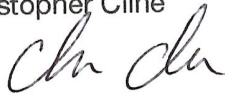
March 25th 2025

Dear UTC,

I, Christopher Cline, give support to the Dowdy family and Elegant moving. They are local, and the Clarkston/Lewiston valley is in need of moving services. There is no moving service currently that I'm aware of. This is a retirement community, and the seniors would be grateful.

Thank you,

Christopher Cline

A handwritten signature in black ink, appearing to read 'Chr Cline', written in a cursive style.

Community of Clarkston WA member

4-4-25

I hope this letter finds you well,

I have known the Dowdy family for many years, and want to show the upmost support to aid them in becoming a licensed/permitted moving company. They are very professional and community minded.

I can vouch for the Dowdys as individuals, and believe that they will become a very successful moving company if given the opportunity. One thing is very clear in our town, there are not many options when it comes to moving or moving help.

With my sincere support,

A handwritten signature in black ink, appearing to read "Logan Gannon". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Mr. Logan Gannon of Clarkston WA 99403