



**HOUSEHOLD GOODS MOVING  
COMPANY PERMIT APPLICATION**



**RECEIVED**

JUN 26 2014

WASH. UT. & TP. COM

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed: <u>6/26/14</u>	DOL/SOS: <u>ajp</u>	ID: <u>7931</u>	Docket #:- <u>1141351</u>
Staff Assigned: <u>Jane</u>	Insurance: <u>ajp</u>	Inspection	Permit Issued THG- <u>65581</u>
Reception #	111-0268-207-02	Receipt ID <u>085982</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      **\$ 550**
- 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      **\$ 550**
- Permanent authority to transfer under the exceptions in WAC 480-15-187 – Complete pages 3-8 and Attachments B & C      **\$ 250**
- 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      **\$ 250**
- Name Change – Complete pages 3-4 and Attachment D      **\$ 35**

**BUSINESS INFORMATION**

Legal Name: ~~NIKITA NEMYKIN AND ROMAN CHUYKIN~~  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable: ABC MOVERS SEATTLE LLC

Physical Address: 12040 - 28<sup>th</sup> AVE NE, APT. B2 SEATTLE, WA 98125

Mailing Address: THE SAME

Telephone Number (941) 606-2148      Fax Number ( ) \_\_\_\_\_

UBI #: 603-393-839      Email: ABCMOVERSSEATTLE@gmail.com

**Posted**

**BUSINESS INFORMATION - continued**

USDOT #: 2512075 (If you currently don't have one, go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.dot.gov/online-registration) to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp Acct? Account # WE ARE PARTNERS / NO EMPLOYEES  
Employment Security Department registration number? ESD # WE ARE PARTNERS / NO EMPLOYEES

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

**TYPE OF BUSINESS STRUCTURE**

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

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

Name	Title	Stock Distribution or % of Shares
<u>NIKITA NEMYKIN</u>	<u>MEMBER / OWNER</u>	<u>50%</u>
<u>ROMAN CHUYKIN</u>	<u>MEMBER / OWNER</u>	<u>50%</u>

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

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Office and household goods moving.  
One more high quality moving company in the area.  
Competitive price. Honest, reliable service.

Briefly describe your experience in the transportation/household goods moving industry:  
One year as helper in office and household goods moving industry.  
One year as foreman / driver.

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: \_\_\_\_\_

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	\$ 5,503.00	Salaries/Wages Payable	\$ 0.00
Notes Receivable	\$ 0.00	Accounts Payable	\$ 0.00
Investments	\$ 0.00	Notes Payable	\$ 0.00
PACKING MATERIAL Other Current Assets	\$ 2,000.00	Mortgages Payable	\$ 0.00
Prepaid Expenses	\$ 0.00	<b>TOTAL LIABILITIES</b>	\$ _____
Land and Buildings	\$ 0.00	<b>NET WORTH</b>	34,003.00
Trucks and Trailers	\$ 25,000.00	Preferred Stock	\$ _____
Office Furniture	\$ 1,000.00	Common Stock	\$ _____
HAND TRUCK, etc Other Equipment	\$ 500.00	Retained Earnings	\$ _____
Other Assets	\$ 0.00	Capital	\$ _____
<b>TOTAL ASSETS</b>	\$ 34,003.00	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 34,003.00

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
2007	4300V Box TRK INTERNATIONAL	CALIFORNIA 8W39804	1HTMMAALX7H524307	25,500 <del>26,000</del> M.N.

**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.**

M/A

**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: <u>NIKITA NEMYKIN</u>	Position: <u>MEMBER / OWNER</u>
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<b>OPERATIONAL RESPONSIBILITIES</b>	
Annual Reports and Regulatory Fees ( <a href="#">WAC 480-15-480</a> ). You must annually file a report of your financial operations and pay regulatory fees.	
Name: <u>NIKITA NEMYKIN</u>	Position: <u>MEMBER / OWNER</u>
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>NIKITA NEMYKIN</u>	Position: <u>MEMBER / OWNER</u>

**DECLARATION OF APPLICANT**


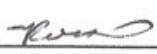
I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.

