

REDACTED per RCW 42.56.230

TV-121840-CT



**HOUSEHOLD GOODS MOVING
COMPANY PERMIT APPLICATION**



Type of Household Goods Authority Requested – Check one	Fee Required
<input checked="" type="checkbox"/> Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. – Complete pages 2 - 7 and Attachment A	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 7 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-186 and 480-15-187 – Complete pages 2 - 7 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450) – Complete pages 2 - 3 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D.	\$ 35

TYPE OF PAYMENT

Check
 Money Order
 Amex
 Mastercard
 Visa
 # 045351

Amount: \$550 Expiration Date: 11/13/12

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information on file is current and valid.

Name (printed): Alexander Sagar Company Name: Swift Moving & Delivery, LLC

Cardholder's Signature: [Signature] Date: 11/13/12

FOR OFFICIAL USE ONLY			
Date Filed: <u>11/13/12</u>	DOL/SOS: <u>[Signature]</u>	ID: <u>11106</u>	Permit Issued: THG- <u>64782</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection:	Docket # <u>TV-121840</u>
Reception #: <u>041474</u>	<u>111-0268-207-01</u>	<u>111-0268-013-20</u>	

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BUSINESS INFORMATION

Name of Applicant Alexander V. Satir
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Swift Moving & Delivery, LLC

Physical Address 8828 S I St. Tacoma, WA 98444

Mailing Address Same

Telephone Number (253) 376-1873 Fax Number (253) 517-5859

UBI #: 603 248 533 Email: _____

USDOT #: 2353106 (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 # _____

Employment Security Department registration number? ESD # _____

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

see replacement page

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:

<u>*Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>Alexander V. Satir</u>	<u>Owner/Member</u>	<u>n/a (100% ownership)</u>

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

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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:

My business will provide honest service, competitive prices and will rely on word-of-mouth referrals. I enjoy helping people move their belongings.

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

I have been assisting friends and family move for over a decade and now I want to do it on my own, professionally.

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# _____

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: _____

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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	\$ 1,000	Salaries/Wages Payable	\$1,000
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Investments	\$ 0	Notes Payable	\$ 0
Other Current Assets	\$ 5,000	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$1,000
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 6,500	Preferred Stock	\$ —
Office Furniture	\$ 500	Common Stock	\$ —
Other Equipment	\$ 700	Retained Earnings	\$ —
Other Assets	\$ 0	Capital	\$ —
TOTAL ASSETS	\$13,700	TOTAL LIABILITIES & NET WORTH	\$ 1,000

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
2003	Ford	B40291V	1FDXE45F13HB44064	14,050

**Attach a copy of the registration form for each vehicle listed.

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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>Alexander V. Satir</i>	Position: <i>Owner/Member</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: <i>Alexander V. Satir</i>	Position: <i>Owner/Member</i>
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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: <i>Alexander V. Satir</i>	Position: <i>Owner/Member</i>
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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.

Alexander V. Satir

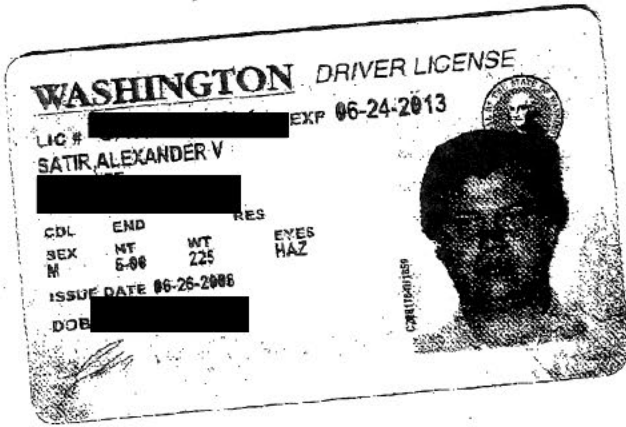
see replacement page

Print name of applicant

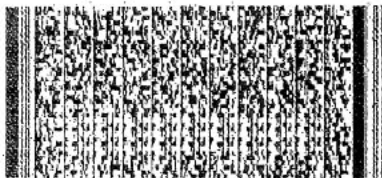
Signature of Applicant

Date and Location

REDACTED per RCW 42.56.230



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 STATE OF WASHINGTON
 DEPARTMENT OF LICENSING
 PO Box 34000 - Olympia, Washington 98547-0000



