



UTILITIES AND TRANSPORTATION COMMISSION

*License*

# Assignment Report Motor Carrier Safety

Upload?  Yes  No - Reason For Not Uploading: \_\_\_\_\_

1. Investigator(s): Alan Dickson

2. Assignment No.: 112005

3. Current Date: 2-3-12

4. Date of Activity: 1/31,2/1-12

5. Carrier Name: Friendly Moving Service LLC ✓

6. Permit: THG-64181

7. New Entrant date of authority: 2-25-11

8. MOTCAR No.: /D 6314

9. Carrier is:  Intrastate Only

Interstate Only

Intra and Interstate

10. Industry Code: 207

11. USDOT No.: 2116432

12. MC No.: \_\_\_\_\_

13.  **Destination Check**

Copy of the Destination Check Safety Plan is attached.

- Number of Buses/Motor Coaches inspected: 7-15 passenger \_\_\_\_\_ 16+ passenger \_\_\_\_\_
- Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 3 \_\_\_\_\_ Level 5 \_\_\_\_\_
- Any special emphasis placed on the destination check  Yes  No
- Describe Special Emphasis \_\_\_\_\_
- What might we do differently to increase our success at the next destination check: \_\_\_\_\_

14.  **Safety Complaint**

Attach a copy of the Individual Safety Complaint Plan.

▪ What activity did staff complete for this safety complaint:

Compliance review

Technical assistance

Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 5 \_\_\_\_\_

Unannounced terminal visit

Other (please explain): \_\_\_\_\_

15.  **New Entrant - Charter, Auto Transportation**

▪ Is this carrier referred by FMCSA, operating intra and interstate:  Yes  No

▪ Is this carrier based in another state, requesting intrastate authority:  Yes  No

▪ Is this carrier based in Washington, requesting intrastate authority:  Yes  No

▪ Did staff complete the following:

◆ Inspect all vehicles between three and nine months?  Yes  No

Number of vehicle inspections: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 5 \_\_\_\_\_

◆ Conduct a SI/SA between three and nine months?  Yes  No  SI  SA

16. X **New Entrant- HHG**

▪ Is this carrier referred by FMCSA, operating intra and interstate:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
▪ Is this carrier based in another state, requesting intrastate authority:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
▪ Is this carrier based in Washington, requesting intrastate authority:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Did staff complete the following:		
♦ Inspect all vehicles between three and eighteen months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____		
♦ Conduct a SI/SA between three and eighteen months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No    SI <input type="checkbox"/> SA
♦ Conduct technical assistance within three months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

17.  **CSA Investigation**

<input type="checkbox"/> Full Investigation
<input type="checkbox"/> Focused Investigation
<b>Basic is for:</b> <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> HHG Carrier <input type="checkbox"/> Solid Waste Carrier
<b>Basic Threshold Percentile is;</b>
<input type="checkbox"/> Unsafe Driving _____ %
<input type="checkbox"/> Fatigued Driving (HOS) _____ %
<input type="checkbox"/> Crash _____ %
<input type="checkbox"/> Driver Fitness _____ %
<input type="checkbox"/> Drug/Alcohol _____ %
<input type="checkbox"/> Vehicle Maintenance _____ %

18.  **Individual Safety Plan Only:**

What activity did staff complete for this safety complaint?
<input type="checkbox"/> Attach a copy of the Individual Carrier Safety Plan.
<input type="checkbox"/> Safety Investigation
<input type="checkbox"/> Technical assistance
<input type="checkbox"/> Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
<input type="checkbox"/> Unannounced terminal visit
<input type="checkbox"/> Other (please explain): _____

19. X **Safety Investigation:**

**Safety Audit:**

▪ SI Rating: <input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Conditional
▪ SA Rating: <input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
▪ Number of vehicles operated: <u>1</u>		
▪ Number of drivers operated: <u>1</u>		
▪ Total miles for prior year: <u>10000</u>		
▪ Recordable accidents for prior year: <u>0</u>		
▪ Accident Ratio: <u>0%</u>		

20. X Part B Violations:

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390		391	1	392	
395		396	1	397	

21.  Vehicle Inspection Data:

	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Inspections									1		
Defective Vehicles									1		
OOS Vehicles									0		
Level									5		

22.  Vehicle Inspection Violations:

	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Brakes											
Steering											
Lights									1		
Tires, wheels, rims											
Horn											
Windshield and Wipers											
Mirrors											
Emergency Equip, Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											
Comment:											

23.  Driver Inspection Violations:

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

**24. Relevant Carrier History:**

This carrier is a provisional household goods company from the work plan. I conducted an educational and technical assistance during May 2011. The company had set up during that meeting, and continues to maintain proper records and files for compliance with the safety regulations. The owner has attended the commission's training classes for new entrant moving companies during 2011. He is knowledgeable of the household goods carrier rules and regulations.

