

**HOUSEHOLD GOODS CARRIER
PERMIT APPLICATION**



Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachment A	\$ 250
<input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment A	\$ 550 <i>AD</i>
<input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 1 - 5 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-460) – Complete pages 1 - 2 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change – Complete page 1 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority – Complete pages 1 - 5 and Attachment A	\$ 550

TYPE OF PAYMENT

Check
 Money Order
 Amex
 Discover
 Mastercard
 Visa

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Expiration Date: N/A Amount: \$ 550.00

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

Name (printed): Alex Gorshenin Date: 8.26.03

Signature: Alex Gorshenin Title: _____

FOR OFFICIAL USE ONLY

Date Filed: <u>9/8/03</u>	Application #: <u>P-19219</u>	Motocar: <u>41785</u>	Permit Issued: <u>HG-61091</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection: _____	DOL/SOS: <u>[Signature]</u>
Reception #: <u>111-0268-207-02</u>	<u>550.00</u>	<u>111-0268-202-01</u>	<u>111-0268-013-20</u>

0000664

TV-031444

BUSINESS INFORMATION

Name of Applicant Aleksand D. Gorshenin
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable Reliable Delivery Service

Physical Address 405 NW B st

Mailing Address College Place WA 99324

Telephone Number (509) 526-5509 Fax Number () _____

UBI # 602272343 Email: ARELIABLE@USA.COM

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other _____
(LP, LLP, LLC)

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

Name	Title	Stock Distribution or Percentage of Shares
<u>Aleksand D. Gorshenin</u>	<u>owner</u>	<u>100%</u>

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

All counties in the State of Washington

The following named counties only: _____

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: I will help people move and haul anything they need. I have a small truck with lift gate that helps with heavy stuff.

Briefly describe your experience in the transportation/household goods moving industry: I don't have much experience it is new company. But I am working for my home as a careful mover.

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?
 No Yes If yes, please explain: _____

Do you currently operate interstate? No Yes If yes, please indicate your:
 DOT# _____ MC# _____ Single State Registration Base State _____

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: _____

Have you ever been convicted of a Class A or B Felony? No Yes If yes, please explain: _____

Have you been cited for violation of state laws or Commission rules? No Yes If yes, please explain: _____

FINANCIAL STATEMENT			
You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available			
ASSETS		LIABILITIES	
Cash in Bank	\$ 1,300	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 3,000	Preferred Stock	\$
Office Furniture	\$ 200	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$ 0

EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal before your application may be granted.

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1989	IVECO	A21209S	ZCFES3434K1250658	16000

SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and rules. 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.

SAFETY RESPONSIBILITIES

COMMERCIAL DRIVERS LICENSE (CDL) REQUIREMENTS (Title 49, Code of Federal Regulations Part 383) Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

Name: Alex Gorshenin Position: Owner

DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391) Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: Alex Gorshenin Position: Owner

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395) Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.

Name: Alex Gorshenin Position: Owner

CONTROLLED SUBSTANCES AND ALCOHOL TESTING (Title 49, Code of Federal Regulations Part 382 & Part 40) Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Name: Alex Gorshenin Position: Owner

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirement (49 CFR Part 382 and 49 CFR Part 40)

VEHICLE INSPECTION, REPAIR, AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396) Companies must ensure that each motor vehicle operated is regularly inspected, repaired, and maintained.

Name: Alex Gorshenin Position: Owner

INSURANCE REQUIREMENTS (WAC 480-15-530) All companies must file and maintain proof of public liability and property damage insurance covering vehicles operated. (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

Name: Alex Gorshenin Position: Owner

CARGO INSURANCE REQUIREMENTS (WAC 480-15-550) All companies 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: Alex Gorshenin Position: Owner

OPERATIONAL RESPONSIBILITIES

ANNUAL REPORTS and REGULATORY FEES (WAC 480-15-480) Companies must annually file a report of their financial operations and pay regulatory fees.

