Replacement

OPERATI	ONAL RESPONSIBILITIES	S
Annual Reports and Regulatory Fees (WAC	. 480-15-480). You must ani	nually file a report of your
financial operations and pay regulatory fe	es.	
Name: Jesus Zamudio G	Position: Member	er-Director
STATE OF WASHINGTON - general laws, re	ules and regulations: Individ	duals and companies doing
business in the State of Washington must		
agencies. Please state the name and posit	tion of the person in your o	rganization who will be
responsible for ensuring compliance with	the laws of the State of Was	shington, such as, but not
limited to the Department of Labor and In	dustries (industrial insuranc	ce, 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 p	permits); Department of Rev	venue, Internal Revenue Service
(taxes); and Employment Security.		·
Name: esus Zamudro G	Position Memb	her-Director
	RATION OF APPLICANT	
		ithority to operate as a
I understand that filing this application <u>does not</u> in itself constitute authority to operate as a household goods mover.		
mousehold goods mover.		
As the applicant for a household goods pe and I am in compliance with all local, state household goods movers, in the state of V	and federal regulations go	
I understand that if the commission grants authority to provide service as a househol months. During this time, the commission 15-330 to obtain permanent authority. I a placed on my temporary permit and that f	d goods carrier on a provision will evaluate whether I hav Iso understand that I must o	onal basis for at least six e met the criteria in WAC 480- comply with all conditions
My employees are sufficiently trained to clading, rates and charges and terms and comployees are sufficiently trained to comparintenance, and all other safety requires survey to each customer for whom we pro-	onditions of household good oly with commission rules re ments. My company will pro	ds moves. In addition, my egarding vehicle operation, ovide a copy of the customer
I certify or declare under penalty of perjur information contained in this application is		e of Washington that the
Jesus Zamudro 6 X/c	ar anusko	Bellevue 12-19-2014
Print name of applicant	Signature of Applicant	Date and Location