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**25. Findings:**

I conducted a full investigation compliance review and determined the company has in place adequate management controls for compliance with the safety regulations. Paperwork violations were noted during this check. The carrier stated he would document the annual vehicle inspection and complete his own employment application for compliance. At the end of this review the carrier received a satisfactory safety rating.

I would recommend this company be considered for issuance of the permanent household goods permit authority.

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**26. Recommended Action:**

- No further action.
- Notify the company in writing of the findings by providing a copy of the safety investigation, vehicle inspection report, safety audit or other similar document.
- Require the company to submit a compliance plan in response to the 15-day letter requirement.
- Recheck – Safety Investigation (Date: \_\_\_\_\_ )
- Revisit to recheck a specific issue (Date: \_\_\_\_\_ )
- Send the company a compliance letter. Require a response:  Yes  No
- Issue administrative penalties in the amount of \$
- Issue a complaint.
- Stop company operations.

**27. Is this carrier considered a high risk carrier as a result of this activity?**

- Carrier accident ratio is higher than aggregate ratio.
- Carrier had an out-of-service ratio 25% or higher at the last vehicle inspection.
- Carrier had a defect ratio 75% or higher at the last vehicle inspection.
- Carrier received more than one conditional or unsatisfactory safety investigation rating in more than one of the last four safety investigations (or less than four if four are not completed).
- Other (please explain): \_\_\_\_\_

**28. Additional Comments:** Refer to licensing services for permit processing.

Investigator's Signature: Alan Dickson

Initial Review By: [Signature] Date: 2-6-12

Reviewer's Recommendation: Agree with recommendations - upload Issue Permanent Authority

Final Review By: Dratt Date: 2/6/12

Reviewer's Recommendation:

Agree with recommendation.  
Where is first-time paperwork violation language?

OK to issue perm authority

**OFFICE USE ONLY**

Date Closed: 2/6/12 By: CAC

Company Name: Friendly Moving Services

Assignment #: 112005

Staff Assigned: Alan Dickson  
CC: Tina Lipski

**WASHINGTON UTILITIES & TRANSPORTATION COMMISSION**

	<b>US DOT #</b> 2116432	<b>Legal:</b> FRIENDLY MOVING SERVICE LLC <b>Operating (DBA):</b>
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<b>MC/MX #:</b>	<b>State #:</b> THG-64181	<b>Federal Tax ID:</b> 592-30-9124 (SSN)
<b>Review Type:</b> Compliance Review (CR) - Receipt		
<b>Scope:</b> Principal Office	<b>Location of Review/Audit:</b> Company facility in the U. S.	
<b>Territory:</b>		

<b>Operation Types</b>	<b>Interstate</b>	<b>Intrastate</b>	<b>Business:</b> Corporation	
<b>Carrier:</b>	N/A	Non-HM	<b>Gross Revenue:</b>	<b>for year ending: 12/31/2011</b>
<b>Shipper:</b>	N/A	N/A		
<b>Cargo Tank:</b>	N/A			

**Company Physical Address:**

21323 80th Ave West Apt 18  
Edmonds, WA 98026

**Contact Name:** Roderick Testino

**Phone numbers:** (1) 425 582-8815      (2)      **Fax**

**E-Mail Address:**

**Company Mailing Address:**

21323 80th Ave West Apt 18  
Edmonds, WA 98026

**Report Summary**

Report	# of Pages
Part A - General	2
Part B - Violations	1
Part B - Recommendations	1
Review/Audit Receipt Page	1
<b>Total Pages</b>	<b>5</b>

**Disclaimer:** By signing below, I acknowledge that I have received a copy of this review/audit and agree with the total number of pages indicated (above) for each document. My signature does not imply agreement with the findings of the review/audit, however they have been discussed in detail with me.

