

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

## HOUSEHOLD GOODS MOVING COMPANY - NEW COMPANY APPLICATION

You are required to have a permit from the bmmission before operating as a household goods moving (HHG) company in Washington state. You must attend mmission-sponsored training prior to receiving your provisional permit. Household Goods Training information can be found HERE. If you cannot wait until the next training, you may come to a mmission-sponsored orientation, however, you will also be required to attend a later training. All other application requirements must be met to schedule an orientation. This application contains the following information:

- Application Form and Attachments
- Checklist
- WAC 480-15 Rules Relating to Household Goods Carriers
- Your Guide to a Satisfactory Safety Rating

### **Insurance Requirements**

File and maintain Public Liability and Property Damage Insurance (Form E) with the commission covering all vehicles operating under your household goods permit. Additionally, file and maintain Cargo Insurance (Form H). Retain proof of insurance coverage at your office and have it available for inspection by commission staff.

### Insurance minimum limits are:

	• \$300,000 combined single limit of public liability and property damage insurance (Form E) and • \$10,000 cargo insurance (Form H).	
Vehicles 10,000 GVWR and more	• \$750,000 combined single limit of public liability and property damage insurance (Form E) and • \$20,000 cargo insurance (Form H).	

### FILING YOUR APPLICATION

The Commission has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1243 or The Washington Relay Service at 7-1-1 or 1-800-833-8384.

Select one of the following:

- Scan/PDF your application to efileapp.utc.wa.gov and pay online at payments.utc.wa.gov
- Mail your application with your check or money order to the following address: UTC, PO Box 47250, Olympia, WA 98504-7250
  - O PROCESSING MAILED APPLICATIONS WILL BE SIGNIFICANTLY DELAYED

ACH on-line (no service fee) or credit card on-line at payments.utc.wa.gov (2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing).

## DO NOT EMAIL YOUR CREDIT CARD INFORMATION

2-2022 Page **1** of **7** 



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## **CHECKLIST**

Ensure the following items are included with your Household Goods Moving application:

New Provisional Application			
Completed application	and fee		
Register with Departm	ent of Labor & Industries		
Register with Employm	nent Security Department		
Register with Department	ent of Revenue/Business Licensing Sen	vice (UBI#)	
Register with Secretary	y of State's Office (if corporation or LLC)	or breament Court of the	
Completed required Ho	ousehold Goods Industry Training		
Copy of valid driver's I	license or government issued photo ID	card for each pe	erson named in the
	a separate document)	THO THE .	
Evidence of enrollment	t in a drug and alcohol testing program,	or evidence that	you have in place your own
THE PARTY OF THE P	ng program, if your company operates	commercial vehi	cles and has CDL drivers.
See 49 CFR 382(e) and			
Evidence of insurance -	- combined single limit of public liability	and property dar	mage (Form E) and cargo
insurance (Form H)			
	or more completed statements of suppo	ort from people in	the community supporting
the proposed service			
	HOUSEHOLD GOODS MOV	ING COMPA	NY
	PERMIT APPLICA	ATION	
	FOR OFFICAL USE ONL	Y	
Date Filed: 10/2/2023	Company:		Docket #:
Receipt ID:	Payment ID: 22294	Amount	Paid: \$550
111-0268-207-02	111-0268-032-20		
Type of Household God	ods Authority Requested - Check	One	<u>Fee</u>
			¢cco
nermanent authorit	rmanent authority. The fee for provision ty is a one-time fee. Complete pages 3-7	nai and then 7 and Attachment	\$550 - A
MOIE: PELKLW VI.	80.075(2), applications must be on tile	WILLIE	
	.80.075(2), applications must be on file least 30 days before issuance.	WILII LIIE	
	east 30 days before issuance.	with the	
commission for at least the Reinstatement of p	east 30 days before issuance.  Dermit Must be filed within 30 days of care.	ancellation, depe	<b>7-5-0</b>
Reinstatement of pon criteria set forth	least 30 days before issuance.  Dermit Must be filed within 30 days of call in WAC 480-15-450. Complete pages 3	ancellation, depe	de a
Reinstatement of pon criteria set forth statement justifying	east 30 days before issuance.  Dermit Must be filed within 30 days of call in WAC 480-15-450. Complete pages 3 the reinstatement. Business Letter for	ancellation, depe and 7, and include mat is preferred.	de a
Reinstatement of pon criteria set forth statement justifying If longer than 30 da	east 30 days before issuance.  Dermit Must be filed within 30 days of call in WAC 480-15-450. Complete pages 3 g the reinstatement. Business Letter for ays after cancellation, you may not rea	ancellation, depe and 7, and include mat is preferred.	de a
Reinstatement of pon criteria set forth statement justifying If longer than 30 da WAC-480-15-302(1:	ermit Must be filed within 30 days of call in WAC 480-15-450. Complete pages 3 g the reinstatement. Business Letter for ays after cancellation, you may not rea 1).	ancellation, depe and 7, and included mat is preferred.	de a
Reinstatement of pon criteria set forth statement justifying If longer than 30 da	ermit Must be filed within 30 days of call in WAC 480-15-450. Complete pages 3 g the reinstatement. Business Letter for ays after cancellation, you may not rea 1).	ancellation, depe and 7, and included mat is preferred.	de a

