



### BUSINESS INFORMATION

Name of Applicant \_\_\_\_\_  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

UBI #: \_\_\_\_\_ Email: \_\_\_\_\_

USDOT #: \_\_\_\_\_ (If you currently don't have one, you can go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.dot.gov/online-registration) to apply for one or call 360-596-3812 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # \_\_\_\_\_

Employment Security Department registration number? ESD # \_\_\_\_\_

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

### TYPE OF BUSINESS STRUCTURE

Individual     Partnership     Corporation (LP, LLP, LLC)     Other \_\_\_\_\_

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

<u>*Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<i>Josephine ...</i>	<i>owner</i>	<i>1/2</i>
<i>Nick ...</i>	<i>owner</i>	<i>1/2</i>

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

Choose one of the following for the territory in which you wish to operate:

All counties in the State of Washington

The following named counties only: \_\_\_\_\_

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service:

*By letting people hire my truck for delivery of their household items.*  
*Provide and have helpers to help customer load & unload.*  
*Provide excellent customer service.*

Briefly describe your experience in the transportation/household goods moving industry:

*I do business to business delivery.*  
*- Business to home delivery.*

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 82-1024 *W*

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# 927024

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

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 explain: \_\_\_\_\_

Has any person named in this application, within the past five years, been convicted of any crime involving theft, burglary, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance?  No  Yes If yes, please explain: \_\_\_\_\_

Has any person named in this application, been cited for violation of state laws or Commission rules?  No  Yes If yes, please explain: \_\_\_\_\_

**FINANCIAL STATEMENT**  
 You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank	\$ 2,000	Salaries/Wages Payable	\$ 800
Notes Receivable	\$	Accounts Payable	\$ 172,000
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$ 2,000	<b>TOTAL LIABILITIES</b>	\$ 172,800
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$ 14,000	Preferred Stock	\$
Office Furniture	\$ 400	Common Stock	\$
Other Equipment	\$ 400	Retained Earnings	\$
Other Assets	\$	Capital	\$ 200
<b>TOTAL ASSETS</b>	\$ 18,800	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 18,800

**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
2005	GMC	R2358001	52511252	26,000

**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: <i>Alfred Gomez</i>	Position: <i>Driver</i>
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### 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: <u>Albert [unclear]</u>	Position: <u>[unclear]</u>
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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: <u>Albert [unclear]</u>	Position: <u>[unclear]</u>
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### 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 480-15-330 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 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.

<u>Albert [unclear]</u>	<u>[Signature]</u>	<u>[Date and Location]</u>
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:** ALBERT SNEARO (ALFA ENTERPRISES)

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name:

Address (include street address, mailing address, city, state, zip, and county):  
1800 S 15TH AVE NE # 309 Shoreline WA 98155

Phone Number: 206-849-9467

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:

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:  
It will create employment and offer service to the community in Shoreline.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
Its a new company that will provide moving and now wants to do house hold moving.

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: 08/12/2013 Shoreline





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**Applicant Name:** ALPS ENTERPRISE LLC **RECEIVED**

AUG 16 2013

**The following must be completed by the Supporter of the applicant**

**Name, Title, and Business Name:** WASH. UT. & TP. COMM

**Address (include street address, mailing address, city, state, zip, and county):**  
1000 1st Ave N  
Seattle WA 98107

**Phone Number:** 206 467 6300

**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:

**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:**  
ALPS ENTERPRISE LLC is a local business that will provide jobs and services to the community.

**Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?**  
None.

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



[Signature] [Date and Location]  
Signature of Person Completing Form Date and Location







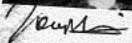

WA  
USA **WASHINGTON** DRIVER LICENSE



12 LIC# (4b)  
13 LAST NAME **ONGARO**  
14 FIRST NAME **ALBERT HALWENGE**  
15 Sex **M** 16 Hgt **6-01**  
17 Wgt **185** 18 Eyes **BRN**  
19 Class **9a** End **NONE** 4a Iss **05-08-2012**  
20 Restrictions **NONE** 4b Exp **07-24-2017**  
21 (4b) Rev 03-16-2009



WA USA **WASHINGTON** IDENTIFICATION CARD



1 211201201027  
4d LIC# (4b)  
2 **ONGARO**  
3 **JOSEPHINE WANJIRU**  
4a Iss (4b) 01-31-2012  
5 (4b)  
15 Sex F 16 Hgt 5-04  
17 Wgt 106 18 Eyes BRN  
4b Exp 12-02-2016  
6 (4b)  
Rev 03-16-2009







STATE OF WASHINGTON  
DEPARTMENT OF LABOR & INDUSTRIES  
PO BOX 44000  
OLYMPIA WA 98504-4000



May 24, 2013



ALBO ENTERPRISE LLC  
940 N 163RD ST APT 103  
SHORELINE WA 98133-5635

ACCOUNT INFO:

L&I Account ID: 262,506-00  
WA UBI: 603 298 826  
PAC Code: 66445559 (needed to file online at  
www.QuickFile.lni.wa.gov)  
Account Manager: CARLOS GONZALES  
Phone Number: (360) 902-4827

Dear Employer:

Thank you for opening a workers' compensation insurance account with us. This mandatory insurance will protect you and your employees from the costs of a job-related injury or illness.