QUESTIONS regarding this report or the Federal Motor Carrier Safety regulations may be addressed to:

WUTC  
1720 Ellis St. #200  
Bellingham, WA 98225

**This report will be used to assess your safety compliance.**


**Person(s) Interviewed**

<b>Name:</b> Roderick Testino	<b>Title:</b> Owner/member
<b>Name:</b>	<b>Title:</b>

<b>Reported By:</b> <i>Alan Dickson</i>	<b>Title:</b> <i>Motor Carrier Sfty</i>	<b>Code:</b> WA0553	<b>Date:</b> 1/31/2012
<b>Received By:</b> <i>R T</i>	<b>Title:</b>		



WASHINGTON UTILITIES & TRANSPORTATION COMMISSION

	US DOT #	Legal: FRIENDLY MOVING SERVICE LLC	
	2116432	Operating (DBA):	
MC/MX #:	State #: THG-64181	Federal Tax ID: 592-30-9124 (SSN)	
Review Type: Compliance Review (CR)			
Scope:	Principal Office	Location of Review/Audit: Company facility in the U. S.	Territory:
Operation Types		Interstate	Intrastate
Carrier:	N/A	Non-HM	Business: Corporation
Shipper:	N/A	N/A	Gross Revenue: for year ending: 12/31/2011
Cargo Tank:	N/A		
Company Physical Address:			
21323 80th Ave West Apt 18 Edmonds, WA 98026			
Contact Name:	Roderick Testino		
Phone numbers:	(1) 425 582-8815	(2)	Fax
E-Mail Address:			
Company Mailing Address:			
21323 80th Ave West Apt 18 Edmonds, WA 98026			
Carrier Classification			
Other: THG-64181			
Cargo Classification			
General Freight		Household Goods	
Does carrier transport placardable quantities of HM?		No	
Is an HM Permit required?		N/A	
Driver Information			
	Inter	Intra	Average trip leased drivers/month: 0
< 100 Miles:			Total Drivers: 1
>= 100 Miles:		1	CDL Drivers: 0
Equipment			
	Owned	Term Leased	Trip Leased
Truck	1	0	0
Power units used in the U.S.: 1			
Percentage of time used in the U.S.: 100			





FRIENDLY MOVING SERVICE LLC

U.S. DOT #: 2116432

State #: THG-64181

Review Date:

01/31/2012

**Part A**

QUESTIONS regarding this report or the Federal Motor Carrier Safety regulations may be addressed to:

WUTC  
1720 Ellis St. #200  
Bellingham, WA 98225

**This report will be used to assess your safety compliance.**

**Person(s) Interviewed**

Name: Roderick Testino

Title: Owner/member

Name:

Title:







FRIENDLY MOVING SERVICE LLC  
U.S. DOT #: 2116432

State #: THG-64181

Review Date:  
01/31/2012

**Part B Violations**

1 STATE	Primary: 391.51(b)(1) CFR Equivalent: 391.51(b)(1)	Discovered 1	Checked 1	Drivers/Vehicles In Violation	Checked 1
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**Description**

Failing to maintain driver's employment application in driver's qualification file.

**Example**

Driver/owner Roderick Testino  
1-31-12

2 STATE	Primary: 396.17(a) CFR Equivalent: 396.17(a)	Discovered 1	Checked 1	Drivers/Vehicles In Violation	Checked 1
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**Description**

Using a commercial motor vehicle not periodically inspected.

**Example**

U#1, 1988 Intl, Lic no.B35156R - Wa  
1-31-12

<b>Safety Fitness Rating Information:</b>		<b>OOS Vehicle (CR): 0</b>
<b>Total Miles Operated</b> 10,000		<b>Number of Vehicle Inspected (CR): 1</b>
<b>Recordable Accidents</b> 0		<b>OOS Vehicle (MCMIS): 0</b>
<b>Recordable Accidents/Million Miles</b> 0.00		<b>Number of Vehicles Inspected (MCMIS): 0</b>