2-2022 Page 2 of 7



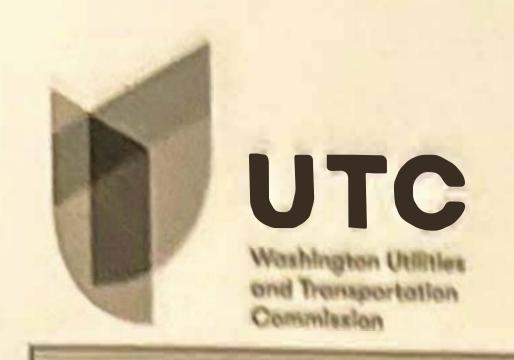
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	Section 1 - BUSINESS INFORMATION	
Legal Name: Heezy Haulers	tended Lagring to the year of tended and the	
Trade Name, if applicable:		
Physical Address: 418 Bellevue Av	e E, 401, Seattle, WA 98102	
Mailing Address:		
Telephone Number: 4258880612	Email: contact@hee	zyhaulers.com
Contact Name: Sohel Bootwala		
USDOT#: 411256 If you do not h	ave a USDOT number, go on-line at https	://cms8.fmcsa.dot.gov/registration to
apply or call 360-596-3812 for assistan	DOT: 4112516	
Is your business registered with the	Department of Revenue? No	Yes
Business License/UBI#: 605282110		
Department of Labor & Industries	(L&I) Worker's Comp Account #:	
<b>Employment Security Department</b>	(ESD) registration #:	
If you will not be setting up an account wit	th L&I or ESD because you do not have employ	yees, please explain how you plan to obtain
workers. Per WAC 480-15-555, a criminal b	background check must be completed on each	person you intend to hire. If you intend to
hire day labor from a temp agency, they m	ust perform the criminal background check. F	Refer also to WAC 480-15-302 and 305.
A yes, givense indicate quir becari		
Type liere interstate simulation ha		
Do you operate internate as an ap		
I diver which is the name of the o		
The son completed committee of	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 distribu	tion for major stockholders:
Name	Title	Stock Distribution/% of Shares
Sohel Bootwala	Owner	50
Mahir Dzelil	Owner	50

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	The second second second	
Describe the services you wish to provide. Explain how your services will enhance competition, or fill an unmet need for service:	e customer cho	ice, promote
There is an unmet meet for household movers in the greater Seattle	o land area W	Vo will be
providing reliable moving company to locals for local moves with a We strive to use technology to reduce redundancy and increase eff	transparent p	ricing model.
Briefly describe your experience in the transportation/household goods moving	industry:	
With over 5 years in the moving industry working at a Two Men and dispatcher, and team lead.	la Truck as a	mover, driver,
Do you currently hold, or have you ever held, a Household Goods permit in Was	hington?	Now House I was
No Yes If yes, please indicate your permit number:		
Have you ever applied for and been denied a Household Goods permit in Wash	ington?	
No Yes If yes, please explain:	yes here	
	link/Soles -	
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 Registrat	tion? No	Yes
7. Do you operate interstate as an agent of another company? No Yes		
If yes, what is the name of the company?		
Totale and Totales	II data	
8. Have you completed commission-sponsored training? No Yes If "yes	s" date:	
9. Will you be employing CDL drivers? No Yes		
If "yes", you must attach evidence of enrollment in a drug and alcohol testing pro	gram.	
places answer the following questions completely. If there are multiple per	sons listed in t	his application
with legal proceedings or criminal convictions to declare, provide document	tation on a sepa	in a consider the contract to
10. Does any person named in this application have, or has ever had a business-related washington state, or in any other state?  No Yes If "yes" please list be	ed legal proceed elow*:	ing against you in
Type of Legal Proceeding	Date	State
ESTATE OF THE STATE OF THE STAT	N 74119254	
*attach additional pages if necessary		



