



CHECKLIST

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

New Provisional Application

- Completed application and 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 (upload as a separate document)
- Evidence of 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.**
- Evidence of insurance - combined single limit of public liability and property damage (Form E) and cargo insurance (Form H)
- Attachment A - Three or more completed statements of support from people in the community supporting the proposed service

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

FOR OFFICIAL USE ONLY			
Date Filed: 08/09/2021	Company: Great Movers LLC	Docket #: TV-210611	
Receipt ID: 72788	Payment ID:	Amount Paid: \$550	
111-0268-207-02	111-0268-032-20		

Type of Household Goods Authority Requested – Check One

- | | <u>Fee</u> |
|---|--------------|
| <input checked="" type="checkbox"/> Provisional and permanent authority. The fee for provisional and then permanent authority is a one-time fee. Complete pages 3-7 and Attachment A. Note: Per RCW 81.80.075(2) , applications must be on file with the commission for at least 30 days before issuance. | \$550 |
| <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 and 7, and include a statement justifying the reinstatement. Business Letter format is preferred. If longer than 30 days after cancellation, you may not reapply for 12 months per WAC-480-15-302(11). | \$250 |

Household Goods Permit #: (T)HG -



Section 1 - BUSINESS INFORMATION

Legal Name: **Great Movers LLC**

Trade Name, if applicable:

Physical Address: **15150 Macadam Rd S # B303, Tukwila, WA 98188**

Mailing Address: **15150 Macadam Rd S # B303, Tukwila, WA 98188**

Telephone Number: **(425) 525-9466** Email: **greatmovers2@gmail.com**

Contact Name: **Yohannes Gedion**

USDOT#: **3665302** If you do not have a USDOT number, go on-line at <https://cms8.fmcsa.dot.gov/registration> to apply or call 360-596-3812 for assistance.

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

Business License/UBI#: **604764558**

Department of **Labor & Industries** (L&I) Worker's Comp Account #: **600,960-01**

Employment Security Department (ESD) registration #: **87-1304603**

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](#).

I have workerrs comp and L&I, but if I didn't, I would hire from temp agency that performed the creminal background check required by the WAC. I would not hire independent contreactors or day laborers from a Home Depot parkinglot as that would be illegal.

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 distribution for major stockholders:

Name	Title	Stock Distribution/% of Shares
Yohannes Gedion	Owner/ Manager	100%
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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:

I wish to provide household goods moving service for the community that needs to move within the state of Washington. I will be available for commercial moves and transport of general commodities.

2. Briefly describe your experience in the transportation/household goods moving industry:

4 Years of work experience driving a truck, loading unloading household goods and equipments.

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	\$ 5,000	Salaries/Wages Payable	
Notes Received		Accounts Payable	\$ 21,000
Investments		Notes Payable	
Other Current Assets		Mortgages Payable	
Prepaid Expenses		Total Liabilities	\$ 21,000
Land and Buildings		Net Worth	
Trucks and Trailers	\$ 16,000	Preferred Stock	
Office Furniture		Common Stock	
Other Equipment	\$ 1,500	Retained Earnings	
Other Assets		Capital	\$ 4,000
TOTAL ASSETS	\$ 22,500	TOTAL LIABILITIES AND NET WORTH	\$ 25,000

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
2007	HINO 268	C58672W	5PVNJ8JV072S50378	26000

*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.**

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: **Yohannes Gedion**

Position: **Owner/ Manager**

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: **Yohannes Gedion**

Position: **Owner/ Manager**

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: **Yohannes Gedion**

Position: **Owner/ Manager**



Section 7 - DECLARATION OF APPLICANT

INITIAL

- YG** I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.
- YG** 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.
- YG** 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.
- YG** 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.
- YG** I understand the commission will complete a criminal background check on each person named in the application.
- YG** 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: **Yohannes Gedion**

Date: **08/09/2021**

Section 8 - ADDITIONAL REQUIRED ATTACHMENTS

- 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.

HOUSEHOLD GOODS STATEMENT OF SUPPORT

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Mr. Aman Bokre, Self-employed

Address (include street address, mailing address, city, state, zip, and county):
13280 Linden ave N apt 212 Seattle WA 98133

Phone Number: **206-458-1882** Email: **emanu2721@gmail.com**

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:


In the future I plan to possibly purchase a house and will need a moving company to assist.

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:
 Granting this company a permit will provide more services to people in the community and help people with moving. I personal have had to hire some movers in the past and have found it very helpful. I plan to use this company in the near future and will also tell family and friends in case they will need the service.

Is there anything else the commission should consider when making a determination about this company's application for a household goods permit?
 I think this will be a great addition to the community.

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

Printed Name of Person Completing Form: **Aman Bokre**

Signature: 

Date: **08/07/21**

Applicant Name: **Yohannes Gedion**

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.

ATTACHMENT A





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: Yohannes Gedion

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Mrs. Sureen Kinuthia, Nurse

Address (include street address, mailing address, city, state, zip, and county):
1816 SW 318th pl Federal Way WA 98023

Phone Number: **206-412-8276** Email: **Sureenkinuthia@yahoo.com**

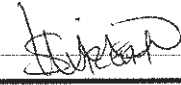
Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:

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:
We have plans to moving and will need services. We will need help with moving all the big items like the Sofa, Beds, dinning table and TV.

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 have had to move a few times in the last five years and am always looking for a good moving company. Knowing this company owner I know that they will deliver great service for me or anyone else who may need it.

Is there anything else the commission should consider when making a determination about this company's application for a household goods permit?
This company has a good owner and will do a great job in Washington.

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

sureen kinuthia  **08/06/2021**
Printed Name of Person Completing Form Signature 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: Yohannes Gedion

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Ms. Sara Abraham, Customer service

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

14540 Ashworth Ave N. Shoreline, WA 98133

Phone Number: **2066978319**

Email: **saraabr2002@yahoo.com**

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:

Will be remodeling the house which will require many things being moved in and out of the residence as well as getting rid of old furniture and household items and moving in new items.

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 I am looking for any type of service I always look for people who are reliable and someone that has a great reputation which I know this company has with my previous experiences. Coming from a large immigrant community who relies on each others recommendation I know that this company will not only have my support and business but they will also have th support of my family but community

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.

Sara Abraham

07/30/2021

Printed Name of Person Completing Form

Signature

Date