<b>Your proposed safety rating is :</b>      <b>SATISFACTORY</b>	<b>Rating Factors</b>	<b>Acute</b>	<b>Critical</b>
	Factor 1:	S	0 0
	Factor 2:	S	0 0
	Factor 3:	S	0 0
	Factor 4:	S	0 0
	Factor 5:	N	0 0
	Factor 6:	S	- -





FRIENDLY MOVING SERVICE LLC

U.S. DOT #: 2116432

State #: THG-64181

Review Date:

01/31/2012

### Part B Requirements and/or Recommendations

1. Ensure that all drivers are fully and properly qualified before operating in interstate commerce. Maintain a complete file as required for each driver, documenting the qualification process.
2. This review will result in a Safety Rating.
3. Ensure that the persons or entities that perform preventative maintenance inspections on your equipment are abiding by agreed time or mileage intervals. Ensure that records are kept of such periodic preventative maintenance inspections. Take corrective action, if schedules are not being adhered to.





FRIENDLY MOVING SERVICE LLC

U.S. DOT #: 2116432

State #: THG-64181

Review Date:

01/31/2012

Part C

Reason for Review: Compliance Review

Planned Action: Compliance Monitoring

Parts Reviewed Certification:

325	382	383	387	390	391	392	393	395	396	397	398	399	171	172	173	177	178	180
			✓	✓	✓	✓	✓	✓	✓									

Prior Reviews

Prior Prosecutions

Unsat/Unfit Information

Is the motor carrier of passengers subject to the safety fitness procedures contained in 49 CFR part 385 subpart A, AND does it transport passengers in a commercial motor vehicle?

Does carrier transport placardable quantities of hazardous materials?

Unsat/Unfit rule: Not Applicable

Corporate Contact: Roderick Testino

Special Study Information:

Corporate Contact Title: Owner/member

Remarks:

PART C Template:

REMARKS:

INVESTIGATIVE REPORT RECEIVED BY:

Name: Friendly Moving Service LLC

Title: Member/Owner

Carrier Name: Friendly Moving Service LLC

Date: 1-31-12

REASON FOR INVESTIGATION:

This review was conducted as part of the provisional household goods carrier work plan.

SCOPE OF INVESTIGATION:

A full compliance review was conducted due to the above requirements.

CARRIER OPERATION DESCRIPTION: The company's base of operations is that of local intrastate commerce. The carrier owns and operates one non-CDL straight trucks transporting freight and household goods.

PRE-INVESTIGATION:

The company was provided 48 hours to present records and did make available all current and existing records for inspection. The company is knowledgeable of the safety regulations and was cooperative with this investigation. This company was provided technical and educational assistance as a new provisional carrier during May 2011. The company had at that time set up proper accounts and records and has continue to maintain those records for compliance with the safety regulations.

CDLIS (DRIVER LICENSE) CHECK:

I checked the driver's license with State of Washington Dept. of Licensing and no discrepancies were noted.

DRIVERS WITH RED FLAG VIOLATIONS:

There were no Drivers with Red Flag Violations identified as needing an investigation.

No further action required.





FRIENDLY MOVING SERVICE LLC

U.S. DOT #: 2116432

State #: THG-64181

Review Date:

01/31/2012

**Part C**

**INSURANCE COVERAGE:**

The carrier has valid insurance through the Zurich American Insurance Co. on policy no. TRK9337432.

**FOLLOW-ON ACTION:**

This company is in general compliance with the safety regulations maintaining proper records, files and equipment. Mr. Testino stated he would complete the documentation for the annual vehicle inspection and his employment application for compliance.

**DOCUMENTS PROVIDED TO CARRIER:**

The company had on hand the state motor carrier safety manual and I provided an updated version to printing date 2010.

At the conclusion of this review the carrier received a satisfactory safety rating.

