

ROUTING SLIP

ASSIGNMENT NO.: 105199 MOTCAR NO.: 43739 PERMIT: HG61841

CARRIER NAME: YURY & ALEKSEI MIRONENKO ✓ Good Old Movers

INVESTIGATOR(S): GRIMM DATE: 2-13-06

RECOMMENDATION: ECONOMIC & SAFETY COMPLIANCE REVIEW CONDUCTED. GENERAL COMPLIANCE WITH WAC 480-15 REQUIREMENTS. RECOMMEND FOR PERMANENT AUTHORITY. SEE MEMORANDUM & WORKSHEETS ATTACHED

Should carrier be rechecked? NO

REVIEWED BY: me Jody DATE: 2-16-06

~~There~~ concur with recommendation to grant permanent HHG authority. forward to licensing sus to process.

FINAL RECOMMENDATION BY: Vicki Elliott DATE: 2/16/06


Agree

OTHER INFORMATION: 2/17/06 closed case

CC: Bruce Grimm
Licensing

RMS
PA

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION - MOTOR CARRIER SAFETY

	US DOT # 1356585	Legal: YURY & ALEKSEI MIRONENKO Operating (DBA): GOOD OLD MOVERS
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MC/MX #: 520377 **State #:** HG61841 **Federal Tax ID:**

Review Type: Compliance Review (CR)

Scope: Principal Office **Location of Review/Audit:** Company facility in the U. S. **Territory:**

Operation Types	Interstate	Intrastate	Business: Partnership	
Carrier: Non-HM	Non-HM		Gross Revenue: \$9,600.00	for year ending: 12/31/2005
Shipper: N/A	N/A			
Cargo Tank: N/A				

Company Physical Address:

23801 NW 1st Avenue
Ridgefield, WA 98642

Contact Name: Yury Mironenko
Phone numbers: (1) 360-936-5937 (2) **Fax**
E-Mail Address:

Company Mailing Address:

23801 NW 1st Avenue
Ridgefield, WA 98642

Carrier Classification
Authorized for Hire

Cargo Classification
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: 1

Equipment


	Owned	Term Leased	Trip Leased	
Truck	1	0	0	Owned Term Leased Trip Leased

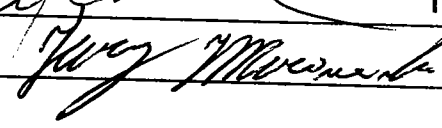
QUESTIONS regarding this report or the Federal Motor Carrier Safety Regulations should be addressed to: Washington Utilities & Transportation Commission
 P.O. Box 47250
 Olympia WA 98504-7250
 Office: 360-575-6957 Cell phone: 360-798-8724 e-mail: bgrimm@wutc.wa.gov

This report will be used to assess your safety compliance.

Person(s) Interviewed
Name: Yury Mironenko **Title:** Partner

Name: **Title:**

Reported By:  **Title:** MC CSPEC IMV **Code:** WA0540 **Date:** 2/10/2006

Received By:  **Title:** OWNER **Date:** 02-10-06



GOOD OLD MOVERS (YURY & ALEKSEI MIRONENKO dba)

U.S. DOT #: 1356585

State #: HG61841

Review Date:

02/10/2006

Part B Violations

Safety Fitness Rating Information:

Total Miles Operated	3,000
Recordable Accidents	0
Recordable Accidents/Million Miles	0.000

OOS Vehicle (CR):	0
Number of Vehicle Inspected (CR):	1
OOS Vehicle (MCMIS):	0
Number of Vehicles Inspected (MCMIS):	1

Your proposed safety rating is :

SATISFACTORY

Rating Factors		Acute	Critical
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	-	-

Corrective actions must be taken for any violations (deficiencies) identified on Part B of this report.


 Received by _____

Owner
 Title _____

2-10-06
 Date _____



GOOD OLD MOVERS (YURY & ALEKSEI MIRONENKO dba)

U.S. DOT #: 1356585

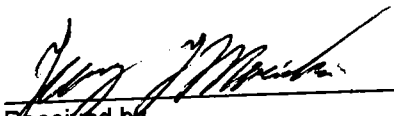
State #: HG61841

Review Date:

02/10/2006

Part B Recommendations


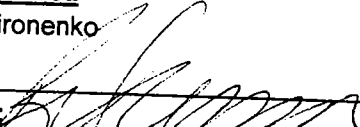
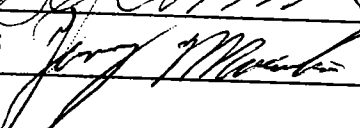
1. Conduct periodic internal reviews of your driver qualification, hours of service control, maintenance, accident analysis/reporting, training, and other safety systems to ensure continued compliance with the FMCSR.


