

1300 S. Evergreen Parkway
P.O. Box 47210
Olympia, WA 98504-7210
Phone: 360 854-1222
Fax: 360 855-1111
TTY: 360 855-8209
1-800 415-5219
email: transportation@utc.wa.gov

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID:	Docket #:-
Staff Assigned:	Insurance	Inspection	Permit Issued THG-
Reception # 050980	111-0268-207-02	SSO Receipt ID # 907083	111-0268-013-20

Type of Household Goods Authority Requested – check one

Fee Required

- Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. – Complete pages 3-8 and Attachment A \$ 300
- Permanent authority to transfer resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 3-8 and Attachment B \$ 300
- Permanent authority to transfer under the exceptions in WAC 480-15-187 – Complete pages 3-8 and Attachments B & C \$ 200
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450) – Complete pages 3-4 and include a statement justifying the reinstatement \$ 200
- Name Change – Complete pages 3-4 and Attachment D \$ 30

BUSINESS INFORMATION

Legal Name: Romolo Ventura Aleautara
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable: Ed Fry - Delivery - System

Physical Address: 12112 28th ave. s. Apt R-2, Seattle WA 98148

Mailing Address: 12112 28th ave. s. Apt R-2, Seattle WA 98168

Telephone Number (206) 432-0031 Fax Number () —

Monday, August 11, 2014



WASHINGTON ACCESS TO CRIMINAL HISTORY

Web Search Transcript

Washington State Patrol
Identification and Criminal History Section
P.O. Box 42633
Olympia, Washington 98504-2633
Telephone (360) 534-2000

THE FOLLOWING TRANSCRIPT OF RECORD IS FURNISHED FOR OFFICIAL USE ONLY

This report was generated from a transaction run on 08/11/2014 at 13:55
Conviction Criminal History RCW 10.97.050(1)

Pursuant to the purpose of inquiry, NO EXACT MATCH was found in the Washington State Criminal History Repository based on the descriptors provided:

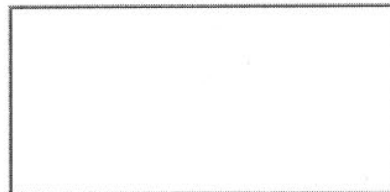
ALCANTARA,ROMULO VENTURA DOB (4b) SEX M RAC U PUR V

This may mean that the person you searched for has no criminal conviction record OR that your search criteria do not match the person's name spelling or date of birth.

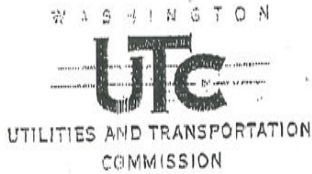
WATCH did return the following candidate list based on the provided search descriptors:

Table with columns: SID, NAME, SEX, RACE, HT, WT, EYES, DOB, SSN. Row 1: (4b), *ALCANTARA,ROMUALODO LOPEZ, M, U, 507, 160, BRO, (4b)

RightThumb Print(Optional)



TV-143077-CT



1300 S. Evergreen Park Dr
P.O. Box 47210
Olympia, WA 98512-4721
Phone: 360 854-1222
Fax: 360 855-1111
TTY: 360 855-8229

1-800 415-5219
email: transportation@utc.wa.gov

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed: <u>8/1/14</u>	DOL/SOS: <u>OL/PA</u>	ID: <u>16579</u>	Docket #: <u>143077</u>
Staff Assigned	Insurance	Inspection	Permit Issued THG- <u>6525</u>
Reception #	111-0268-207-02	Receipt ID <u>907083</u>	111-0268-013-20

Type of Household Goods Authority Requested – check one

Fee Required

- Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. – Complete pages 3-8 and Attachment A \$ 100
- Permanent authority to transfer resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 3-8 and Attachment B \$ 100
- Permanent authority to transfer under the exceptions in WAC 480-15-187 – Complete pages 3-8 and Attachments B & C \$ 200
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450) – Complete pages 3-4 and include a statement justifying the reinstatement \$ 200
- Name Change – Complete pages 3-4 and Attachment D \$ 0

BUSINESS INFORMATION

Legal Name: Romolo Ventura Alcantara.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable: Ed Fry - Delivery - System.