<b>Upload Authorized:</b>	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
<b>Authorized by:</b>	<i>Alan Dickson</i>		<b>Date:</b> 2-3-12
<b>Uploaded:</b>	<input type="radio"/> Yes	<input type="radio"/> No	<b>Failure Code:</b>
<b>Verified by:</b>			<b>Date:</b>



11112

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1293894

PERSONNEL NO. 353 DIST / DET \_\_\_\_\_

LEVEL: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 X

GENERAL				HAZARDOUS MATERIALS			
DATE <u>5/16/11</u>	TIME (MILITARY) BEGUN <u>10:40</u>	TIME (MILITARY) FINISHED <u>1:09</u>		HAZARD CLASS / DIVISION NO. _____			
LOCATION: SR/MP <u>TERMINAL</u>		SCALEHOUSE NO.	CNTY CODE <u>31</u>	REPORTABLE QTY? Y N	HAZARDOUS WASTE? Y N		
				PLACARD REQUIRED? Y N	CARGO TANKS? Y N		

**CARRIER**  
CARRIER NAME (Include DBA when applicable)  
Friendly Moving Service LLC

ADDRESS  
71323 180th Ave W

CITY Edmonds STATE WA ZIP CODE 98026 INTERSTATE YES  NO  DOT NO. 2116432 ICC NO. \_\_\_\_\_

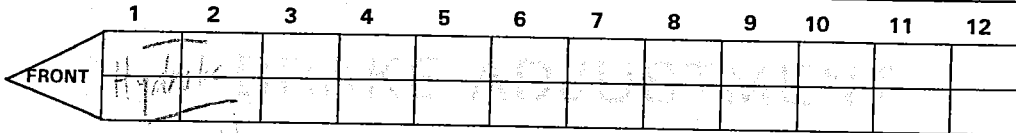
**DRIVER**  
DRIVER NAME \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_ EXP. YEAR \_\_\_\_\_

DATE OF BIRTH 1/1 MED. CERT. Y  N  SHIPPER NAME \_\_\_\_\_ SHIPPING NO. \_\_\_\_\_

WAIVER Y  N

**VEHICLE**  
REGISTERED OWNER NAME/ADDRESS Carrier G.V.W. 18000 PBT RATE \_\_\_\_\_

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	TR	88 INTL	1	B35156R	WA
2				1HTU2RK0KH674366	
3					
4					



CFR	VIOLATIONS	D	1 2 3 4				Unit #s O/S	Complied
			1	2	3	4		
3939	Rear Marker Lights inop							

CVSA DECALS UNIT 1 15111004 UNIT 2 \_\_\_\_\_ UNIT 3 \_\_\_\_\_ UNIT 4 \_\_\_\_\_ NOIC NO. \_\_\_\_\_

DRIVER SIGNATURE [Signature] OFFICER SIGNATURE ADICKSON WAU006000145

Vehicle may not be operated until O/S defects noted above are repaired.  
Driver may not drive until in compliance.

# DRIVER/VEHICLE EXAMINATION REPORT

Aspen 2.13.1.2

Washington State Patrol  
Commercial Vehicle Enforcement Section  
P O Box 42614  
Olympia, WA 98504-2614  
Phone 360-596-3819 Fax 360-596-3828

Report Number: WAU006000145  
Inspection Date: 05/17/2011  
Start: 10:00:00 AM PT End: 10:25:00 AM PT  
Inspection Level: V - Terminal  
HM Inspection Type: None

## FRIENDLY MOVING SERVICE LLC

21323 80TH AVE W  
EMDONDS, WA 98026

USDOT#: 02116432 Phone#:

MC/MX#: Fax#:

State#: THG64181

Location: TERMINAL

Highway:

County: SNOHOMISH, WA

MilePost:

Origin:

Destination:

Driver:

License#:

State:

Date of Birth:

CoDriver:

License#:

State:

Date of Birth:

Shipper:

Bill of Lading:

Cargo:

## VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	TR	INTL	1988	WA	B35156R	1	1HTJUZRKOKH674366	18,000		15111004	

## BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

## VIOLATIONS

Section	Type	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.9(a)	F	1	N		N	N	Inoperable required lamp, rear marker lamp

HazMat: No HM Transported.

Placard: No

Cargo Tank:

Special Checks: No Data for Special Checks.

The undersigned certifies that all violations noted on this report have been corrected and action has been taken to assure compliance with the Federal and State Motor Carrier Safety Regulations insofar as they are applicable to motor carriers and drivers. I understand the failure to comply will subject me to additional violations under the regulations noted for each day of noncompliance.

Signature Of Motor Carrier X: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Report Prepared By:  
ALAN DICKSON

Badge #:  
J553

Copy Received By:

Page 1 of 1

x Alan Dickson

x #1293894



02116432 WA WAU006000145