Name: Alex Gorshenin 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: 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 and Internal Revenue Service (taxes); and Employment Security.

Name: Alex Gorshenin 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 be granted 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.

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.

Alex Gorshenin Alex Gorshenin 8.26.03 Home
Print name of applicant Signature of Applicant Date & Place

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

Applicant Name:
Alex Gorshenin

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: *Knapp Furniture Restoration*

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

*1219 W. Pine St.
Walla Walla, WA 99362
Walla Walla County*

Phone Number:
509-529-7495

Do you currently need the services of a residential household goods moving company?

No Yes If yes, please describe your current moving needs:
We are not equipped to move large items such as pianos, hutches, or armoires. We need help moving these items.

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:
See above. We have customers within a three state area (Oregon, Idaho, and Washington). This company can serve these customers and those in Walla Walla.

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: *Our area needs a company willing to move a few items (as opposed to complete households) within our local area.*

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

We would be happy to hire and recommend the services of this business. Alex Gorshenin is very reliable.

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

[Signature]
Signature of Person Completing Form

8-27-03 Walla Walla, WA
Date and Location

ATTACHMENT A

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Applicant Name:

ALEX GOSSHENIN

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

BOB STUART OWNER 1040 TAX SERVICE & ACCT

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

50 N COLLEGE AVE
COLLEGE PLACE WA 99324 WALLA WALLA

Phone Number:

509 526 3898

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:

OFFICE EQUIP & FURNISHINGS

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:

IS WILLING TO DO IT AS SOON AS YOU WISH, HE IS HONEST, LOCAL, VERY FRIENDLY AND WILL NOT TRY TO TAKE ADVANTAGE OF YOU LIKE OTHERS DO

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

MEET HIM

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

Date and Location

8-27-03 COLLEGE PLACE WA

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

Applicant Name:
ALEX COASHENIN

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

GEORGE BARTON

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

253 WILLOW ST

DAYTON WA 99328 COLUMBIA

Phone Number:

509 529 4181

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:

FURNITURE AND OTHER PERSONAL ITEMS

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:

A LOW COST AND QUICK SERVICE SOLUTION

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

THIS K.I.A IS HONEST AND HARD WORKING

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

George Barton
Signature of Person Completing Form

8-27-3 Colfax WA
Date and Location

August 25, 2003

Carolyn A. Caruso
1300 Evergreen Park Dr. S.W.
Olimpia, WA 98504-7250

Dear Carolyn Caruso:

I am working on my insurance and I will send copy of it as soos as I get it.
Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Alex Gorshenin".

Alex Gorshenin
A Reliable Delivery Service



www.banrbank.com

Date 5/30/03
Primary Account

Page 1
2206020918
2

A Reliable Delivery Service
Alex D Gorshenin
Irina V Gorshenin
405 NW B St
College Place WA 99324

CHECKING ACCOUNTS

Account Title: A Reliable Delivery Service
Alex D Gorshenin
Irina V Gorshenin

Business Checking		Number of Enclosures	2
Account Number	2206020918	Statement Dates	5/01/03 thru 6/01/03
Previous Balance	188.09	Days in the statement period	32
Deposits/Credits	.00	Average Ledger	171.39
3 Checks/Debits	23.95	Average Collected	171.39
Service Charge	7.00		
Interest Paid	.00		
Current Balance	157.14		

Withdrawals and Deductions

<u>Date</u>	<u>Description</u>	<u>Amount</u>
5/05	D/C SET 0653 05/05/03 26000569 456616000435339 000000 TEXACO INC 63621220314 TOUCHET WA	.04
5/30	Service Charge	7.00

Service Charge Breakdown

<u>Date</u>	<u>Description</u>	<u>Amount</u>
5/30	Base Fee in Service Charge	7.00

--- CHECKS IN NUMBER ORDER ---

<u>Date</u>	<u>Check No</u>	<u>Amount</u>	<u>Date</u>	<u>Check No</u>	<u>Amount</u>
5/08	126	7.72	5/12	127	16.19

