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 Lacey, WA 98503
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
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HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID:	Docket #
	Insurance:		THG-
Payment #	111-0268-207-02	111-0268-013-20	

- | <u>Type of Household Goods Authority Requested – check one</u> | <u>Fee Required</u> |
|--|---------------------|
| <input checked="" type="checkbox"/> Provisional and permanent authority . The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A. | \$ 550 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> Permanent authority to transfer under the exceptions in WAC 480-15-187 . Complete pages 3-8 and Attachments B & C. | \$ 250 |
| <input type="checkbox"/> Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450). Complete pages 3-5 and include a statement justifying the reinstatement. | \$ 250 |
| <input type="checkbox"/> Name Change or Addition of d/b/a – Complete pages 3-5 and Attachment D. | \$ 35 |

BUSINESS INFORMATION

Legal Name: Superheroes Moving and Storage

Trade Name, if applicable Ryan's Moving Service

Physical Address 3702 46th Ave Ne , Tacoma, Wa 98422

Mailing Address 3702 46th Ave Ne, Tacoma, wa 98422

Telephone Number (253-330-4803) Email: rsdoherty88@gmail.com

Contact Name: Ryan Doherty

BUSINESS INFORMATION - continued

USDOT #: 3373649 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 #: 604 514 590 Department of [Labor & Industries](#) (L&I)
Worker's Comp account # pending

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

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 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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or % of Shares</u>
Ryan Doherty	managing member	100%

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: Providing moving and storage for residential and commercial customers with affordable, transparent pricing with ability to book moves online at superheroesmoving.com

2. Briefly describe your experience in the transportation/household goods moving industry: Worked for On the Go Moving in Redmond. Worked independently doing moves advertising on craigslist. experience moving over 20 residential homes.

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 _____

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 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. Do you have, or have you ever had a business-related legal proceeding against you in Washington, or in any other state? No Yes If yes, please list below:

Type of Legal Proceeding	Date	State

*attach additional pages if necessary

9. 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	City/State

*attach additional pages if necessary

10. Has any person named in this application, been cited for violation of state laws or Commission rules? No Yes If yes, please list below:

Violation	Date	RCW/WAC

*attach additional pages if necessary

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

FINANCIAL STATEMENT

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

Assets		Liabilities	
Cash in Bank	\$ \$40,000	Salaries/Wages Payable	\$
Notes Receivable	\$	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	\$ See business plan	TOTAL LIABILITIES & NET WORTH	\$ See business plan

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 Number	GVW
2015	international		3HAMMAAL1FL515598	25999 lbs

SAFETY AND 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.**

SAFETY RESPONSIBILITIES

List the person and position responsible for understanding and complying with the [Federal Motor Carrier Safety Regulations \(FMCSR\)](#) and Washington State Laws 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

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).

<p>Name: Ryan Doherty</p>	<p>Position: Business owner</p>
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OPERATIONAL RESPONSIBILITIES

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

Name: Ryan Doherty	Position: Business Owner
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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 and 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: Ryan Doherty	Position: Business Owner
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If you would like to receive information about new household goods carriers, check here

DECLARATION OF APPLICANT

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.

Ryan Doherty



1-1-2020

Print name of applicant

Signature of Applicant

Date



Business Plan

Company overview

Superheroes Moving and Storage aims to be a moving leader in the Puget Sound region by providing the best customer service and the most convenience for customers.

Customer Service:

As the founder of Superheroes Moving and Storage, I come with experience in the industries of sales, service, quality, customer service, and logistics working for companies that lead in all those areas. I will take that knowledge and apply it to Superheroes Moving and Storage by creating standard operating procedures which will help guide the company. I will not just put guys in a truck and send them to a job. Our employees will be trained in customer service, correct packing, and moving techniques to minimize damage as well as injury.

Part of the business model is to not only be profitable and build a strong brand, but our other goal is to train employees with new skills they can take with them if or when they leave the moving industry.

Convenience:

We will provide convenience for our customers by creating a website developed with quoting software built in that shows customers a quote and allows them the convenience of booking their move on the website. This convenient feature is missing from most moving companies in the Puget Sound region. My market analysis shows only a couple of companies who use this software. We partnered with a leading CRM company that has developed this software for use by moving companies around the United States.