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>NIKITA NEMYKIN</u>		6/12/14 Lynnwood, WA
<u>ROMAN CHAYKIN</u>		6/12/14 Lynnwood, WA
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:** NIKITA NEMYKIN AND ROMAN CHUYKIN  
ABC MOVERS SEATTLE, LLC

The following must be completed by the Supporter of the applicant	
<b>Name, Title, and Business Name:</b>	<u>YAROSLAV DESYATNIK</u>
<b>Address (include street address, mailing address, city, state, zip, and county):</b>	<u>3504 - 121<sup>ST</sup> STREET S.W. LYNNWOOD, WA 98087</u>
<b>Phone Number:</b>	<u>(206) 271-8013</u>
<p>Do you currently need the services of a residential household goods moving company?  <input checked="" type="checkbox"/> No   <input type="checkbox"/> Yes   If yes, please describe your current moving needs:</p>	
<p>Do you anticipate a future need for the services of a residential household goods moving company?  <input type="checkbox"/> No   <input checked="" type="checkbox"/> Yes   If yes, please describe your future moving needs:  <u>MOVE OUR HOUSEHOLD GOODS (PERSONAL BELONGINGS) FROM CURRENT LOCATION TO NEW LOCATION.</u></p>	
<p>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:  <u>ONE MORE MOVING SERVICES COMPANY AVAILBLE IN THE AREA TO TAKE CARE OF MY MOVING NEEDS.</u></p>	
<p>Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  <u>SUPPORT SMALL BUSINESS IN WA STATE</u></p>	
<p><i>I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i></p>	
<p><u></u>                      Signature of Person Completing Form</p>	<p><u>6/12/14   Lynnwood, WA</u>                      Date and Location</p>

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**Applicant Name:** NIKITA NEMYKIN AND ROMAN CHUYKIN  
ABC MOVERS Seattle, LLC

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

**Name, Title, and Business Name:** FARHAD Beyzaee

**Address (include street address, mailing address, city, state, zip, and county):**  
12040 28TH AVE, N. E # B3 Seattle, WA, 98125

**Phone Number:** (206) 9798641

**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:  
 Move our household goods, belongings from current location to the new location.

**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:**  
 one more moving Services Company that capable and qualify in the area would take care of my moving needs.

**Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?**  
 support small Business in WA state.

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

FARHAD BEYZAEE 6-12-2014 Seattle, WA

Signature of Person Completing Form Date and Location

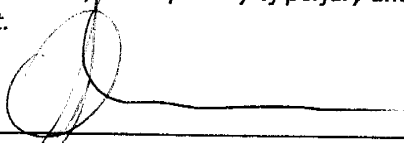


**ATTACHMENT A**

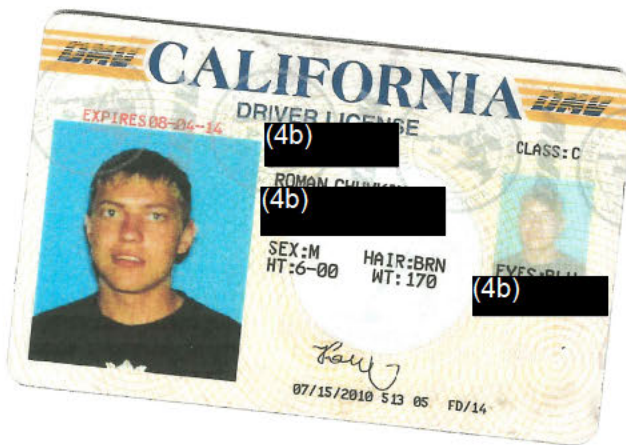
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**Applicant Name:** NIKITA NEMYKIN AND ROMAN CHUYKIN  
ABC Movers Seattle, LLC

<b>The following must be completed by the Supporter of the applicant</b>	
Name, Title, and Business Name: <u>ILYA DIDOK</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>913 Pine Street Everett, WA 98201</u>	
Phone Number: <u>(425) 530-1197</u>	
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: <u>MOVE PERSONAL STAFF TO NEW LOCATION</u>	
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: <u>MORE MOVING COMPANIES AVAILABLE IN SEATTLE AREA.</u>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>JOB OPPORTUNITIES IN SEATTLE, WA AREA</u>	
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	<u>6/12/14 EVERETT, WA</u> _____ Date and Location





*Insurance CO*

**Form E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

**RECEIVED**

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

JUN 26 2014

This is to certify, that the **ABC MOVERS SEATTLE** (hereinafter called Company)

of 12040 28<sup>TH</sup> AVE NE UNIT B2 SEATTLE, WA 98125

WASH. UT. & TP. COMM

has issued to **ABC MOVERS SEATTLE** of 12040 28<sup>TH</sup> AVE NE UNIT B2 SEATTLE, WA 98125

a policy or policies of insurance effective from MAY 12, 2014 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 12317 15<sup>TH</sup> AVE NE STE 107, SEATTLE, WA 98125

this 12TH day Of JUNE, 2014

State Farm Insurance File No. 276 1478-E12-47-001  
(Policy Number)