Physical Address: 12112 28th ave. s. Apt R-2, Seattle WA 98148

Mailing Address: 12112 28th ave. s. Apt R-2, Seattle WA 98168

Telephone Number (206) 432-0031 Fax Number () —

Posted
Rms
4

BUSINESS INFORMATION - continued

UBI #: 602750633 Email: Venturaalcantara@yahoo.com

USDOT #: 1725835 (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp Acct? Account # 141,018,01

Employment Security Department registration number? ESD # 000-380454-00-2,

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

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation _____

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

Name	Title	Stock Distribution or % of Shares

*Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.

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

see attachment

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

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# 632465

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

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	\$ 3000 ⁰⁰	Salaries/Wages Payable	\$
Notes Receivable	\$ 0	Accounts Payable	\$
Investments	\$ 0	Notes Payable	\$
Other Current Assets	\$ 0	Mortgages Payable	\$
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$
Land and Buildings	\$ 0	NET WORTH	
Trucks and Trailers	\$ 0	Preferred Stock	\$
Office Furniture	\$ 0	Common Stock	\$
Other Equipment	\$ 0	Retained Earnings	\$
Other Assets	\$ 0	Capital	\$
TOTAL ASSETS	\$ 3000 ⁰⁰	TOTAL LIABILITIES & NET WORTH	\$

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	Mitsubishi PC 145		IL 6BB61575K009812	1400
one	more will be added at the time			

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.**

NA

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: *Rubén V. Alcantara*

Position: *owner*

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:

Romulo Ventura A.

Position:

owner

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:

Romulo Ventura A.

Position

owner

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.

Romulo Ventura Alvarado

Print name of applicant

Romulo Ventura Alvarado

Signature of Applicant

8/5/14

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: Romulo Ventura Aleantari

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: D. Wright

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

Phone Number: 310-651-1905

Do you currently need the services of a residential household goods moving company? [X] No [] Yes If yes, please describe your current moving needs:

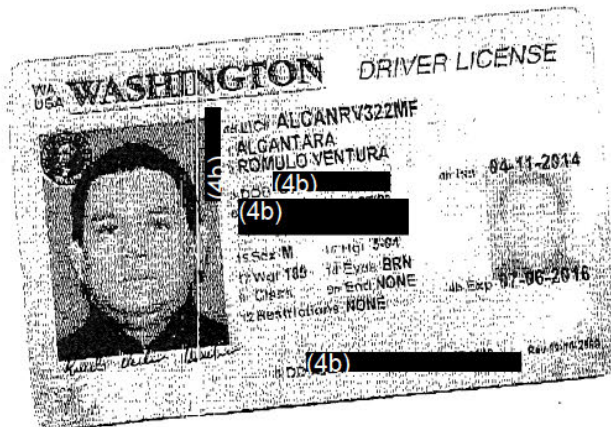
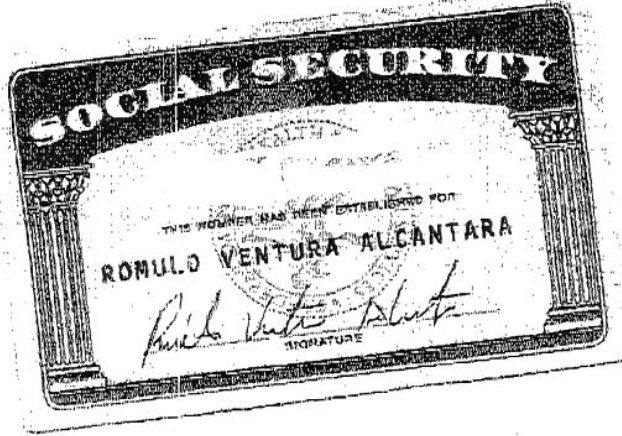
Do you anticipate a future need for the services of a residential household goods moving company? [] No [X] Yes If yes, please describe your future moving needs: Moving Enter state in the future.

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: His service will provide a low cost moving with a high cost fee. Making everyone feel special

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? His company is an amazing place who really cares about his customers. He goes above & beyond.

