

TV-130029
COPY

BUSINESS INFORMATION

replacement

page

Name of Applicant MOL LOGISTICS (USA) INC.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 19240 DES MOINES MEMORIAL DR. S., SUITE 600, SEATAC, WA 98148

Mailing Address SAME AS ABOVE

Telephone Number (206) 824-1996 Fax Number (206) 824-1390

UBI #: ~~602052439~~ 602052439 *ok* Email: Hideki.Yashiro@mol-logistics.com

USDOT #: 802181 *a* (If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3810 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # 53589600 *ok*

Employment Security Department registration number? ESD # 638376-00

Is your business registered with the Department of Revenue? No Yes TAX ID#: 95 2262414

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other _____
(LP, LLP, LLC)

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

*Name	Title	Stock Distribution or Percentage of Shares
MINORU ICHIKAWA	PRESIDENT & CEO	<i>Owners in Japan</i>
YUMI FUKUNAGA	CFO	
HIDEKI YASHIRO	BRANCH MANAGER	

*Must provide a copy of a valid Washington state driver's license for each person listed above.

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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: MOL LOGISTICS (USA) INC.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: AKIYORI TAMURA MOL LOGISTICS - BOSTON office.

Address (include street address, mailing address, city, state, zip, and county): 440 McClellan Highway Suite 102 East Boston MA 02128

Phone Number: 617-561-1358

Do you currently need the services of a residential household goods moving company? [X] 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 [X] Yes If yes, please describe your future moving needs: Possible inter-state move from Boston to Seattle/Washington area.

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: Co-work & service better in moving business.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? NO.

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

Signature of Person Completing Form: [Signature] Date and Location: 04/04/2013

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Applicant Name: MOL LOGISTICS (USA) INC.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Yoshi, Takahashi, Branch Manager, MOL Logistics (USA) Inc. - DALLAS

Address (include street address, mailing address, city, state, zip, and county): 750 Port America, suite 300 Grapevine, TX 76051, U.S.A.

Phone Number: 817-481-9591

Do you currently need the services of a residential household goods moving company? [X] 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 [X] Yes If yes, please describe your future moving needs: There are potential customer who has a branch in WA needs a help for moving.

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: They are fully experienced mover who will cover the moving needs for our high demanding customer

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? No

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

Signature of Person Completing Form: [Signature] Date and Location: 4/4/2013 Grapevine, TX

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ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: MCL LOGISTICS (USA) INC.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: MCL LOGISTICS (USA) INC. CHICAGO BRANCH.

Address (include street address, mailing address, city, state, zip, and county): 1822 BRUNNELL AVENUE, ELK GROVE VILLAGE, IL 60007, U.S.A.

Phone Number: 847-298-0759

Do you currently need the services of a residential household goods moving company? [X] Yes If yes, please describe your current moving needs: SATISFY THE DEMAND OF THE PEOPLE WHO MOVING TO WASHINGTON

Do you anticipate a future need for the services of a residential household goods moving company? [X] Yes If yes, please describe your future moving needs: THERE IS POSSIBILITY THAT OUR CUSTOMER MOVE FROM JAPAN TO WA.

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: HIGH QUALITY SERVICE AND COMPETITIVE PRICE

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? NO

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

Signature of Person Completing Form [Signature] Date and Location 04/03/2013

PART C – SECTION 2

HAZARDOUS MATERIALS QUESTIONNAIRE

Companies applying to transport hazardous materials must complete the following questions.

1. Please indicate if you plan to transport:

- Petroleum or petroleum products in bulk in tank-type vehicles Yes No
- Radioactive substances Yes No
- Explosives Yes No
- Corrosives Yes No

2. As part of transporting any of these four materials, do you or your company intend to build, or have someone else build, install or otherwise create a new structure, or a new addition to an existing structure? Yes No

- If yes, does the proposed construction require a building permit by a city, county or other governmental agency? Yes No
- If yes, which governmental agency will issue the permit? _____
- If yes, please explain what you intend to build: _____

3. In granting an application for hazardous materials transportation, the commission is required to consider possible impacts such transportation may have on the environment. Please answer the following questions related to possible environmental impacts:

- a. Do you understand you are required to comply with Washington State Patrol safety standards for hazardous materials transportation, as defined in WAC 446-65-010?
 Yes No
 - b. Do you understand that you are required to comply with Washington State Patrol noise emission standards for commercial motor vehicles, as defined in WAC 446-65-010?
 Yes No
 - c. Do you understand that in the case of a hazardous materials spill, you must immediately contact the local emergency services agency, such as the 911 operator?
 Yes No
- If your answer to a, b, or c is no, please explain: _____

PART C – SECTION 1

SAFETY FITNESS SURVEY FOR HAZARDOUS MATERIALS APPLICANTS

Companies applying to transport hazardous materials must complete this survey.

1. Name the person or position responsible for maintaining and understanding current hazardous material regulations.

Hideki Yashiro, Branch Manager & Tatsuyo Cox, Asst. Branch Manager

2. Are drivers provided with a current copy of Emergency Response Information as required by Title 49 CFR, Part 172.600? Yes No
3. Are drivers trained in the use of Emergency Response Information? Yes No
4. Is the Emergency Response Information carried in the vehicle? Yes No
5. Name the person or position responsible for providing training to all employees handling hazardous materials as required by Title 49 CFR, Part 177.800 and 177.816.

Hideki Yashiro, Branch Manager

6. Are you familiar with accident reporting requirements in Title 49 CFR, Part 177, Subpart D? Yes No

7. Who is responsible for completing hazardous materials shipping papers?

Shippers for Dangerous Declaration; Staff of MOL Logistics (USA) Inc. for Bill of Lading

8. Where are hazardous material shipping papers located during transportation?

With the Truck Driver and in the office at MOL Logistics (USA) Inc. Seattle Branch

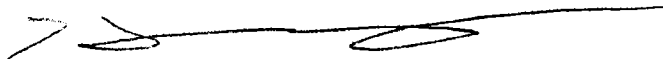
9. If you transport Radioactive Materials, name person or position that will be familiar with and provide training to employees for all transportation under CFR, Part 173, Subpart I - Radioactive Materials.

We at MOL Logistics (USA) Inc. Seattle Branch do not transport any Radioactive Materials.

10. Please attach a copy of your US Pipeline and Hazardous Materials Safety Administration (PHMSA) permit.

Signature

My signature below certifies that I understand my responsibility as a transporter of hazardous materials and I will comply with all the safety requirements which apply to my operations.



Signature of applicant

1/14/2013

Date