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HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed: 03/12/2020	DOL/SOS:	ID: Kingdom Mover, LLC	Docket # TV-200174
	Insurance:		THG- THG-068753
Payment # 10954	111-0268-207-02	111-0268-013-20	

Receipt ID:

- | <u>Type of Household Goods Authority Requested – check one</u> | <u>Fee Required</u> |
|--|---------------------|
| <input 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 checked="" type="checkbox"/> Name Change or Addition of d/b/a – Complete pages 3-5 and Attachment D. | \$ 35 |

BUSINESS INFORMATION

Legal Name: Kingdom Mover, LLC _____

Trade Name, if applicable _____

Physical Address _____ 2721 NE 130th St Seattle, WA. 98125 _____

Mailing Address _____ Same as above _____

Telephone Number (206) ___ 717-4478 _____ -

Email: _____ peter@kingdommover.com _____

Contact Name: _____ (Peter) Pye
Lin _____

BUSINESS INFORMATION - continued

USDOT #: ___ 3251897 _____ 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 #: ___ 604387066 _____ Department of [Labor & Industries](#) (L&I) Worker's Comp account # _____ 68142500 _____

[Employment Security Department](#) (ESD) registration # ___ 000-797734-00-7 _____

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 LLC 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>
PYE LIN _____	Owner _____	100% _____
_____	_____	_____
_____	_____	_____

Provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.

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



ATTACHMENT D

CHANGE OF CORPORATE/INDIVIDUAL NAME ([WAC 480-15-400](#))

This application is for name change only and *does not* involve a change in ownership, management, or control of the household goods operating authority. You *may not* advertise to operate under the changed name until a permit is issued in the new name. A company must file a name change application to:

- Change a corporation’s name
- Change an individual’s name
(may be sole proprietor or individual in a partnership)
- Change or add a trade name

Current Name on Permit: _____ Kingdom Mover,
LLC _____

Current Trade Name,
d/b/a: _____ None _____

Address: _____ 2721 NE 130th ST Seattle WA 98125

Phone Number: _____ (206)717-4478 _____ USDOT
#: _____ 3251897 _____

Email Address:
_____ peter@kingdommover.com _____

If a corporation, list names, titles, stock distribution or major stockholders under the current name:

I request the name on household goods permit (T)HG-__68753_____ be changed to:

New Name: ___ No Change _____

New Trade Name, d/b/a (if applicable): ___ Kingdom
Movers _____

Address (if changed) __ 2721 NE 130th ST Seattle , Wa
98125 _____

If a corporation, list names, titles, stock distribution or major stockholders under the new name:

I certify that this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information is current and valid.

Pye Lin (owner)

3/12/2020

Name and Title of Applicant

Date