Received by _____

owner
Title _____

02-10-06
Date _____

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION - MOTOR CARRIER SAFETY

	US DOT # 1356585	Legal: YURY & ALEKSEI MIRONENKO Operating (DBA): GOOD OLD MOVERS																						
MC/MX #: 520377		State #: HG61841	Federal Tax ID:																					
Review Type: Compliance Review (CR) - Receipt																								
Scope: Principal Office		Location of Review/Audit: Company facility in the U. S.																						
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Operation Types</td> <td style="width:15%;">Interstate</td> <td style="width:15%;">Intrastate</td> <td colspan="2"></td> </tr> <tr> <td>Carrier:</td> <td>Non-HM</td> <td>Non-HM</td> <td colspan="2">Business: Partnership</td> </tr> <tr> <td>Shipper:</td> <td>N/A</td> <td>N/A</td> <td colspan="2">Gross Revenue: \$9,600.00</td> </tr> <tr> <td>Cargo Tank:</td> <td colspan="2">N/A</td> <td colspan="2" style="text-align:right;">for year ending: 12/31/2005</td> </tr> </table>					Operation Types	Interstate	Intrastate			Carrier:	Non-HM	Non-HM	Business: Partnership		Shipper:	N/A	N/A	Gross Revenue: \$9,600.00		Cargo Tank:	N/A		for year ending: 12/31/2005	
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Report Summary																								
		Report	# of Pages																					
		Part A - General	1																					
		Part B - Violations	1																					
		Part B - Recommendations	1																					
		Review/Audit Receipt Page	1																					
		Total Pages	<u>4</u>																					
<p>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.</p>																								
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Name:		Title:																						
Reported By: 		Title: MACE SPECIALIST																						
Received By: 		Code: WA0540 Date: 2/10/2006																						
		Title: Owner 2-10-06																						



GOOD OLD MOVERS (YURY & ALEKSEI MIRONENKO dba)

U.S. DOT #: 1356585

State #: HG61841

Review Date:
02/10/2006

Part C

Reason for Review: Other Intra HHG
Planned Action: Compliance Monitoring
Safestat Category:

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

Special Study Information:

Unsat/Unfit Information

Does passenger vehicle transport more than 15 passengers, including driver?

Does carrier transport placardable quantities of hazardous materials?

Unsat/Unfit rule:60-Day - no Interstate Passengers or Placardable HM

Corporate Contact: Yury Mironenko

Corporate Contact Title: Partner

Remarks:

This is a new entry residential household goods carrier that began operations in June 2005. The principals in this partnership have experience in the household goods industry and operation of commercial motor vehicles.

Management is conversant in the federal motor carrier safety regulations as adopted by the commission. Vehicles are properly marked and identified. There have been no recordable crashes in the past year.

Financial responsibility is met through public liability and property damage insurance with limits of \$750,000. The carrier has evidence of cargo insurance with limits of \$50,000.

Driver qualification files are complete.

Hours of service are maintained reflecting starting time, ending time and total on duty time. Record of duty status format is used, if appropriate. Most of the operation is within a 150 air mile radius of the principal place of business.

The carrier performs a pre trip inspection and files a post trip report for each day the vehicle operates. There are written inspection, repair and maintenance records. Service is scheduled based on miles operated.

Annual (periodic) inspection has been performed. There was no out of service condition found. Roadside inspection forms are maintained for at least a year.

Principal Reviewer Signature

WA0540

Upload Authorized: Yes No

Authorized by: Date:

Assistant Reviewers Signature(s)

Uploaded: Yes No Failure Code:

Verified by: Date:

MEMORANDUM

TO: Vicki Elliott, Assistant Transportation Director – UTC Olympia
FROM: Bruce Grimm, MCLE Special Investigator – UTC Longview
DATE: February 13, 2006
RE: Yury & Aleksei Mironenko HG-61841 Industry 207 Assignment 105199
Dba Good Old Movers
23801 N.W. 1st Avenue
Ridgefield WA 98642-8891

Yury & Aleksei Mironenko operates as a household goods carrier partnership under provisional authority granted by the commission under Docket TV-050869 (application P-79379) granted June 14, 2005. The primary business of the firm is the transportation of residential household goods in intrastate and interstate commerce.

ECONOMIC REVIEW

The carrier was contacted on July 8, 2005 for an educational and technical assistance session on economic regulations. The firm was given basic information on general requirements, bills of lading, tariff rates and charges, estimates, claim management and other operations. The firm has made telephone contact several times to clarify questions on the regulations.

On February 10, 2006, a review of economic records was conducted:

- **General** – The permit was found to be in good standing. The carrier's current address and phone number was on file. The carrier is aware of the annual report requirement. Public liability and property damage as well as cargo insurance is in place. Advertising material will be containing the carrier's permit number
- **Bills of Lading** – The firm is using the uniform household goods bill of lading for intrastate residential household good moves. Four bills of lading were reviewed and two of them did not properly identify the carrier. The valuation charges on one shipment were not itemized. Management planned to obtain a rubber stamp or other

means in order to include this required information on the bill of lading. The carrier does provide the Notice to Shipper information for each haul.

- **Tariff rates and charges** – The carrier determines intrastate rates from Tariff 15-A. Valuation options are known. Hourly rates are charged under 35 miles. The carrier has not hauled any shipment over 35 miles but is aware of the weight distance rates. There is good knowledge of accessorial, special charge and fuel surcharge application. There were no rate and charge violations observed.
- **Estimates** – The firm makes written estimates. The forms contain required information. Supplemental estimates will be used if additional service is required or there is a change in circumstances. There were no instances of underestimating.
- **Claims** – The carrier has not had any loss and damage claims. The firm is aware of loss and damage claim reporting and record retention requirements. The carrier will refer unresolved complaints to the commission.
- **Other operations** – The carrier is operating within the scope of the permit authority. A single state registration is pending. A copy of the permit is kept in the vehicle. The vehicle is properly marked and identified.

SAFETY REVIEW

The federal motor carrier safety regulations as adopted by the commission for this type of operation were discussed with management on July 8, 2005. This included an overview and discussion on financial responsibility, driver qualification, hours of service and inspection, repair and maintenance. The carrier does not operate vehicles requiring a commercial driver's license or controlled substance and alcohol testing. (Note: Yury Mironenko does drive part time for a Vancouver WA based interstate carrier. He uses his commercial driver's license and is subject to controlled substance and alcohol testing when he is an employee of that motor carrier.)

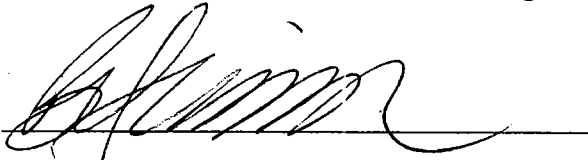
On February 10, 2006, a review of safety records was conducted.

- **Financial responsibility** – The carrier meets the requirements for public liability and property insurance through a policy underwritten by National Indemnity Company with combined single limits of \$750,000. Cargo insurance is afforded by the same underwriter with limits of \$50,000.

- Driver qualification – Driver qualification files were complete. Drivers are medically qualified and properly licensed.
- Hours of service – The carrier maintains time records which adequately reflect starting time, ending time and total on duty time when operating within a 150-air mile radius of the principal place of business. Records of duty status forms are filed when operating beyond that point. Management is aware of the 11, 14 and 70 hour restrictions. The 34 hour reset is used. There has been limited hauling activity so there were few records to review.
- Inspection, repair and maintenance – Drivers file a driver vehicle inspection report at the end of the work day. Written maintenance records are kept. Annual periodic inspection has been obtained. No out of service condition was noted during the vehicle inspection process.

SUMMARY

The carrier is in general compliance with commission economic and safety regulations in WAC 480-15. Minor violations are being corrected. The firm is recommended for permanent authority based on these findings. Additional on going educational and technical assistance was offered to management.

A handwritten signature in black ink, appearing to read 'Bruce Grimm', is written over a horizontal line.

Bruce Grimm, MCLE Special Investigator

Washington Utilities and Transportation Commission
**Household Goods Technical Assistance and
Records Review Checklist**

Rev. 4/01

Carrier: MIRONENKO, YURY & ALEKSEI d/b/a:	HG- 61841
Location: 23801 NW 1st AVE RIDGEFIELD WA 98642 Investigator: GRIMM	Assignment #: 105199 UBI #: 602471403
Period of Records Checked: From: 6-05 To: 2-06 Total Number of Bills: 4	

WAC Rule	WAC Rule Reference	Findings	Number Checked	Number in Violation
480-15-	Does the company have current accounts with: Labor & Industries Employment Security Secretary of State Dept. of Revenue	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		
110	Address/Phone Number - Are the carrier=s address and phone number those listed in Commission records?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		
360	Permits - Is original kept in main office?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		
480	Annual Report/Regulatory Fees - Has the carrier filed the most recent annual report? Was the annual report filed on or before May 1 st ? If not, were late fees and interest included? Does the carrier correctly calculate and submit regulatory fees?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		
530	Insurance - Does the carrier have current public liability and property damage insurance? Does it match the information on file with the Commission? Liability and property damage insurance information: Company: NATIONAL INDEMNITY CO Policy: TOTRN347784 Liability Limits: 750,000	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		

550	Cargo Insurance - Does the carrier have adequate cargo insurance? Cargo Insurance information: Company <u>NATIONAL INDCOON LTD</u> <u>CO</u> Policy : <u>TOTRN347784</u> Limits: <u>50,000</u>	<input checked="" type="radio"/> Yes <input type="radio"/> No		
590/600	Leasing - Does the carrier lease equipment? If yes: Were the leases filed with and approved by the Commission? Were the terms of the lease complied with?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No		
610	Advertising - Is the carrier's HG or TCC permit number included in all advertisements? If no, note on other information.	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Bill of Lading

720	Bills of Lading - Is the carrier using a Uniform Household Goods Bill of Lading that meets the requirement of Tariff 15-A? Has the carrier issued a Bill of Lading for each shipment?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No		
740	Does each Bill of Lading contain all required information?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	4	2
620	Notice to Shippers - Is the carrier providing shippers with the Rights and Responsibilities guide Has the notation on the Bills of Lading been signed by the shipper?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No		

Tariffs - Rates & Charges

490	Does the carrier have a copy of Tariff 15-A? If yes: Is it current? Is it available to the public?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No		
	If shipper selected a valuation option, were charges computed correctly?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
	Does the carrier accurately record start and stop times on the bill of lading for each job?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
	Are the charged hourly rates within the rate band?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
	Are the extra labor charges within the rate band?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
	Does the carrier charge travel time to and from job sites?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
	Charging overtime is optional. If the carrier charges overtime, are the charges within the rate band?	<input checked="" type="radio"/> Yes <input type="radio"/> No <u>N/A</u>		
	Has the carrier assessed hourly rates for any moves that have exceeded 35 miles from origin to destination?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		
	Has the carrier charged for any services not authorized under time rates? (Long carry, stairs, piano charge, etc.)	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		
	Packing Material rates - are the charges within the rate band? Does the carrier charge for materials not in the tariff? (Such as: paper, tape, padding, bubble wrap, shrink wrap, tape, etc.) Has the carrier provided packing material to the shipper at no cost?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No		

	Does the carrier use the Rand McNally mileage guide to determine mileage for tariff purposes?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A		
	Is mileage computed correctly?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A		
750	Determination of weights - has the carrier weighed all shipments that have exceeded 35 miles from origin to destination? Are empty and loaded weight tickets maintained with the bill of lading?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A		
	Does the carrier use correct tariff mileage/weight charges?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A		
	Packing Material rates - are the charges within the rate band? Does the carrier charge for materials not in the tariff? (Such as: paper, tape, padding, bubble wrap, shrink wrap, tape, etc.) Has the carrier provided packing material to the shipper at no cost?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A		
	Storage-in Transit - Has the carrier improperly classified or converted and storage-in-transit into long term storage?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		
	Does the carrier use correct rates for movements into and/or out of storage-in-transit?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A		
	Have shipments properly classified as storage-in-transit been charged long term storage rates?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A		
	Has the carrier provided temporary storage-in-vehicle? If yes: Are the charges within the rate band? Did the carrier obtain the shipper's authorizing signature?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		
	Are charges for stairs, elevators, and long carry calculated within the rate band?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		
	Are extra stop(s) charges calculated within the rate band?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A		
	Are piano/organ charges calculated within the rate band?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A		
	Has the carrier charged for "Expedited Service"? If yes: Did the carrier obtain the shippers' authorizing signature?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		

Estimates

640	Is the company aware that verbal estimates are not allowed?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		
630-690	Does the carrier issue written estimates? If yes: Are written estimates based on a written inventory (cube sheet)?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		
	Do written estimates include all required information?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		
	Does the carrier provide written estimates without visually inspecting the goods at the origin?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		
	Binding Estimates - Does the carrier issue binding estimates? If yes: Is required documentation attached to binding estimates? Has carrier failed to honor any binding estimates? Have any binding estimates exceeded the highest legal tariff rate?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		
	Has the carrier issued any supplemental estimates on binding estimates? If yes: Is a signed supplemental estimate attached to the original estimate?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		
	Have all written estimates been signed by the customer?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		

Does the carrier retain all written estimates of moves they have conducted?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Has the carrier issued any Supplemental Estimates? If yes: Do supplemental estimates show what additional services were requested by the customer that would cause the increase? Is a signed supplemental estimate attached to the original estimate?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No N/A <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No		
Has the carrier refused to agree to release a shipment upon payment of 110% of a written and any supplemental estimates?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		
If the goods were released upon payment of 110% of a written estimate, has the customer been allowed 30 days to pay the balance?	<input checked="" type="radio"/> Yes <input type="radio"/> No n/a		
Has the carrier collected more than 25% over the written non-binding estimate (plus any supplemental estimate) for time charges on hourly moves, or collected more than 15% over the estimate for accessorial or other services?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		
Has the carrier collected more than 15% over a written non-binding estimate (plus any supplemental estimate) for mileage rated moves?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		
Has the carrier underestimated any shipments? If yes, How many were underestimated _____ How many total moves did company conduct _____	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		
Does carrier understand that if they choose not to issue written estimates, they can not provide service by offering to meet or beat another company's estimate?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Claims

800-870	Does the carrier maintain a Complaints and Claims Register? If yes: Does the register include all required information?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No		
	Have all complaints been recorded in the register?	<input checked="" type="radio"/> Yes <input type="radio"/> No NO CLAIMS		
	Are all complaints and claims consecutively numbered?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
	Have all claims for loss and damage filed within 9 months of delivery date been recorded and processed?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
	Are all claim record documents retained for 6 years?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
	Are complaint records maintained in office for 3 years after resolution or shipment date?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
	Does the carrier notify the customer in writing, within 10 days, that claim or complaint was received?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
	Does the carrier investigate the claim quickly?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
	Does the carrier advise customer of resolution? Advisement is: Written <input checked="" type="radio"/> Verbal <input checked="" type="radio"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No		
	Does the carrier pay, refuse, or offer a compromise on a claim within 120 days?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
	If claim is not settled within 120 days, does carrier the continue to inform claimant every 60 days?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

	If a customer is not satisfied with the carrier=s resolution, is the customer referred to the Commission? Does the carrier provide the customer with the Commission=s toll-free line to Consumer Affairs?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No		
--	--	--	--	--

Operations

190	Permit - Is carrier operating within the scope of the permit?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
300	Temporary Permit - Is carrier in compliance with conditions attached to its temporary authority?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
390	Carrier Name - Is the carrier operating under its permitted name or an approved d/b/a?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
430-450	Suspension/Cancellation - Has the carrier=s permit been suspended or canceled during the time frame of this records check? If yes: Did the carrier operate during the suspension or cancellation period?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No		
900	Interstate Authority - Has the carrier operated in interstate commerce? If yes: Is the carrier properly registered? Is a copy of the SSRS/Exempt receipt in each vehicle	<input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No		
360	Permits - Does carrier keep copies in each vehicle?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
560	Vehicle Identification - Is the carrier=s equipment properly identified by name and permit number?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
600	Leased vehicles: are copies of leases in each vehicle?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

This records review indicated that the carrier=s records are in compliance with WUTC rules and regulations.

This records review indicated that some records, as indicated in this form, need to be corrected. The items that need correction have been discussed.

This records review found numerous record violations. All of the items that need correction were discussed.

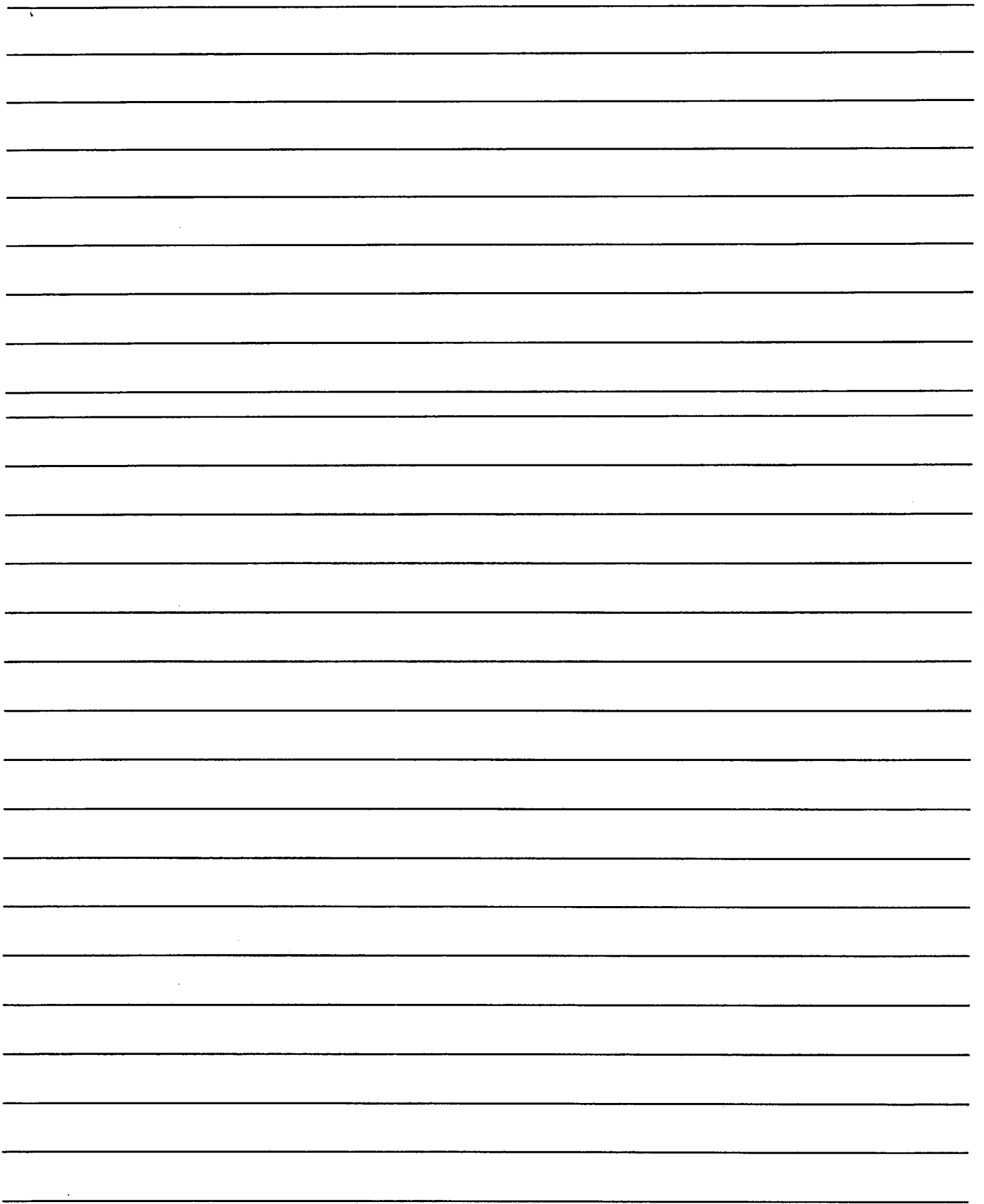
Company Representatives contacted during this records review.	Position Held	Phone Number
YURY MIRONENKO	PARTNER	360-936-5937

Other information:

- ENSURE ADDRESS, PHONE NUMBER & ID OF CARRIER LISTED ON BILL OF LADING

- VALUATION CHARGES SHOULD BE ITEMIZED WHEN CHARGED ON BILL OF LADING.

- COMPLY WITH SINGLE STATE REGISTRATIONS.



If you have any questions, or would like further technical assistance, please contact:

Bruce Grimm
Investigator

360-798-8724
Telephone

FAX
bgrimme@wutc.wa.gov

I, as a representative of this company, acknowledge receipt of this records review form and understand the findings as stated herein.

Jay M. [Signature]
Received By

owner
Title

02-10-06
Date



Customer Survey Questionnaire



Yury & Aleksei Mironenko, d/b/a Good Old Movers, P-79379 provides household goods moving services under a permit granted by the Washington Utilities and Transportation Commission (WUTC). As a condition of this carrier's permit authority, it must provide its customers with an opportunity to comment to us about the quality of services you received. We will use this information as we evaluate the mover's ability to provide that it provides quality service to the citizens of our state. Please complete the following questionnaire and return it to us. If you have questions, or have a complaint about the service you received from this mover, please feel free to contact us at (360) 664-1222. Thank you for helping regulate the customer service provided by this industry.

Your name Alexandre M. Mauden Your address 2611 Harrison Rd Your phone number 360-896-6560
 Moved from Vancouver Moved to Vancouver Bill of lading number W.W. 03-05 Date you moved 12-07-05

Estimates:
 • Did you request the mover provide an estimate?
 • Were you provided with a written estimate?
 • Was the estimate clear and understandable?
 • Did the mover fully explain any areas you questioned?
 • Did the final cost exceed the estimated cost?
 If so, by how much \$ _____

Yes	No
X	
X	
X	
X	
X	

Information to Shippers:
 • Did the mover give you written information about your rights and responsibilities as a moving customer prior to or at the beginning of your move?
 • Did the mover explain its limited liability for loss and damage?
 • Did the mover explain how you could obtain higher liability limits by paying additional fees?

X	
X	

Loss and Damage:
 • Did the mover damage your goods or residence?
 • If yes, were you given information on how to file a claim?
 • Were your questions on loss and damage answered fully?
 • Did you file a claim for loss or damage?
 • Was the claim resolved to your satisfaction?

X	
N/A	
N/A	
N/A	
N/A	

Quality of Service:
 • Were mover's staff (office/sales) courteous and professional?
 • Did the moving crew arrive at your residence on time?
 • Was the moving crew courteous and professional?
 • Was the moving crew responsive to your wishes/directions?
 • If any problems occurred were they brought to your attention so that you had a choice in how to resolve them?
 • Were you satisfied with the manner in which your goods were handled?
 • Did the movers have all necessary equipment (dollies, pads, packing materials, etc.) available to complete your move?
 • Did the movers complete their duties in a reasonable time?
 • Did the mover's truck(s) appear to be in good repair and suitable for transporting your household goods?

Yes	No
X	
X	
X	
X	
N/A	
X	
X	
X	
X	

Overall Comments:
 • Were you satisfied with the overall service provided?
 • Would you use this company again on future moves?
 • Would you recommend this company to others?

X	
X	
X	

Please feel free to add comments regarding your move (you may attach additional sheets as necessary) Then fold this document along the dotted lines shown on the back, seal with a piece of tape and mail to the address shown. Thank you.

With my belongings, I would recommend to all of my friends of his professional services. Very, very, pleased 12/7/05
Was extremely professional, very careful
Alexandre M. Mauden

Customer Survey Questionnaire

Yury & Aleksei Mironenko, d/b/a Good Old Movers, P-79379 provides household goods moving services under a permit granted by the Washington Utilities and Transportation Commission (WUTC). As a condition of this carrier's permit authority, it must provide its customers with an opportunity to comment to us about the quality of services you received. We will use this information as we evaluate the mover's ability to prove that it provides quality service to the citizens of our state. Please complete the following questionnaire and return it to us. If you have questions, or have a complaint about the service you received from this mover, please feel free to contact us at (360) 664-1222. Thank you for helping regulate the customer service provided by this industry.

Your name ORBIÉ SPIT Your address 4049 NW 14TH AVE Your phone number (360) 896 9653
 Moved from VANCOUVER, WASH Bill of lading number W.W. 04-05 Date you moved 12/29/2005

Estimates:

- Did you request the mover provide an estimate?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Were you provided with a written estimate?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Was the estimate clear and understandable?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Did the mover fully explain any areas you questioned?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Did the final cost exceed the estimated cost?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

if so, by how much \$ _____

Information to Shippers:

- Did the mover give you written information about your rights and responsibilities as a moving customer prior to or at the beginning of your move?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Did the mover explain its limited liability for loss and damage?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Did the mover explain how you could obtain higher liability limits by paying additional fees?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Loss and Damage:

- Did the mover damage your goods or residence?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>
- If yes, were you given information on how to file a claim?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Were your questions on loss and damage answered fully?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Did you file a claim for loss or damage?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Was the claim resolved to your satisfaction?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Quality of Service:

- Were mover's staff (office/sales) courteous and professional?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Did the moving crew arrive at your residence on time?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Was the moving crew courteous and professional?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Was the moving crew responsive to your wishes/directions?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
- If any problems occurred were they brought to your attention so that you had a choice in how to resolve them?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Were you satisfied with the manner in which your goods were handled?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Did the movers have all necessary equipment (dollies, pads, packing materials, etc.) available to complete your move?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Did the movers complete their duties in a reasonable time?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Did the mover's truck(s) appear to be in good repair and suitable for transporting your household goods?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Overall Comments:

- Were you satisfied with the overall service provided?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Would you use this company again on future moves?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Would you recommend this company to others?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please feel free to add comments regarding your move (you may attach additional sheets as necessary) Then fold this document along the dotted lines shown on the back, seal with a piece of tape and mail to the address shown. Thank you.

MOVERS DID AN EXCELLENT JOB. I WOULD USE THEM AGAIN & WOULD RECOMMEND THEM TO OTHERS. MOVERS WERE FRIENDLY & COURTEOUS. THEY WERE ON THE CLOCK & WASTED NO TIME. O. SPIT

2006 MCSAP DATA SHEET

Assignment #:	105199
Date of CR/Inspection:	02-10-06
Carrier Name:	YURY & ALEKSEI MIRONENKO
DBA:	GOOD OLD MOWERS
Permit #:	HG61841
DOT #:	1356585
MC #:	520377
MotCar #:	

COMPLIANCE REVIEW DATA:

Safety Rating:	SATISFACTORY
Number of Vehicles Operated:	1
Number of Drivers Operated:	1
Total Miles for Prior Year:	3000
Recordable Accidents for Prior Year:	0
Accident Ratio:	0.00

PART B VIOLATIONS:

Part 382/Part 40	1
Part 383	1
Part 387	0
Part 390	0
Part 391	0
Part 392	0
Part 395	0
Part 396	0
Part 397	1

2006 MCSAP DATA SHEET (cont):

VEHICLE INSPECTION DATA:

Vehicle Type:	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
# of Vehicle Inspections:									1		
# of Defective Vehicles:									1		
Defective Vehicle Ratio:	LEAVE BLANK - RATIO COMPUTER GENERATED										
# of OOS Vehicles:									0		
OOS Vehicle Ratio:	LEAVE BLANK - RATIO COMPUTER GENERATED										
Location of Inspection:	RIDGEFIELD										
Level of Inspection:									5		

VEHICLE INSPECTION VIOLATIONS

Vehicle Type:	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/Wipers									1		
Mirrors											
Emergency Equipment/ Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											

Inspector(s): Grimm

2006 MCSAP DATA SHEET (cont):

ABBREVIATIONS:

MC = Motorcoach

MB = Mini-Bus

SB = School Bus

Van = Van

TRK = Truck

TT = Truck Tractor

TRA = Trailer

UNIFORM DRIVER/VEHICLE INSPECTION REPORT

1224158

PERSONNEL NO. J540 DIST / DET _____ LEVEL: 1 ___ 2 ___ 3 ___ 4 ___ 5 X

GENERAL **HAZARDOUS MATERIALS**

DATE 08 23 05 TIME (MILITARY) BEGUN 10:00 TIME (MILITARY) FINISHED 10:20 HAZARD CLASS / DIVISION NO. _____
 LOCATION: SR/MP RIDGECHELD SCALEHOUSE NO. _____ CNTY CODE 06 REPORTABLE QTY? Y N HAZARDOUS WASTE? Y N
 PLACARD REQUIRED? Y N CARGO TANKS? Y N

CARRIER 360-936-5937

CARRIER NAME (Include DBA when applicable) YURY P ALEKSEI MIROZENKO DBA GOOD OLD MOVES

ADDRESS 23801 NW 1ST AVE (HGG1841)

CITY RIDGECHELD STATE WA ZIP CODE 98642 INTERSTATE YES NO DOT NO. 1356585 ICC NO. 520377

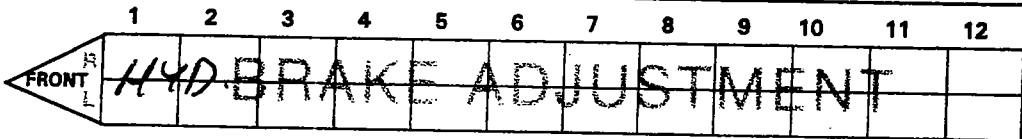
DRIVER

DRIVER NAME _____ LICENSE NO. _____ STATE _____ EXP. YEAR _____
 DATE OF BIRTH _____ MED. CERT. Y N SHIPPER NAME _____ SHIPPING NO. _____
 WAIVER Y N

VEHICLE

REGISTERED OWNER NAME/ADDRESS MIROZENKO, ALEKSEI G.V.W. 26000 PBT RATE _____

UNIT	TYPE	YEAR/MAKE	CO. UNIT NO.	LICENSE NO. / VIN NO.	STATE
1	TR	00 CHEV		A09358U	WA
2					
3					
4					



CFR	VIOLATIONS	D	1	2	3	4	Unit #s O/S	Complied
393.60	CRACKED GLASS							
	WINDSHIELD, NOT INTERSECTING		X					
393.9	LEFT BACKUP LAMP		X					
	INOPERATIVE							

CVSA DECALS UNIT 1 1903678 UNIT 2 _____ UNIT 3 _____ UNIT 4 _____ NOIC NO. _____

DRIVER SIGNATURE [Signature]
 OFFICER SIGNATURE [Signature]

1GBJTC106Y S15959