

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

Fee Required

\$ 550

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

FOR OFFICIAL USE C	NLY			
Date Filed:	DOL/SOS:	ID:	Docket #	
	Insurance:	5153	THG- 068636	
Payment #	111-0268-207-02	111-0268-013-20	\$ 250.00	

Type of Household Goods Authority Requested - check one

permanent authority is a one-time fee. Complete pages 3-8 and Attachment A.

Provisional and permanent authority. The fee for provisional, and then

Permanent authority to transfer resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis). Complete pages 3-8, Attachment B as well as a closing annual report	\$ 550					
Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete pages 3-8 and Attachments B & C.	\$ 250					
Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in <u>WAC 480-15-450</u>). Complete pages 3-5 and include a statement justifying the reinstatement.	\$ 250					
Name Change or Addition of d/b/a — Complete pages 3-5 and Attachment D.	\$ 35					
BUSINESS INFORMATION						
Legal Name: Making Moves, LLC:						
Trade Name, if applicable	- 1					
Physical Address 5911 Upland Terraco South Seatle, WA						
Mailing Address Same as above	98118					
Telephone Number (206) 970-0496 Email: Makingmoves seattle angilion						
Contact Name: Grant (206) 920-0496 Robert (206) 384-5073						

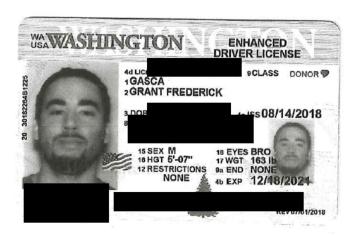
DUCINICS INFORMATION CONTINUED					
BUSINESS INFORMATION - continued					
USDOT #: 3477988 If you do not have a USDOT number, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.					
Is your business registered with the Department of Revenue? No Yes Business License/UBI #: 603 34.7 707 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 <u>WAC 480-15-555</u> , 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 <u>WAC 480-15-302</u> and <u>305</u> . We all a Z man company. We all the operators.					
TYPE OF BUSINESS STRUCTURE					
☐ Individual ☐ Partnership ☐ Corporation ☐ Other (LP, LLP, LLC) State of Incorporation List the name, title and percentage of partner's share or stock distribution for major stockholders:					
Name Grant Gasca Owner Operator Stock Distribution or % of Shares Soft Cohert Vargas Owner Operator Soft Soft					
Provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.					
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 will provide quality moves like we have done for the last few years. We specialize in apartment moves					
2. Briefly describe your experience in the transportation/household goods moving industry: Quality moves at quality price. We have years o experience at owner operators and will continue our too					

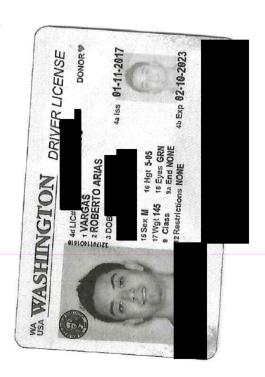
REDACTED per RCW 42.56.230

3.	Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property? No Yes If yes, please indicate your permit number 165557					
4.	Have you ever applied for and been denied a permit to operate as a motor carrier of property 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 $\ \square$ No $\ \square$ Yes					
7.	Do you operate interstate as an agent of another company? ☐ No ☐ Yes If yes, what is the name of the company?					
8. Do you have, or have you ever had a business-related legal proceeding against you in Washin or in any other state? ☐ No ☐ Yes If yes, please list below:						
	Type of Legal Proceeding	Date	State			
	v v					
			st.			
	*attach additional pages if necessary					
9.	Has any person named in this application ever b burglary, assault, sexual misconduct, identity the					
sale, or distribution of a controlled substance? No \square Yes If yes, please list below:						
	Type of Conviction	Date	City/State			
-						
	*attach additional pages if necessary					
			lavara en Camanalaria a			
10	Has any person named in this application, been rules? No □Yes If yes, please list below:	cited for violation of state	laws or Commission			
[Violation	Date	RCW/WAC			
ŀ						
l	*attach additional pages if necessary	*attach additional pages if necessary				

11. If you would like to receive information about new household goods carriers, check here

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Rejustatement of Permit Statement: To whom it may concern : we, the owners operators of making moves, LK; sincerely applogize For allowing our permit status to expire. It seems there was arrissue with our cargo insurance not reporting that we had revowed our yearly policy with them. Although we did venew befored the policy expired we apolypte for not doing more to ensure our insmance company reported that our instanance policy had been renewed. We look Forward to being reinstated so that we can continue to at a competitive price oplease strongly consider our statement, and reinsteads our Household goods moving permit. Thank Your PV