I am your account manager and point of contact for many of the services L&I provides. Our mission is to keep Washington safe and working, which includes helping you provide a safe workplace. Preventing injuries and illnesses protects your employees and also reduces future premium costs.

This letter contains important information that needs your attention:

- \* Risk classification(s) for your business (please review for accuracy).
- \* Quarterly online reporting is required, even if you have no employee hours to report.
- \* Business owners' coverage is optional (you must complete a separate application).
- \* Your safety program.
- \* Required workplace posters.
- \* Other resources.

RISK CLASSIFICATION(S) FOR YOUR BUSINESS

The following risk classification(s) were assigned to you based on the nature of your business and the information you provided on your Master Business Application. Each risk classification has a different hourly premium rate and employee payroll deduction rate.

1101-06 Delivery by Whsl/Retail Distr

02350088-000461-01-11111100





**Employment Security Department**  
WASHINGTON STATE

UNIFIED BUSINESS IDENTIFIER  
603 298 826 000

DATE: 05/17/13

ALBO ENTERPRISE LLC  
ALBO ENTERPRISE LLC  
940 N 163RD ST APT 103  
SHORELINE WA 98133-5635

ES Reference Number  
483722-00 0

You have been determined subject to the Washington Employment Security Act effective 06/11/13.

Please use your number as shown above on all communications and reports to the Employment Security Department.

You will be sent a tax report (EMS 5208) each quarter which must be completed and returned with your payment. If no wages are paid in a quarter and your account has not been closed, you are required to submit a report for that quarter indicating "no payroll". You may file this report by phone using the Washington Employer Help Line.

All Businesses may call 1-888-836-1900 (toll free).  
Your default pin number is 8720.

It is your responsibility to advise us immediately of any change in the ownership of your business, since your status under the law may be affected.

If you have further questions, please contact this department in Olympia at (360)902-9360 or the LYNNWOOD TAX OFFICE AT (425)774-2380.

Status Section  
Tax Central Office Operations





STATE OF WASHINGTON  
DEPARTMENT OF REVENUE

May 7, 2013

64

ALBO ENTERPRISE LLC  
940 N 163RD ST APT 103  
SHORELINE WA 98133-5635

**UBI Number: 603 298 826**  
PAC Code: A044352Y

**IMPORTANT! Tax Registration Information. Please keep on file.**

Congratulations! You are now registered to operate a business in Washington. Your Unified Business Identifier (UBI) number shown above is also your Department of Revenue (DOR) tax registration number. Please refer to this number any time you contact us for assistance.

**When to file and pay your taxes**

Your business is assigned to report taxes **annually**. Your tax return is due January 31 following the taxable period (e.g. January 1 through December 31 of the previous year). If you do not have business activity to report you are still required to file a tax return.

Based on your business open date, the first return you must file is the Annual 2013 return and is due on January 31, 2014. We will mail your return to you.

(over)





ALBO ENTERPRISE LLC  
940 N 163RD ST APT 103  
SHORELINE WA 98133-5635

002045

DETACH BEFORE POSTING



STATE OF  
WASHINGTON

# BUSINESS LICENSE

Domestic Limited Liability Company

Unified Business ID #: 603 298 826  
Business ID #: 1  
Location: 1  
Expires: 05-31-2014

ALBO ENTERPRISE LLC  
940 N 163RD ST APT 103  
SHORELINE WV 98133 5635

TAX REGISTRATION  
INDUSTRIAL INSURANCE  
UNEMPLOYMENT INSURANCE

CITY LICENSES/REGISTRATIONS:  
SHORELINE GENERAL BUSINESS

LICENSING RESTRICTIONS:  
Not licensed to hire minors without a Minor Work Permit.


This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue





UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, **KIM WYMAN**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF FORMATION**

to

**ALBO ENTERPRISE LLC**

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 5/5/2013

UBI Number: 603-298-826



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 5/7/2013



**LIST OF EQUIPMENT**

BLANKETS - \$100

DOLLY'S - \$200

STRAPS - \$100



**Albo Enterprise LLC**  
**940N 163St # 103**  
**Shoreline, WA 98133**

**August 13, 2013**

**Washington Utilities & Transportation Commission**

**P.O. Box 47250**

**1300 S Evergreen PK Dr SW**

**Olympia WA 98504**

Dear Licensing Officer,

**RE: APPLICATION OF PERMIT**

On behalf of Albo Enterprise LLC, I would like to request for Washington UTC permit.

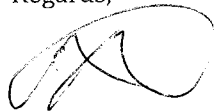
This permit will enable Albo Enterprise to apply for any contract with other carriers or suppliers such as:

- JBC
- Macy's
- Jalleto
- Express North America

It will also enable Albo Enterprise to offer other services such as freight brokering, moving household goods etc for any prospective clients.

I'll be grateful for your consideration.

Regards,



**For: Albo Enterprise LLC**

**RECEIVED**

AUG 16 2013

WASH. UT. & TP COMM