* Denotes missing check numbers



www.banrbank.com

Date 5/30/03
Primary Account

Page 1
105193411

Alex D Gorshenin
Irina V Gorshenin
405 NW B St
College Place WA 99324

CHECKING ACCOUNTS

Account Title: Alex D Gorshenin
Irina V Gorshenin

Free Checking		Check Safekeeping	
Account Number	105193411	Statement Dates	5/01/03 thru 6/01/03
Previous Balance	961.12	Days in the statement period	32
4 Deposits/Credits	1,936.22	Average Ledger	1,306.04
34 Checks/Debits	1,194.77	Average Collected	1,306.04
Service Charge	.00		
Interest Paid	.00		
Current Balance	1,702.57		

Deposits and Additions

Date	Description	Amount
5/01	Deposit W/Receipt	245.00
5/08	Deposit W/Receipt	256.09
5/14	Deposit W/Receipt	971.32
5/22	Deposit W/Receipt	463.81

Withdrawals and Deductions

Date	Description	Amount
5/02	D/C SET 0050 05/02/03 25118000 301388408642455 000000 LUMBERMEN S 176 WALLA WALLA WA	8.09
5/02	D/C SET 0624 05/02/03 21000395 618991000611624 000000 SHELL OIL 54616100019 COLLEGE PLACEWA	13.00
5/05	MAY DUES BENEFITS PACKAGE \SEC	2.95

INQR UTL024P1 MASTER LICENSE SERVICE 09/08/03
 BUSINESS ENTITY INQUIRY 11:24:47

UBI: 602 272 343 001 0001 Loc Status: A
Type: Sole Proprietor

Owner Name: ALEKSAND D GORSHENIN
Spouse Name: GORSHENIN, IRINA V

Firm Name : A RELIABLE DELIVERY SERVICE
Loc: 405 NW "B" STREET Mail: 405 NW "B" STREET
 COLLEGE PLACE WA 99324 COLLEGE PLACE WA 99324

Phone: (509) 526-5509 Registered Tradenames for this UBI? Yes

RFI: No NSF: No Location First Activity: 02 01 2003
RFP: No Withhold: No Last License Issued: 03 20 2003

TRANSFER: _____ {Press <ENTER> for Endorsements List}
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
 GLIST APLST UBIQ SERV TRDU INQA INQR MMENU

INQR UTL024P1 MASTER LICENSE SERVICE 09/08/03
 BUSINESS ENTITY INQUIRY 11:25:01

UBI: 602 272 343 001 0001 Loc Status: A
Type: Sole Proprietor

Owner Name: ALEKSAND D GORSHENIN
Firm Name : A RELIABLE DELIVERY SERVICE
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	03 14 2003	
No Unemployment Insurance					
No Industrial Insurance					

TRANSFER: _____ End of Endorsement List
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
 GLIST APLST UBIQ SERV TRDU INQA INQR MMENU



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

September 17, 2003

Aleksand D. Gorshenin
d/b/a: A Reliable Delivery Service
405 NW "B" Street
College Place, WA 99324

Dear Mr. Gorshenin:

This letter is to inform you that you have been granted temporary authority to operate as a household goods carrier on a provisional basis. Enclosed is your permit, the Commission order granting your permit, a copy of the Customer Survey form you must give to each of your customers, and a declaration form which you must complete and return to the Commission within 15 days.

Your operations under this temporary authority will be evaluated to determine if you have met the criteria for obtaining permanent authority.

To ensure you receive optimum assistance from the Commission during this evaluation period, we have assigned a special investigator to help your company become familiar with the rules and regulations governing household goods carriers.

If at any time you have a questions, would like to receive training, or need any other information about household goods rules, please contact:

Leon Macomber at (360) 664-1236

Sincerely,

Tina Leipski
Transportation Specialist
Licensing Services

