



1300 S. Evergreen Park Drive SW
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 Fax: 360-586-1181
 TTY: 360-586-8203
 or
 1-800-416-5289
 email: transportation@utc.wa.gov

HOUSEHOLD GOODS MOVING COMPANY

You are required to have a permit from the commission before operating as a household goods moving (HHG) company in Washington State. Also, you must obtain a USDOT number before your HHG permit can be issued. Once your HHG permit is issued, keep a copy of your permit in your vehicle.

This application packet 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, a copy of your cargo insurance for each vehicle you operate must be filed with us. 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	\$300,000 combined single limit of public liability and property damage insurance (Form E) AND \$10,000 cargo insurance
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

Commission Contacts:

You may contact our Licensing Services staff for assistance at 360-664-1222. The commission has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133 or TTY 360-586-8203 or 1-800-416-5289.

Please submit application forms, appropriate attachments, and proof of insurance to the address below:

Washington Utilities and Transportation Commission
P.O. Box 47250
Olympia, Washington 98504-7250

If paying by credit card, you may fax your application to 360-586-1181 or scan and email to transportation@utc.wa.gov.

CHECKLIST

Please make sure 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
- Register with the Business Licensing Service (UBI #)
- Register with Secretary of State's Office (if corporation)
- Copy of valid driver's license or government issued photo ID card for each person named in the application
- 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

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
- Register with the Business Licensing Service (UBI #)
- Register with Secretary of State's Office (if corporation)
- 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, if appropriate
- 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)
- Certified statement from the applicant and the current owner explaining why the transfer of ownership or control is necessary to ensure the company's economic viability
- Certified statement from the applicant and the current owner describing the steps taken by the parties to ensure the safe operations and continuity of service to customer is maintained

NOTE: For Transfers – a closing annual report must be submitted by the current company before the transfer will be finalized.



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HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed:	DOL/SOS:	ID:	Docket #
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	111-0268-013-20	

Type of Household Goods Authority Requested – check one Fee Required

- [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
- [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, and a closing annual report from current company \$ 550
- [Permanent authority to transfer](#) under the exceptions in [WAC 480-15-187](#). Complete pages 3-8, Attachments B & C, and a closing annual report from current company \$ 250
- [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
- [Name Change](#) – Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: _____

(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address _____

Mailing Address _____

Telephone Number () _____ Fax Number () _____

BUSINESS INFORMATION - continued

UBI #: _____ Email: _____

USDOT #: _____ (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of [Labor & Industries](#) Worker's Comp account # _____

[Employment Security Department](#) registration number _____

Is your business registered with the [Department of Revenue](#)? No Yes

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>
_____	_____	_____
_____	_____	_____

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

- Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: _____

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

- 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 _____
- 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 _____

- Do you currently operate interstate? No Yes If yes, please indicate your MC# _____
- Do you operate interstate as an agent of another company? No Yes
If yes, what is the name of the company? _____

7. 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

8. Has any person named in this application ever been convicted of any crime involving theft, burglary, 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

9. 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

FINANCIAL STATEMENT			
Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.			
Assets		Liabilities	
Cash in Bank	\$	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	\$	TOTAL LIABILITIES & NET WORTH	\$

EQUIPMENT LIST

Describe the equipment you will own or lease to provide moving services
(attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight

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).

Name:	Position:
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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:	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 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:	Position:
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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.

_____ Print name of applicant	_____ Signature of Applicant	_____ Date and Location
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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:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

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

Phone Number:

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:

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:

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.

 Signature of Person Completing Form _____
 Date and Location

ATTACHMENT B

Transfer of Household Goods Authority
Per [WAC 480-15-187](#)

Current Name on Permit (Seller): _____

Current Trade Name on Permit (Seller): _____

Address (Seller): _____

HG 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 Attachment C.

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

Has the closing annual report been filed? Yes

Note: A company transferring operations must submit an [annual report](#) for that portion of the year in which the company operated.

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? _____

RELEASE OF AUTHORITY

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

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.

Seller's Signature

Date and Location

Buyer's Signature

Date and Location

**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 D

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

This application is for name change only and must not involve a change in ownership, management, or control of the household goods operating authority.

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

NOTE: You **may not** advertise to operate under the changed name until a permit is issued in the new name.

Current Name on Permit: _____

Current Trade Name, d/b/a: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ USDOT #: _____

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

I request the name on household goods permit HG-_____ be changed to:

New Name: _____

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

Address (if changed) _____

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

Signature and Title of Applicant Date and Location