VEHICLE TITLE APPLICATION/REGISTRATION CERTIFICATE

07/07/2012 1218927220373655 B40291V

Lic/Plt B40291V		Issue-Date 07/2012		Tab-No U119740		Reg-Exp 07/07/2015		Value-Code/Yr 3186/2012		Depre 2		Mo-Reg 12		Mo-Gwt 12	
Power G	Use COM	Mod-Yr 2003	Make FORD	Ser/Body E450VAN		Model/BT 4DC/YY	VIN or Serial No 1FDXE45F13HB44064			Res-Co 27	Prev Plt				
Scwt 8360	Seats 00	Gwt 14000	Gwt-Strt 07/07/2012	Gwt-Exp 07/07/2013	Fleet	Equip	Prev Title WRECKER		Prev St XX						

BRANDS:
 XX 05/09/2012 RPRDW/IBOS

COMMENT:
 USE TAX WAIVED (C) - COMMERCIAL VEHICLE SAFETY ENFORCEMENT FEE PAID - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

MILEAGE 144273 A

REGISTERED OWNER

LEGAL OWNER

SATIR, ALEXANDER V

I certify that the information contained hereon is accurate and complete.

X [Signature] X [Signature]
 Signature of Registered Owner(s) Signature of Registered Owner(s)
 Subscribed and sworn to before [Signature] This _____ Day of _____

FILING	\$ 7.00	TBD FEE 2717	\$	CHECK	\$
SUBAGENT	\$ 12.00	RTA EXCISE	\$	CASH	\$ 203.50
LOCAL FEE	\$	USE TAX	\$	TOTAL FEES	\$ 203.50
LICENSE SRVC	\$	OTHER	\$ 96.50		
GWT/VWT FEE	\$ 88.00	DONOR AWARENESS	\$		
QUICK TITLE	\$	STATE PARKS	\$		

VALIDATION CODE 40272203121890707120081637365 ORIGINAL

RPT ID: ATITPR-1 THIS DOCUMENT IS NOT PROOF OF OWNERSHIP

FPD: ATITPR:2008/10/12.000C3(2)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/13/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER R.I.S. Insurance Services P. O. Box 1059 Anacortes WA 98221		CONTACT NAME: PHONE (A/C, No. Ext): 503-258-0227 FAX (A/C, No.): 503-257-5714 E-MAIL: ADDRESS: Cars@risnet.com	
INSURED SWIFT-1 SWIFT MOVING & DELIVERY LLC 8828 S I STREET TACOMA WA 98444		INSURER(S) AFFORDING COVERAGE INSURER A: UNITED FINANCIAL CASUALTY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 561821832 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSTR. LTR.	TYPE OF INSURANCE	AGG. SUBR. INSR. WVO	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		019373220	11/12/2012	11/12/2013	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS MADE DED. RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	CARGO BROAD FORM PHYSICAL DAMAGE		019373220	11/12/2012	11/12/2013	\$1,000 DED \$50,000 COMP/COLL \$1,000 DED

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER EVIDENCE OF INSURANCE	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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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: *Swift Moving & Delivery, LLC*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Tamara Pardo, Accurate Tax & Accounting, Inc., Owner

Address (include street address, mailing address, city, state, zip, and county):
2544 NE Grand Way, Vancouver, WA 98682

Phone Number:
360-592-3906

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
I need to move boxes of tax records to a storage facility.

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 help me without interrupting my business activities.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
This mover has competitive prices.

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

Tamara Pardo
Signature of Person Completing Form

Nov 13, 2012 Vancouver, WA
Date and Location

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ATTACHMENT A

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Applicant Name: Swift Moving & Delivery, LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Sergei Trofimovich

Address (include street address, mailing address, city, state, zip, and county):

4602 Myrtle St Seattle WA 98118

Phone Number:

206-890-0083

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:

Plan on moving soon.

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:

I don't have truck or help to help me move so they will help me.

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.

Sergei Trofimovich
Signature of Person Completing Form

11-8-12 Seattle WA
Date and Location

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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: *Swift Moving & Delivery, LLC*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Natalya Trofimovich, Homeowner

Address (include street address, mailing address, city, state, zip, and county):

*33226 42nd Ave SW
Federal Way WA 98003*

Phone Number:
360-513-9366

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:

Buying a new home in near future & will be 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:

will definately be helpful to us moving our belongings.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

We were given a few movers to consider and we feel comfortable using this company for our future moving needs.

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

Natalya Trofimovich
Signature of Person Completing Form

11/04/12 Federal Way WA
Date and Location