UTC
Washington Utilities and Transportation Commission

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: NORTHWEST SMALL MOVING LLC

Trade Name, if applicable: NORTHWEST SMALL MOVING

Physical Address: 13433N GREENWOOD AVE N #335D, SEATTLE, WA 98133

Mailing Address: 13433 GREENWOOD AVE N #335D, SEATTLE, WA 98133

Telephone Number: 425-221-8344 Email: INFO@NWSMALLMOVING.COM

Contact Name: SIMON AMAH

USDOT#: 4029171 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#: 605229832

Department of **Labor & Industries** (L&I) Worker's Comp Account #: 515,250-00

Employment Security Department (ESD) registration #: 000-965693-00-2

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
SIMON PETER AMAH	GOVENOR	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.

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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:

IN SEATTLE AND SOUNDING AREA PEOPLE HAVE A HARD TIME FINDING MOVING COMPANIES THAT WILL HELP WITH SMALL MOVES JOBS, THAT IS WHY NORTHWEST SMALL MOVERS CAME ABOUT. TO DO JOBS THAT ARE TOO SMALL FORM THE LARGER MOVING COMPANIES. WE HALP STAGES WITH THEIR WORK.

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

I HAVE HAD MOVING EXPERIENCE OF MORE THAN 10 YEARS. I HAVE WORKED FOR COMPANIES LIKE HANSON BROS. & DOLLY INC.

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#: 1749250

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
DUI	12/14	Washington

*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 ☑

Section 3 - FINANCIAL STATEMENT

Complete the following or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank	$ 15,500	Salaries/Wages Payable	$ 3,000
Notes Received	$ 0	Accounts Payable	$ 2,000
Investments	$ 0	Notes Payable	$ 2500
Other Current Assets	$ 0	Mortgages Payable	$ 0
Prepaid Expenses	$ 7,500	**Total Liabilities**	$ 7500
Land and Buildings	$ 0	Net Worth	$ 222,000
Trucks and Trailers	$ 190,000	Preferred Stock	$ 0
Office Furniture	$ 1,000	Common Stock	$ 0
Other Equipment	$ 3,000	Retained Earnings	$ 3,000
Other Assets	$ 5,000	Capital	$ 8,000
TOTAL ASSETS	$ 222,000	**TOTAL LIABILITIES AND NET WORTH**	$ 233,000

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	MIFU	C96801N	JL6BBG1S26K000954	8,000
2013	ISUZU	D47765F	JALE5W169D7301634	19,500
2022	ISUZU	D91038D	54DK6S1F1NSA50826	26,000

*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: **SIMON PETER AMAH**	Position: **GOVENOR**

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: **SIMON PETER AMAH**	Position: **GOVENOR**

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: **SIMON PETER AHAH**	Position: **GOVENOR**

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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: **SIMON PETER AMAH**	Date: **08/26/2025**

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.

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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: **Northwest Small Moving**

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Lindsay Gatz, Owner, von Rocko LLC

Address (include street address, mailing address, city, state, zip, and county):
7954 39th Ave S
Seattle WA 98118

Phone Number: **3602204220** Email: **lindsay@vonrocko.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 are a home staging business that relies on third party movers to complete our jobs

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 a growing business with growing 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:

While we are a Washington LLC, our sole purpose for needing a residential moving company is that we need smaller sized trucks to accommodate residential staging jobs

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.

Lindsay Gatz		**08/02/2025**
Printed Name of Person Completing Form	Signature	Date

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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: Simon Amah

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Maureen Van Hollebeke, Real Estate Broker, Lake & Company

Address (include street address, mailing address, city, state, zip, and county):
9612 Fremont Ave N
Seattle, Wa 98103
King Co.

Phone Number: **206-349-2447** Email: **maureen@lakere.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 use Simon's company on a regular basis to move my staging in and out of real estate listings.

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:

Moving staging and helping my real estate clients with their moving needs. Lot's of moving going 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:

Simon has always been readily available when I need a mover. Sometimes with not much notice. He and his team do a great job and charge a fair price. I always recommend his company to my clients and friends.

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

Simon always conducts his business with integrity and care. I highly recommend him for this permit.

08/08/25

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

Printed Name of Person Completing Form	Signature	Date
Maureen Van Hollebeke	AuthentiSIGN Maureen Van Hollebeke	08/08/25

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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: **Simon Amah(Northwest Small Moving)**

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Joseph Schwager, Owner, Top Dog Logistics LLC

Address (include street address, mailing address, city, state, zip, and county):
334 South 69th Place
Ridgefield, WA 98642

Phone Number: **360-644-4249** Email: **joseph@topdogtruck.com**

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

Yes, I use Northwest Small Moving LLC for my 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:

I operate freight logistics services, so I am always in need of moving help. I always need movers to help offload our trucks.

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 am always in need of moving hands around Seattle area because of the nature of my business, so granting a permit to Northwest Small Moving LLC will ensure continuity in an already established good business relationship.

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

Simon and his crew are excellent group of men. They have always showed up whenever I needed them and always have done amazing work. Simon deserve the permit.

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

Joseph Schwager	Joseph schwager	**08/26/2025**
Printed Name of Person Completing Form	Signature	Date