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: 08/06/2014





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/01/2014

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 Larry Forman Insurance Agency 10043 16TH Ave SW Seattle, Wash 98146	CONTACT NAME: Larry Forman PHONE (A/C, No., Ext): 206.241-4552 FAX (A/C, No.): 206.431-1714 EMAIL ADDRESS: PRODUCER CUSTOMER ID #:
	INSURER(S) AFFORDING COVERAGE INSURER A: Farmers Insurance Exchange INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE 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 POLICY TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	60583-49-03	04/30/2014	04/30/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 100,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	60583-49-03	04/30/2014	04/30/2015	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$	Y	60583-49-03	04/30/2014	04/30/2015	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ \$ \$ WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below:	Y/N Y N/A	60583-49-03 Stop Gap			
A	Cargo Insurance	Y	60583-49-03	04/30/2014	04/30/2015	\$250,000 \$500 ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 111, Additional Remarks Schedule, if more space is required)
Certificate holder as named below

CERTIFICATE HOLDER Dyamex Operations West 21640 76th Ave S Kent, WA 98032	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:
---	---



STATE OF WASHINGTON

MASTER LICENSE SERVICE
PO Box 9034 • Olympia WA 98507-9034 • (360) 664-1400
REGISTRATIONS AND LICENSES

Sole Proprietorship

Unified Business ID #: 8 791 55
Business ID #:
Location:

ROMULO V ALCANTARA
EDFRY - DELIVERY SYSTEM
12112 28TH AVE S APT R-2
SEATTLE WA 98168 2462

141-018-01

TAX REGISTRATION
INDUSTRIAL INSURANCE
UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS:

Not authorized to hire persons under age 18 at this location.

REGISTERED TRADE NAMES:

EDFRY- DELIVERY SYSTEM

The licensee named above has been issued the qualifications, registrations or licenses listed. By accepting this document the licensee certifies the information provided on the application for these licenses was complete, true, and accurate to the best of his or her knowledge, and their business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Elizabeth A. Luce
Director, Department of Licensing



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

1200 New Jersey Ave., S.E.
Washington, DC 20590

800
226 3646

SERVICE DATE
September 16, 2008

PERMIT

MC-632465-P

ROMULO V. ALCANTARA

D/B/A EDIFY DELIVERY SYSTEM
SEATTLE, WA

DO # 1725835

This Permit is evidence of the carrier's authority to engage in transportation as a contract carrier of property (except household goods) by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Service must be performed under a continuing agreement with one or more persons.

Kathy Weiner, Chief
Information Systems Division

NOTE: Willful and persistent noncompliance with applicable safety/fitness regulations as evidenced by DOT safety/fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

PK

STATE OF WASHINGTON
DEPARTMENT OF LICENSING
PO Box 3030 - Olympia, Washington 98507-0030

Vehicle Registration Certificate

Registered owner

Legal owner

SYSTEM SEVEN REPAIR INC
10631 TUKWILA INTERNATIONAL
BLVD
TUKWILA, WA 98188-3210

B55 23W
MAIL

11/13/2013

License plate	Plate issue date	Tax no	Reg expiration	Value code	Year	Mo reg	Mo gwt	Pwr	Use	Mod yr	Make	Br
B55023W	10/2012	C999532	12/06/2014	9000	2012	12	12	D	COM	2006	MIFU	V
Vehicle Ident (VIN)/Serial no	Reg co	Scale wt	Seat	Model	BT	Gwt	Gwt st	Gwt exp	FR	EC	Gr	
JL6BBG1S59K007042	17	8640		84D	TB	16000	12/06/2013	12/06/2014				
Prev plate	Filing	TBD	RTA tax	Subagent	Gwt/Veh wt	Other	Total fees					
B21263C	\$3.00				\$100.00	\$16.00	\$119.00					

Brands:

Comments:
COLOR-WHITE - COMMERCIAL VEHICLE SAFETY ENFORCEMENT FEE PAID - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

Remarks:
OWNER(S) CERTIFY, BY SIGNATURE, THAT THIS VEHICLE WILL NOT TOW A TRAILER WITH A GVWR OF 10,000 LBS OR MORE.

