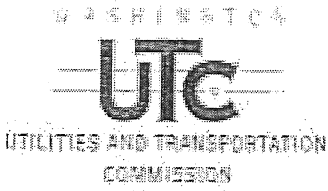


TV-160990-CT



1300 S. Evergreen Park Drive SW
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-494-1337
Fax: 360-588-1181
TTY: 360-588-8201
OR
1-800-416-5289
e-mail: transportation@utc.wa.gov

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID: <u>1781</u>	Docket # <u>160990</u>
Staff Assigned	Insurance	Inspection	Permit Issued THG:
Reception #	<u>111-0268-207-02</u>	<u>111-0268-013-20</u>	

175036

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: Valerian Vimirenco ↑
(must be individual, partners of a partnership or corporation)
 Trade Name, if applicable: ACHILLES PRO MOVERS INC
 Physical Address: 12508 Lake City Way NE, Seattle WA 98125
 Mailing Address: apt # 511
 Telephone Number: (571) 214-6024 Fax Number: ()

Posted
Case # 3
2

BUSINESS INFORMATION - continued

UBI #: 603-612-685 Email: achillespromovers@gmail.com

USDOT #: 2893002 (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 # 627, 752-00

Employment Security Department registration number 000-661691-00-1

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

TYPE OF BUSINESS STRUCTURE

S-Corp since May 1st / 2016

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation WA

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

Name	Title	Stock Distribution or % of Shares
<u>Valerian Jimenez</u>	<u>President/owner</u>	<u>100%</u>

Must 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: Fast quotes, right on time arrivals, reasonable rates, work fast and quality and leaving each customer with a big smile. We will also move pianos free of charge, we are equipped for it.

2. Briefly describe your experience in the transportation/household goods moving industry: I have worked as a mover/forman/GM, for over 3,5 years I enjoy it a lot work is challenging with each customer I believe that we (movers) do a great work taking care of what we do!

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. 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, 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

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	\$ 3,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$ 6,000	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	\$ 8,000
Trucks and Trailers	\$ 5,000	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$ 8,000

~~I just started all the process, none of the above are applicable.~~

Signature

VEN

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
2008	International	C26284G	1HTMMAAN66H159616	24,000

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: *Valerian Nimirenco*

Position: *President / owner*

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: *Valerian Nimirenco*

Position: *President*

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:

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.

Valerian Nimirenco

Valerian Nimirenco

07/20/16

Print name of applicant

Signature of Applicant

Date and Location

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: Valerian Nimirenco

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name: <u>Mihai Nechina Owner at Elite One Repairs</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>4575 Portland ave E, Tacoma WA 98404</u>	
Phone Number: <u>(206) 832-6168</u>	
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: <u>I have used one time & it served me, I was amazed</u>	
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: <u>100% year of 2017</u>	
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: <u>more work for everybody, the guy left a positive impression</u>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>no</u>	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<u>Mihai Nechina</u> Signature of Person Completing Form	<u>Re-Tac 7-12-16</u> Date and Location

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: Valerian Nimirencu

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Corey Sales Manager, WYIV Distribution

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

23908 59th Pl. W.

Phone Number:

206-902-0785

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:

possibly

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 feel that competition is healthy for any industry, always looking to see new startups do well.

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

Nah, give it to them!

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

[Signature]

Signature of Person Completing Form

7/29/16 - Lake City

Date and Location

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: Valerian e Nimirneo

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
TREYER TILLMAN, OWNER, STATES FARM INS

Address (include street address, mailing address, city, state, zip, and county):
14322 LAKE CITY WAY NE

Phone Number:
206 767 3534

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:
Moving Residences

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:
Several clients have request a local moving company when moving/leaving home

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Green Copy, Responsible, Trustworthy

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

Treyer Tillman
 Signature of Person Completing Form 7/20/2016 Seattle WA
 Date and Location



Waive Description Statement

Date: 07/07/2016
(MM/DD/YYYY) Policy Number: 396 1315-E27-47

Named Insured: ACHILLES PRO MOTORS
Address: 12508 LAKE CITY WAY NE APT 511
SEATTLE, WA 98125

"In consideration of the insurance provided by the State Farm Mutual Automobile Insurance Co requiring an endorsement as prescribed by the State of WA which waives the description of the vehicle, I hereby certify that I own and/or operate 2 motor vehicles (other than private passenger autos), and agree to keep these vehicles insured for Bodily Injury and Property damage Liability with the."

"I further agree to immediately notify said company in the event any additional motor vehicle(s), other than private passenger type(s), is (are) acquired and owned and/or operated by me."

"As of this date I have insured or applied for insurance through the _____ on the following motor vehicles:"

Policy or Application Number	Vehicle Description
<u>396 1315-E27-47</u>	<u>2006 FORD E350 SD</u>

Signed: [Signature]

Dated: 07/07/2016
(MM/DD/YYYY)

Witness Signature: [Signature]

Witness Name: TREVOR TILMAN



Commercial Filing Policyholder Questionnaire

Date: 07/07/2016

Policy Number: 396 1315-E27-47

Name Insured: ACHILLES PRO MOVERS

Address: 12508 LAKE CITY WAY NE Apt 511
SEATTLE, WA 98125

Dear Policyholder:

The motor carrier filing required under your policy necessitates your answers to the following questions:

1. Are all of the commercial vehicles used in your business insured with State Farm®? Yes No
2. Have you, during the past year, leased or rented any trucks or other commercial type vehicles from others? Yes No
3. Do you contemplate leasing vehicles from others in the future? Yes No
4. Have you in the past, or do you contemplate leasing your vehicles to others? Yes No

Signed: 

Date: 07/07/2016



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/07/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER TREVER TILLMAN, AGENT STATE FARM INSURANCE 14322 LAKE CITY WAY NE SEATTLE WA 98125	CONTACT NAME: TREVER TILLMAN PHONE (A/C No. Ext.): 206-367-3534 FAX (A/C No.): 206-362-1507 E-MAIL ADDRESS: TREVER.TILLMAN.MDLV@STATEFARM.COM
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Fire and Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED ACHILLES PRO MOVERS 12508 LAKE CITY WAY NE APT 511 SEATTLE WA 98125	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	AGGREGATE LIMIT PER POLICY	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (EN 00100000) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/PROP \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (EN 002000) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MANAGER EXCLUDED (Mandatory in WA) <input type="checkbox"/> Y/N If yes, describe code/DESCRIPTION OF OPERATIONS below					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - PROJECT/LIMIT \$
A	CARGO INSURANCE	Y		07/07/2015	07/07/2017	INLAND MARINE 50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

MOVING COMPANY

CERTIFICATE HOLDER **CANCELLATION**

UTILITIES & TRANSPORTATION COMMISSION PO BOX 47250 OLYMPIA WA 98504	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	---

USA WASHINGTON DRIVER LICENSE

DOB: [REDACTED] SEX: M HT: 5-08 WT: 188 EYES: GRN HAIR: BRN CLASS: NONE RESTRICTIONS: NONE

ISS: [REDACTED] EXPIRES: 07-05-2016

ISS: [REDACTED] EXPIRES: 05-19-2022

Signature: [Handwritten Signature]

Rev 05-16-2008