

Replacement Page

BUSINESS INFORMATION - continued

UBI #: 602750633 Email: Venturaalcantara@yahoo.com

USDOT #: 1725835 (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 Acct? Account # 141,018,01

Employment Security Department registration number? ESD # 000-380454-00-2,

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:

Name	Title	Stock Distribution or % of Shares

*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: Our service is low cost and customer based. We focus on bringing a great customer service.

Briefly describe your experience in the transportation/household goods moving industry: 10 years in moving, delivery, and transportation

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# 632465

Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? ~~632465~~

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: Romulo Alcantara

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<u>Maria Brown</u>
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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs:	<u>Need a one bedroom apt.</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>Same as above</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>He would be a pleasure to work with. Nice kind person who is nicer than the last mover I hired.</u>
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.	
<u>Maria Brown</u>	<u>8-12-2014</u>
Signature of Person Completing Form	Date and Location

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HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name:	Romulo Alcantara
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The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Mark Davis
Address (include street address, mailing address, city, state, zip, and county):	Tacoma WA, 98409
Phone Number:	
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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:	Granting a permit to Romulo would help the moving services in WA. His well mannered behavior will be a better outlook on movers.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Romulo is a hard working man and is a service to his community. He wants to help and improve everyday.	
<i>I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>	
_____ MD Signature of Person Completing Form	_____ 8-13-2014 Date and Location