TREVER TILLMAN, AGENT  
(Authorized Company Representative)

Form H  
UNIFORM MOTOR CARRIER CARGO  
CERTIFICATE OF INSURANCE

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the STATE FARM INSURANCE COMPANIES  
(Name of Company)

RECEIVED

(hereinafter called Company) of PO BOX 5000 DUPONT, WA 98327  
(Home Office Address of Company)

JUN 26 2014

Has issued to ABC MOVERS SEATTLE  
(Name of Motor Carrier)

WASH. UT. & TP. COMM

Of 12040 28<sup>th</sup> AVE NE APT B2 SEATTLE, WA 98125  
(Address of Motor Carrier)

a policy or policies of insurance effective from MAY 12, 2014 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Cargo Insurance Endorsement, has or have been amended to provide cargo insurance covering the obligations imposed upon such motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

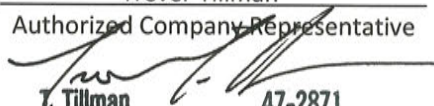
Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsement thereon.

This certificate and endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in received in the office of the Commission.

Countersigned at State Farm Insurance 12317 15<sup>th</sup> Ave NE Ste 107 Seattle, WA 98125  
(Street Address) (City) (State) (Zip Code)

This 25<sup>th</sup> day of June, 2014

Insurance Company File No. 98-B1-F584-7  
(Policy Number)

Trever Tillman  
Authorized Company Representative  
  
T. Tillman 47-2871  
FIRE 47  
AFO Metro Seattle F497



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

ABC MOVERS SEATTLE LLC

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

Date: 4/14/2014

UBI Number: 603-393-839



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

Handwritten signature of Kim Wyman in blue ink.

Kim Wyman, Secretary of State

Date Issued: 4/15/2014



STATE OF  
WASHINGTON

## BUSINESS LICENSE

**Domestic Limited Liability Company**

**Unified Business ID #: 603 393 839**  
**Business ID #: 1**  
**Location: 1**

**ABC MOVERS SEATTLE LLC**  
**12040 28TH AVE NE APT B2**  
**SEATTLE WA 98125 5333**

**TAX REGISTRATION**

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.

A handwritten signature in black ink, appearing to be "C. R. ...", written over a horizontal line.

Director, Department of Revenue



STATE OF WASHINGTON  
DEPARTMENT OF LABOR AND INDUSTRIES

April 14, 2014

OSI - PERS SEATTLE LLC  
1205 10TH AVE NE APT 204  
SEATTLE WA 98125-5332

Business Identification (EIN): 603 393 839

Dear Business Owner:

As you've set up a workers' compensation policy (or account) for your business because your application for a business license indicated you were hiring employees,

your business is a Limited Liability Company (LLC). Washington has specific workers' compensation coverage requirements for LLCs. It is your responsibility to determine if you need to cover individuals for workers' compensation in Washington.

What do you need to do?

1. Go online to [www.wa.compsAccount.Lni.wa.gov](http://www.wa.compsAccount.Lni.wa.gov) to learn about coverage requirements for LLCs.

2. Determine if you have a workers' compensation policy in Washington.

3. If coverage is needed, call Labor & Industries at (360) 902-4599 to set up a workers' compensation policy.

If you are required to set up a policy and fail to do so, you may be required to pay up to three times the amount of the insurance premium, plus the cost of the benefit provided if someone who should be covered is injured.

Please review the website above to determine if you need a policy. Call Labor & Industries at (360) 902-4599 to open an account or if you need additional help.

If you have

any questions, please contact:  
Customer Services Toltread  
Department of Labor & Industries  
PO Box 40100  
Seattle WA 98146-0140

Phone: 360-902-4599  
FAX: 360-902-4988

Thank you for your business. ORIGINAL \*\*\*\*





STATE OF WASHINGTON  
DEPARTMENT OF REVENUE

April 11, 2014

53

BO MANNERS SEATTLE LLC  
2040 4TH AVENUE APT B2  
SEATTLE WA 98101-3522

**UBI Number: 603 393 839**  
PAC Code: A840153B

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

Simple to do! You are not required 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.

Report and pay your taxes  
Your business is assigned to report taxes **annually**. Your tax return is due January 31 following the tax year 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.

Report your business open data, the first return you must file is the Annual 2014 return and is due no later than 31, 2015. We will mail your return to you.

