



## 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
<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			
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Mastercard
			<input checked="" type="checkbox"/> Visa # <u>195278</u>
Expiration Date: <u>01-31-09</u>		Amount: <u>550.00</u>	
<p><b>CERTIFICATION:</b> 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.</p>			
Name (printed): <u>Yury Y. Mironenko</u>		Date: <u>05-31-05</u>	
Signature: <u><i>Yury Y. Mironenko</i></u>		Title: <u>OWNER</u>	
FOR OFFICIAL USE ONLY			
Date Filed: <u>6/7/05</u>	Application #: <u>P 79379</u>	Motcar: <u>43739</u>	Permit Issued: HG- <u>6184</u>
Staff Assigned: <u>0010536</u>	Insurance:	Inspection:	DOL/SOS: <u>01/01</u>
Reception #: <u>111-0268-207-02 550</u>			
111-0268-202-01	111-0268-202-01	111-0268-013-20	

TV-050869

**BUSINESS INFORMATION**

Name of Applicant Yury & Aleksei Mironenko  
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable Good Old Movers

Physical Address 23801 NW 1<sup>st</sup> Ave Ridgefield WA 98642

Mailing Address 23801 NW 1<sup>st</sup> Ave Ridgefield WA 98642

Telephone Number (360) 936-5937 Fax Number (360) 887-3129

UBI # 602-471-403 Email: nadiahope\_sm@yahoo.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>Yury. Y. Mironenko.</u>	<u>owner</u>	<u>55%</u>
<u>Aleksei. Y. Mironenko.</u>	<u>partner</u>	<u>45%</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 wish to provide: proper packing Material all necessary Accessorial services, loading, transportation, unloading and reliable valuation Protection. By providing all necessary services under one company to satisfy all customer needs from start to finish will enhance choice and competition.

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

My exp. in the past six years: driver and a lead man of a crew from 2 to 10 people. I have performed all aspects of relocating process: from being a helper to loader, certified packer, HHG inventory, crating, warehouseman, many variations of local and over the road long haul moves.

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	\$ 6,000	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Accounts Receivable	\$ 0	Notes Payable	\$ 0
Investments	\$ 0	Mortgages Payable	\$ 0
Other Current Assets	\$ 25,000	Other	\$ 0
Prepaid Expenses	\$ 0	<b>TOTAL LIABILITIES</b>	\$ 0
Land and Buildings	\$ 50,000	<b>NET WORTH</b>	
Trucks and Trailers	\$ 36,800	Preferred Stock	\$ 0
Office Furniture	\$ 1,500	Common Stock	\$ 0
Other Equipment	\$ 3,960	Retained Earnings	\$ 0
Other Assets	\$ 2,000	Capital	\$ 0
<b>TOTAL ASSETS</b>	<b>\$125,260</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ 0</b>

**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
2000	Chev/T6500	A09358U	1GB57C1C6Y5515959	26,000

**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: *Yury. Y. Mironenko* 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: *Yury. Y. Mironenko* 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: *Yury. Y. