



HOUSEHOLD GOODS MOVING COMPANY - TRANSFER APPLICATION

You are required to have a permit from the commission before operating as a household goods moving (HHG) company in Washington state. You must attend a commission-sponsored training prior to receiving your provisional permit. Please see the upcoming dates at <http://www.utc.wa.gov/hhgtraining>. If you cannot wait until the next training, you may come to a commission-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 (attachments [here](#))
- 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:

Vehicles under 10,000 GVWR	<ul style="list-style-type: none"> • \$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	<ul style="list-style-type: none"> • \$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

ACH online (no service fee) or credit card online 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



CHECKLIST

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

Transfer an existing household goods moving company:

- Completed application and correct fee
- Register with **Department of Labor & Industries**
- Register with **Employment Security Department**
- Register with **Department of Revenue/Business Licensing Service (UBI #)**
- Register with **Secretary of State’s Office** (if corporation or LLC)
- Completed required **Household Goods Industry Training**
- Copy of valid driver’s license or government issued photo ID card for each person named in the application
- Evidence of your enrollment in a drug and alcohol testing program, or evidence that you have in place your own drug and alcohol testing program, *if your company operates commercial vehicles and has CDL drivers. See 49 CFR 382(e) and 383.5*
- Attachments B & C
- Closing annual report from the current company
- Evidence of insurance - combined single limit of public liability and property damage (Form E) and cargo insurance (Form H)

**HOUSEHOLD GOODS MOVING COMPANY
 PERMIT APPLICATION**

FOR OFFICIAL USE ONLY			
Date Filed:	Company:		Docket #:
Receipt ID:	Payment ID:	Amount Paid:	
111-0268-207-02	111-0268-032-20		

Type of Household Goods Authority Requested – Check One

Fee

- 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 3-7, and Attachment B as well as submitting a closing annual report. **\$550**
- Permanent authority to transfer under the exceptions in **WAC 480-15-187**. Complete pages 3-7 and Attachments B & C. **\$250**



Section 1 - BUSINESS INFORMATION - To Be Completed by the Company Assuming the Permit Authority

Legal Name:

Trade Name, if Applicable:

Physical Address:

Mailing Address:

Telephone Number:

Email:

Contact Name:

USDOT#: _____ If you do not have a USDOT number, go on-line at <https://cms8.fmcsa.dot.gov/registration/forms> to apply or call 360-596-3812 for assistance.

Is your business registered with the **Department of Revenue**? No Yes

Business License/UBI#:

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 **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

List the name, title and percentage of all partners' share or stock distribution for major stockholders:

Name	Title	Stock Distribution/% of Shares
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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.



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:

2. Briefly describe your experience in the transportation/household goods 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#

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

*attach additional pages if necessary



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		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

*attach additional pages if necessary



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.**

h (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.

k (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.

o (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.

U (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:
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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:	Position:
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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 & 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:	Position:
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Section 7 - DECLARATION OF APPLICANT

INITIAL

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.

Applicant Name:

Date:

Section 8 - ADDITIONAL REQUIRED ATTACHMENTS

For 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 *ATTACHMENT B – TRANSFER OF HOUSEHOLD GOODS AUTHORITY* as well as submitting a closing annual report.

For Permanent authority to transfer under the exceptions in [WAC 480-15-187](#), complete pages 3-7 and *ATTACHMENTS B & C – TRANSFER OF HOUSEHOLD GOODS AUTHORITY* pages 1 and 2.



ATTACHMENT B

Transfer of Household Goods Authority Per **WAC 480-15-187**

Current Legal Name on Permit (Seller):

Current Trade Name on Permit (Seller):

Address (Seller):

HG or THG Permit Number:

Phone Number (Seller):

Does the transfer of this permit fall under the provisions of **WAC-480-15-187(2) or (3)**?

No Yes If yes, please complete page 2 / Attachment C.

Have all fines or penalties owed to the commission been paid? No Yes

A closing annual report must have been filed with the commission by the current company.

A customer may file a loss or damage claim for up to nine months following a move and may file a loss or damage lawsuit for up to two years following a move. Who will be responsible for handling claims filed by customers for loss or damage that occurred on moves taking place prior to the sale and transfer?