(over)

**Coverage Details**

Customer name: ABC MOVERS SEATTLE  
 Policy: 276 1478-E12-47 -001  
 Description: 2007 INTERNATNL 4300V BOX TRK  
 VIN: 1HTMMAALX7H524307  
 SFPP #: 1204693015

Company: SF Fire  
 Servicing Agent: TREVER TILLMAN  
 Eff date: 05-12-2014 to 11-12-2014

The premium amounts shown reflect a six-month policy term.

Code	Description	Amount
A	Liability Coverage	1,519.80
	Limit - Each Accident	
	\$1,000,000	
D	Comprehensive Coverage - \$1,000 Deductible	126.64
G	Collision Coverage - \$1,000 Deductible	445.43
U	Underinsured Motor Vehicle Coverage	120.78
	Bodily Injury Limits	
	Each Person, Each Accident	
	\$250,000 \$500,000	
<b>Total:</b>		<b>2,212.65</b>

Trade Secret Information  
 - Distribution on a Business Need to Know Basis Only -  
 State Farm Mutual Automobile Insurance Company, Bloomington, Illinois



# MOTOR CARRIER IDENTIFICATION REPORT (Application for U.S. DOT NUMBER)

REASON FOR FILING (Check Only One)  
 NEW APPLICATION     BIENNIAL UPDATE OR CHANGES     OUT OF BUSINESS NOTIFICATION     REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)

1. NAME OF MOTOR CARRIER ABC MOVERS SEATTLE			2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME		
3. PRINCIPAL ADDRESS 12040 28TH AVE B2		4. CITY SEATTLE	5. STATE/PROVINCE WASHINGTON	6. ZIP CODE + 4 98125	7. COLONIA (MEXICO ONLY)
8. MAILING ADDRESS 12040 28TH AVE B2		9. CITY SEATTLE	10. STATE/PROVINCE WASHINGTON	11. ZIP CODE+4 98125	12. COLONIA (MEXICO ONLY)
13. PRINCIPAL BUSINESS PHONE NUMBER (949) 606-2148		14. PRINCIPAL CONTACT CELL PHONE NUMBER		15. PRINCIPAL BUSINESS FAX NUMBER	

16. USDOT NO. 2512075	17. MC OR MX NO.	18. DUN & BRADSTREET NO.	19. IRS/TAX ID NO. EIN# (4b) SSN#
20. INTERNET E-MAIL ADDRESS ABCMOVERSSEATTLE@GMAIL.COM			21. CARRIER MILEAGE (to nearest 10,000 miles for Last Calendar Year) YEAR 140439 2014

22. COMPANY OPERATION (Mark all that apply)  
A. Interstate Carrier    B. Intrastate Hazmat Carrier     Intrastate Non-Hazmat Carrier    D. Interstate Hazmat Shipper    E. Intrastate Hazmat Shipper    F. Vehicle Registrant Only

23. OPERATION CLASSIFICATION (Circle All that Apply)

<input checked="" type="radio"/> A. Authorized For-Hire	<input type="radio"/> D. Private Passengers (Business)	<input type="radio"/> G. U. S. Mail	<input type="radio"/> J. Local Government
<input type="radio"/> B. Exempt For-Hire	<input type="radio"/> E. Private Passengers (Non-Business)	<input type="radio"/> H. Federal Government	<input type="radio"/> K. Indian Tribe
<input type="radio"/> C. Private Property	<input type="radio"/> F. Migrant	<input type="radio"/> I. State Government	<input type="radio"/> L. Other

24. CARGO CLASSIFICATIONS (Circle All that Apply)

<input checked="" type="radio"/> A. GENERAL FREIGHT	<input type="radio"/> F. LOGS, POLES, BEAMS, LUMBER	<input type="radio"/> J. FRESH PRODUCE	<input type="radio"/> P. GRAIN, FEED, HAY	<input type="radio"/> V. COMMODITIES DRY BULK	<input type="radio"/> BB. CONSTRUCTION
<input type="radio"/> B. HOUSEHOLD GOODS	<input type="radio"/> G. BUILDING MATERIALS	<input type="radio"/> K. LIQUIDS/GASES	<input type="radio"/> Q. COAL/COKE	<input type="radio"/> W. REFRIGERATED FOOD	<input type="radio"/> CC. WATER WELL
<input type="radio"/> C. METAL; SHEETS; COILS; ROLLS	<input type="radio"/> H. MOBILE HOMES	<input type="radio"/> L. INTERMODAL CONT.	<input type="radio"/> R. MEAT	<input type="radio"/> X. BEVERAGES	<input type="radio"/> DD. OTHER
<input type="radio"/> D. MOTOR VEHICLES	<input type="radio"/> I. MACHINERY, LARGE OBJECTS	<input type="radio"/> M. PASSENGERS	<input type="radio"/> S. GARBAGE, REFUSE, TRASH	<input type="radio"/> Y. PAPER PRODUCTS	
<input type="radio"/> E. DRIVE AWAY/TOWAWAY		<input type="radio"/> N. OIL FIELD EQUIPMENT	<input type="radio"/> T. U.S. MAIL	<input type="radio"/> Z. UTILITY	
		<input type="radio"/> O. LIVESTOCK	<input type="radio"/> U. CHEMICALS	<input type="radio"/> AA. FARM SUPPLIES	

25. HAZARDOUS MATERIALS CARRIED OR SHIPPED (Circle All that Apply)    C-CARRIED    S-SHIPPED    B(BULK) - IN CARGO TANKS    NB(NON-BULK) - IN PACKAGE

C	S	A. DIV 1.1	B	NB	C	S	K. DIV 2.2A (Ammonia)	B	NB	C	S	U. DIV 4.2	B	NB	C	S	EE. HRCQ	B	NB
C	S	B. DIV 1.2	B	NB	C	S	L. DIV 2.3A	B	NB	C	S	V. DIV 4.3	B	NB	C	S	FF. CLASS 8	B	NB
C	S	C. DIV 1.3	B	NB	C	S	M. DIV 2.3B	B	NB	C	S	W. DIV 5.1	B	NB	C	S	GG. CLASS 8A	B	NB
C	S	D. DIV 1.4	B	NB	C	S	N. DIV 2.3C	B	NB	C	S	X. DIV 5.2	B	NB	C	S	HH. CLASS 8B	B	NB
C	S	E. DIV 1.5	B	NB	C	S	O. DIV 2.3D	B	NB	C	S	Y. DIV 6.2	B	NB	C	S	II. CLASS 9	B	NB
C	S	F. DIV 1.6	B	NB	C	S	P. Class 3	B	NB	C	S	Z. DIV 6.1A	B	NB	C	S	JJ. ELEVATED TEMP MAT.	B	NB
C	S	G. DIV 2.1	B	NB	C	S	Q. Class 3A	B	NB	C	S	AA. DIV 6.1B	B	NB	C	S	KK. INFECTIOUS WASTE	B	NB
C	S	H. DIV 2.1 LPG	B	NB	C	S	R. Class 3B	B	NB	C	S	BB. DIV 6.1 Poison	B	NB	C	S	LL. MARINE POLLUTANTS	B	NB
C	S	I. DIV 2.1 (Methane)	B	NB	C	S	S. COM LIQ	B	NB	C	S	CC. DIV 6.1 SOLID	B	NB	C	S	MM. HAZARDOUS SUB(RQ)	B	NB
C	S	J. DIV 2.2	B	NB	C	S	T. DIV 4.1	B	NB	C	S	DD. CLASS 7	B	NB	C	S	NN. HAZARDOUS WASTE	B	NB
																	OO. ORM	B	NB

26. NUMBER OF VEHICLES THAT CAN BE OPERATED IN THE U.S.

	Straight Trucks	Truck Tractors	Trailers	Hazmat Cargo Tank Trucks	Hazmat Cargo Tank Trailers	Motor Coach	School Bus		Mini-bus		Van		Limousine						
							Number of vehicles carrying						number of passengers (including the driver) below						
							1-8	9-15	16+	16+	1-8	9-15	1-8	9-15	1-8	9-15	16+		
OWNED		1																	
TERM LEASED																			
TRIP LEASED																			

27. DRIVER INFORMATION

Within 100-Mile Radius	INTERSTATE	INTRASTATE	TOTAL DRIVERS	TOTAL CDL DRIVERS
Beyond 100-Mile Radius			1	1

28. IS YOUR U.S. DOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION? Yes \_\_\_ No X  
If Yes, enter your U.S. DOT Number.

29. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), OFFICERS OR PARTNERS AND TITLES (e.g. PRESIDENT, TREASURER, GENERAL PARTNER, LIMITED PARTNER)

1. NIKITA NEMYKIN, PRESIDENT  
(Please print Name)

2. ROMAN CHUYKIN, PRESIDENT  
(Please print Name)

30. CERTIFICATION STATEMENT (to be completed by an authorized official)

I, ABC MOVERS SEATTLE  
(Please print Name)

Signature ABC MOVERS SEATTLE Date 06/03/2014 Title LLC  
(Please print)

certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.