FILING	\$3.00	TBD FEE	CREDIT CARD	\$119.00
SUBAGENT		RTA EXCISE	TOTAL FEES	\$119.00
LOCAL FEE		OTHER		\$16.00
LICENSE SRVC		DONOR AWARENESS		
STATE PARK DON		GWT/VEH.WT FEE		\$100.00

[Signature]
Signature of registered owner(s)

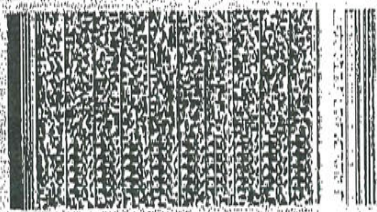
Signature of registered owner(s)

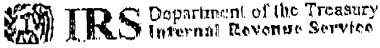
Validation code: 03170121133171113130529975128

This certificate is not proof of ownership.

RPT ID: AFPPR-1

Full Page Vehicle Registration (R10/12)E





OGDEN UT 84201-0038

In reply refer to: 043219105
Mar. 15, 2012 LTR 147C 0
61-1544290 000000 00
00003401
BODC: 08

ROMULO VENTURA ALCANTARA
EDFRY - DELIVERY SYSTEM
12112 28TH AVE S APT R-2
SEATTLE WA 98168-2462



020377

Employer Identification Number: 61-1544290

Dear Taxpayer:

Thank you for your inquiry of Mar. 06, 2012.

Your Employer Identification Number (EIN) is 61-1544290. Please keep this letter in your permanent records. Enter your name and EIN on all federal business tax returns and on related correspondence.

If you need forms, schedules, or publications, you can obtain them by visiting the IRS web site at www.irs.gov or by calling toll free at 1-800-TAX-FORM (1-800-829-3676).

Please call our toll-free telephone number at 1-800-829-0115 with any questions you may have.

You also can write to us at the address shown at the top of this letter's first page.

When you write to us, please attach this letter and, in the spaces below, give us your telephone number with the hours we can reach you in case we need more information. You also may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.



Driving Record - ALCANRV322MF

CERTIFIED

Abstract of Driving Record - Employment
This information is current as of 7/10/2014 5:14:38 PM

Driver Information

PIC ALCAN-RV-122MF
 Name Alcantara, Rolando Ventura
 Gender Male
 DOB 7/6/1958

Driver license status

Status Clear
 Issued 4/11/2014
 Expires 7/6/2016
 Original issue date 7/12/2006

ID status

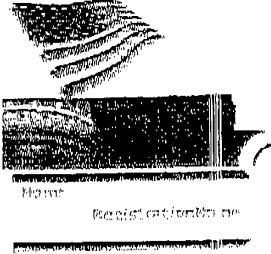
Issued 5/24/1996
 Expired 7/6/2000
 Original issue date 10/13/1990

Tickets

Violation date	Violation #	Description	Court finding	Court name	Court type	BAC	TFC	Licensing state	Exempt vel	Viol type
12/21/2011	1653351*	Improper mirrors	Conviction 2/10/2012	Snohomish Cascade	District					

We are committed to providing equal access to our services. If you need accommodation, please call 360-902-3902 or TTY 360-864-0118.

Received Time: Aug. 6, 2014 5:36PM No. 5312 Service at 360-902-3900



UNIFIED CARRIER REGISTRATION SYSTEM

[DCR Home](#) [Logout](#) [Contact Us](#)

Please print this page for your records and close the browser window.
If you paid using a credit card on the internet, the charge will be reflected as "DCR Fees" on your statement.

Receipt number: **2014500539946**
 Registration Year: 2014
 Expiration Date: 12/31/2014
 Legal Name: **ROMULO V ALCANTARA**
 DBA: **EDFRY DELIVERY SYSTEM**
 USDOT Number: 1725835
 MC Number: 632465
 Telephone Number: 2063073902
 Base State: WA
 Business Address: 12112 28th Ave S Apt R2
 Seattle, WA 98168
 Mailing Address: 12112 28th Ave S Apt R2
 Seattle, WA 98168
 Classification: Motor Carrier



Payment Details

Transaction Type	Total Vehicles	Certified By	Paid Date	Fee Paid	Other Fees
REGISTRATION	2	ROMULO VENTURA ALCANTARA	04/28/2014	\$76.00	\$0.00
Total	2			\$76.00	