Contact name:

Contact phone number:

Contact email address:

RELEASE OF AUTHORITY

I, the seller, have sold or otherwise released interest in my household goods permit number HG- to the following:

Legal Name of Buyer:

Trade Name of Buyer:

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

Name and Title of Seller

Signature

Date

Name and Title of Buyer

Signature

Date

TRANSFER OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER EXCEPTIONS IN [WAC 480-15-187\(2\)](#) or [\(3\)](#)

1. The commission will grant an application to transfer existing permanent authority, without requiring a provisional permit, public notice or comment, if the applicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of permanent authority for any one of the following reasons (check one, if applicable):
 - A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to a spouse or to one or more remaining partners;
 - A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
 - A sole proprietor has died, the sole proprietor devised or bequeathed the company by will, and the applicant is seeking transfer of the permit in accordance with the bequest or devise set forth in the will.
 - An individual has incorporated and the same individual remains the majority shareholder;
 - An individual has added a partner but the same individual remains the majority partner;
 - A corporation has dissolved and the interest is being transferred to the majority shareholder;
 - A partnership has dissolved and the interest is being transferred to the majority partner;
 - A partnership has incorporated and the partners are the majority shareholders; or
 - Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

Documentation supporting the checked box above must be included with your application. You may submit a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without requiring a provisional permit after the application has been published on the application docket subject to comment for thirty days if the applicant is fit, willing, and able to provide service, the applicant has filed to transfer control of permanent authority, and all the following conditions exist:
 - Ownership of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:
 - a. Has the permit been actively used by the current owner to provide household goods moving services during the twelve-month period prior to the application? No Yes
 - b. Provide a certified statement from the applicant and the current owner explaining why the transfer is necessary to ensure the company's economic viability.
 - c. Provide a certified statement from the applicant and the current owner describing the steps taken by the parties to ensure that safe operations and continuity of service to customers is maintained.



ATTACHMENT B

Transfer of Household Goods Authority
Per WAC 480-15-187

Current Legal Name on Permit (Seller): **Laron Williams**

Current Trade Name on Permit (Seller):

Address (Seller): **24111 Hwy 99, Suite 303, Edmonds WA, 98026**

HG or THG Permit Number: **HG11846**

Phone Number (Seller): **425-508-0862**

Does the transfer of this permit fall under the provisions of WAC-480-15-187(2) or (3)?

No Yes If yes, please complete page 2 / Attachment C.

Have all fines or penalties owed to the commission been paid? No Yes

A closing annual report must have been filed with the commission by the current company.

A customer may file a loss or damage claim for up to nine months following a move and may file a loss or damage lawsuit for up to two years following a move. Who will be responsible for handling claims filed by customers for loss or damage that occurred on moves taking place prior to the sale and transfer?

Contact name: **Laron T Williams**

Contact phone number: **425-745-7559**

Contact email address: **movers@carefulmovers.net**

RELEASE OF AUTHORITY

I, the seller, have sold or otherwise released interest in my household goods permit number HG- 11846 to the following:

Legal Name of Buyer: **Laron T Williams**

Trade Name of Buyer: **All Star Transfer, Laron Williams Inc.**

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

Laron Williams

Name and Title of Seller

Signature

2/18/25

Date

Laron T Williams

Name and Title of Buyer

Signature

2/18/25

Date



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: All Star Transfer, Laron Williams Inc

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Stephen C Grey & Associates, LLC

Address (include street address, mailing address, city, state, zip, and county): 2501 N Northlake Way, Ste #201 Seattle, WA 98103

Phone Number: 206-748-3873 Email: kristinep@scga.com

Do you currently need the services of a residential household goods moving company? [X] 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 [X] Yes If yes, please describe your future moving needs: Tenant/Resident Move-In and/or Tenant/Resident Move-Out Services

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:

The availability of a household goods moving service is important to residents and businesses in the local community. One benefit is the drivers of the large moving vans. There are individuals who don't feel comfortable driving large moving vans and hiring a household goods moving service is important to them so household goods can be transported safely. Another benefit is the employees that assist in loading/unloading the moving vans. There are individuals who aren't capable of loading/unloading items safely/easily and need assistance.

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.

Kristine Phillips, Property Manager Printed Name of Person Completing Form

Kristine Phillips Signature

12/16/2024 Date

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: All Star Transfer, Laron Williams Inc

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Jacob Pleinis, Transportation Technician, WSDOT

Address (include street address, mailing address, city, state, zip, and county): 1131 E Quilcane Rd, PO Box 591, Quilcene WA 98376

Phone Number: Email:

Do you currently need the services of a residential household goods moving company? [X] No [] Yes If yes, please describe your current moving needs: Not currently But where I live we need household movers.

Do you anticipate a future need for the services of a residential household goods moving company? [] No [X] Yes If yes, please describe your future moving needs: going to buy a house and need someone to move me in.

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 live in a small town and there is no movers close or far and willing to travel but Allstar transfer would provide that.

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.

Jacob Pleines Printed Name of Person Completing Form [Signature] Signature 1/5/25 Date

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: All Star Transfer, Laron Williams Inc

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

KATIE RANCICH OWNER LOCKYSTAR, SEQUIM

Address (include street address, mailing address, city, state, zip, and county):

680 West WA #104 SEQUIM WA

Phone Number:

Email:

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:

SELL FURNITURE & DELIVER RESIDENTIAL

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:

NOT MANY LOCAL MOVERS HERE.

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

FAMILY OWNED & OPERATED = BIG PLUS

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

KATIE RANCICH

Printed Name of Person Completing Form

[Handwritten Signature]

Signature

1/6/25

Date