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1	1. Has any person named in this application exmisconduct, identity theft, fraud, false state substance? No Yes If yes, please	ements, or the	e manufacture,	me involving theft, sale, or distribution	burglary, assa of a controll	ault, sexual ed
-	Type of Convicti	on		Date	S	tate
	THE RESIDENCE OF REAL PROPERTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE					-
1	THE WALL STREET, STREE	margineril is	In a residencia	Perganal sale, Perch	B HO Fall	
•	attach additional pages if necessary	THE RESERVE	Column Eroden	Transport of the same of the s	ak /	
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		THE PART	Date of conviction	RCW/	WAC
			Green Cutton III.	of fat roth differ.		
The second secon						
*attach additional pages if necessary  13. If you would like to receive information about new household goods carriers, check here						
	Secti	on 3 - FINAN	CIAL STATEM	ENT	THE RESERVE	
	Complete the following or attach	a balance she	eet, profit and le			
	Assets		Liabilities			THE PERSON NAMED IN
	Cash in Bank	\$14800	Salaries/Wag	ges Payable		
	Notes Received	mhislet un	Accounts Par	yable	TOTAL TITLE DIVE	
	Investments		Notes Payab	le	or of the later	
	Other Current Assets	Du must ens	Mortgages P	ayable		\$25000
	Prepaid Expenses		Total Liabilit	ies		
	Land and Buildings		Net Worth			
	Trucks and Trailers	\$9000	Preferred St	ock		

# 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.

23800

Year	Make	License Number	Vehicle ID (VIN)	GVW
2004	SHZH		JALE5B14347902254	16000
mention a				
			Contract of the second	
Series				

Common Stock

Capital

Retained Earnings

TOTAL LIABILITIES AND NET WORTH

2500

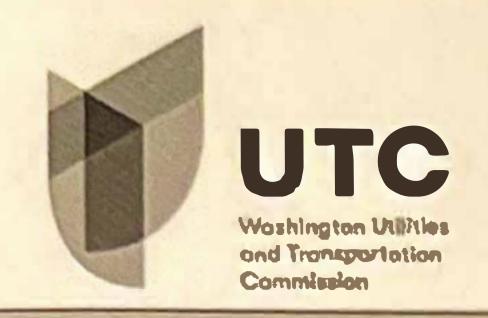
Office Furniture

Other Assets

TOTAL ASSETS

Other Equipment

<sup>\*</sup>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:	Position:
Section 6 - OPERATION	IAL RESPONSIBILITIES
Identify the person and position responsible for understanding shown below.	ng and complying with the requirements of each category

Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

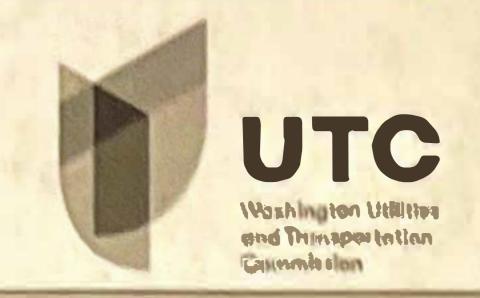
Name: Cahel Bootvala

Position: Owner

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: So hel Bootwala Position: Owner

2-2022 Page 6 of 7



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# Section 7 - DECLARATION OF APPLICANT

INITIAL DE	I understand that filling this application does not in itself constitute authority to operate as a homover.	ousehold goods
B	As the applicant for a household goods permit, I understand the responsibilities of a motor carrier in compliance with all local, state, and federal regulations governing businesses, including house movers, in the state of Washington.	rier and I am sehold goods
1/B	I understand that if the commission grants my application as a new entrant, I will receive temperovide service as a household goods carrier on a provisional basis for at least six months. Duri commission will evaluate whether I have met the criteria in WAC 480-15-305 to obtain permanalso understand that I must comply with all conditions placed on my temporary permit and that will result in cancellation of my permit.	nent authority. I
JB	My employees are sufficiently trained to comply with commission rules regarding estimates, be and charges and terms and conditions of household goods moves. In addition, my employees a trained to comply with commission rules regarding vehicle operation, maintenance, and all oth requirements. My company will provide a copy of the customer survey to each customer for w transportation service.	er safety
JB	I understand the commission will complete a criminal background check on each person named	d in the application.
18	I certify or declare under penalty of perjury under the laws of the state of Washington that the contained in this application is true and correct.	information
Applie	cant Name: Sohel Bootwaln	Date:   /1/2023

# Section 8 - ADDITIONAL REQUIRED ATTACHMENTS

J	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.