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. 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.

This application contains the following information:
- Application Form and Attachments
- Checklist
- 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:

<table>
<thead>
<tr>
<th>Vehicles under 10,000 GVWR</th>
<th>$300,000 combined single limit of public liability and property damage insurance (Form E) AND $10,000 cargo insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vehicles 10,000 GVWR and more</td>
<td>$750,000 combined single limit of public liability and property damage insurance (Form E) AND $20,000 cargo insurance</td>
</tr>
</tbody>
</table>

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.

FILING YOUR APPLICATION

Select one of the following:

- □ Scan/PDF your application to efileapp.utc.wa.gov and pay online at payments.utc.wa.gov, or,
- □ 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:

**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
HOUSEHOLD GOODS MOVING COMPANY
PERMIT APPLICATION

FOR OFFICIAL USE ONLY

<table>
<thead>
<tr>
<th>Date Filed:</th>
<th>DOL/SOS:</th>
<th>ID:</th>
<th>Docket #:</th>
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</table>

Insurance: THG-

Payment #: 111-0268-207-02 111-0268-013-20

Type of Household Goods Authority Requested – check one

- **Provisional and permanent authority.** The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A.
  - **Fee Required:** $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 as well as a closing annual report.
  - **Fee Required:** $550

- **Permanent authority to transfer under the exceptions in WAC 480-15-187.** Complete pages 3-8 and Attachments B & C.
  - **Fee Required:** $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.
  - **Fee Required:** $250

- **Name Change or Addition of d/b/a** – Complete pages 3-5 and Attachment D.
  - **Fee Required:** $35

BUSINESS INFORMATION

Legal Name: _____________________________________________________________________________

Trade Name, if applicable___________________________________________________________________

Physical Address__________________________________________________________________________

Mailing Address___________________________________________________________________________

Telephone Number (       )___________________________  Email:___________________________________

Contact Name:____________________________________________________________________________
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:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

USDOT #: ____________________________ 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 #: ____________________________ 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 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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Stock Distribution or % of Shares</th>
</tr>
</thead>
<tbody>
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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.

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 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:

<table>
<thead>
<tr>
<th>Type of Legal Proceeding</th>
<th>Date</th>
<th>State</th>
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</tbody>
</table>

   *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:

<table>
<thead>
<tr>
<th>Type of Conviction</th>
<th>Date</th>
<th>City/State</th>
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<tbody>
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</tbody>
</table>

   *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:

<table>
<thead>
<tr>
<th>Violation</th>
<th>Date</th>
<th>RCW/WAC</th>
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</table>

   *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.

<table>
<thead>
<tr>
<th>Assets</th>
<th>Liabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash in Bank</td>
<td>Salaries/Wages Payable</td>
</tr>
<tr>
<td>Notes Receivable</td>
<td>Accounts Payable</td>
</tr>
<tr>
<td>Investments</td>
<td>Notes Payable</td>
</tr>
<tr>
<td>Other Current Assets</td>
<td>Mortgages Payable</td>
</tr>
<tr>
<td>Prepaid Expenses</td>
<td>TOTAL LIABILITIES</td>
</tr>
<tr>
<td>Land and Buildings</td>
<td>NET WORTH</td>
</tr>
<tr>
<td>Trucks and Trailers</td>
<td>Preferred Stock</td>
</tr>
<tr>
<td>Office Furniture</td>
<td>Common Stock</td>
</tr>
<tr>
<td>Other Equipment</td>
<td>Retained Earnings</td>
</tr>
<tr>
<td>Other Assets</td>
<td>Capital</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td>TOTAL LIABILITIES &amp; NET WORTH</td>
</tr>
</tbody>
</table>

## 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.

<table>
<thead>
<tr>
<th>Year</th>
<th>Make</th>
<th>License Number</th>
<th>Vehicle ID Number</th>
<th>GVV</th>
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</table>
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.


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:
### 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.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Position:</th>
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</table>

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.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Position</th>
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</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Print name of applicant</th>
<th>Signature of Applicant</th>
<th>Date</th>
</tr>
</thead>
</table>
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.

<table>
<thead>
<tr>
<th>Applicant Name:</th>
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**The following must be completed by the Supporter of the applicant**

<table>
<thead>
<tr>
<th>Name, Title, and Business Name:</th>
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</table>

<table>
<thead>
<tr>
<th>Address (include street address, mailing address, city, state, zip, and county):</th>
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<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number:</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Do you currently need the services of a residential household goods moving company?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No  ☐ Yes</td>
</tr>
<tr>
<td>If yes, please describe your current moving needs:</td>
</tr>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you anticipate a future need for the services of a residential household goods moving company?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No  ☐ Yes</td>
</tr>
<tr>
<td>If yes, please describe your future moving needs:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Is there anything else the Commission should consider when making a determination about this company’s application for a household goods permit?</th>
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</table>

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

<table>
<thead>
<tr>
<th>Signature of Person Completing Form</th>
<th>Date and Location</th>
</tr>
</thead>
</table>
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 Attachment C.

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

A closing annual report must be 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.

________________________________________  ___________________________________________
Seller’s Signature      Date

________________________________________  ___________________________________________
Buyer’s Signature      Date
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.
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:____________________________________________________________________________

Current Trade Name, d/b/a:________________________________________________________________________

Address:______________________________________________________________________________________

Phone Number:_________________________ USDOT #:_________________________

Email Address:_________________________________________________________________________________

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-_______________ 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 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.

___________________________________________________   _______________________________
Name and Title of Applicant      Date