Marketing and Advertising:

Our main focus is on the internet. We aim to continually improve our rankings online by earning 5 star reviews. We are partnering with a software company to help guide us by developing a PayPerClick campaign and Search Engine Optimization techniques. We will be partnering with some service referral companies as well as Yelp, Angies list, HomeAdvisor, etc. I have networked with a few real estate agents as well, so this should help us. And of course, good old flyers handed out to apartments and the like.

We understand that starting out, organic search ranking will be low, so we will be advertising heavily on Craigslist at reduced rates to build a referral base and a reputation.

Our moving trucks will be equipped with our company logo as well.

Financials

Capital to work from: \$40,000 loan

Being used to invest in:

\$1500 advertising for 90s days of PPC-will adjust as necessary

\$2500 for warehouse/office lease per month

\$900 a month truck payment (2015 International 4300 26ft truck)

\$600 a month insurance payment

\$380 a month for moving CRM software and website maintenance

\$950 a month for business loan repayment

\$100 a month business phone and internet

\$? miscellaneous/background checks

\$? Fuel expenses



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: Ryan Doherty

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<u>Robert Hines, Software developer, Carbonetti Corsa</u>
Address (include street address, mailing address, city, state, zip, and county):	<u>19206 18th Ave NE, Shoreline, WA 98155</u>
Phone Number:	<u>(206) 708-0117</u>
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:	<u>Appliance delivery and drop-off, Piano moving.</u>
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:	<u>Will be moving to next house within the next year.</u>
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:	<u>I see a desperate need for reliable and affordable moving services that are easy to book. There are not enough reliable companies right now.</u>
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	<u>Ryan is a standup guy and I am confident in his ability to provide great services to Washington residents.</u>
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
_____ Signature of Person Completing Form	<u>1.2.2020, Shoreline, WA</u> Date and Location



ATTACHMENT A

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Applicant Name: Ryan Doherty

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Jaron Witsoe - Realtor - Jaron Witsoe Homes
Address (include street address, mailing address, city, state, zip, and county):	2209 North Pearl Street #200 Tacoma WA 98406
Phone Number:	253-304-7383
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:	As a realtor I have clients in need of a moving company service quite often. It is hard to find someone who is reasonably priced with great service.
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:	Same reason as stated in the previous question. My clients are always in need of a moving company and I meet new clients constantly.
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:	When this business is up and running, I will be able to provide a sound resource for my clients moving needs, this will help position my business as a trusted business as well.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	Ryans background at Boeing will ensure a targeted focus on systems and processes within his company. He plans to focus on excellent customer service and I know he can do it!
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
Signature of Person Completing Form	1/4/2020 Tacoma, WA Date and Location



ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: Ryan Doherty

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Jordan Carter, Owner, Jordan Carter Insurance Agency LLC
Address (include street address, mailing address, city, state, zip, and county):	1201 Monster Rd SW Suite 300 Renton WA 98057
Phone Number:	425-770-2714 (cell)
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:	Used a company in April when we moved to new house in Kirkland
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:	If/when we buy our next home
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 benefit our community as the company is being started/ran by a very caring, trusted, capable professional in Ryan Doherty
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	Nothing else to consider - the community will be in excellent hands
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<i>Jordan Carter</i>	01/03/2020 3:40 PM PST
Signature of Person Completing Form	kirkland WA
	Date and Location



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Applicant Name: Ryan Doherty

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Kim McQuirk - Owner HIL Facility Services Inc.

Address (include street address, mailing address, city, state, zip, and county):
3209 N. WILK Rd. # 3209-112
Arlington Heights IL 60004 Cook County

Phone Number: 208 867 0274

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:
I may be moving to Washington State in the next couple years

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 benefit the community by offering a safe affordable honest moving company to those needing/wanting to work with a local family owned business.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Ryan is a hardworking honest and upstanding member of the community who is smart & ambitious and will help the community by providing a good service and help the economy by generating work.

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

[Signature] 1-3-2020 arlington hts
 Signature of Person Completing Form Date and Location IL 60004

WA USA WASHINGTON DRIVER LICENSE



Ryan S

3M160674B1705

4d LIC# [REDACTED]

1 DOHERTY

2 RYAN S

3 DOB [REDACTED]

8 [REDACTED]

15 Sex M 16 Hgt 5-10

17 Wgt 160 18 Eyes BRN

9 Class 9a End 3

12 Restrictions F

4a Iss 03-07-2016



4b Exp 02-25-2021

5 DD [REDACTED]

Rev 09-16-2009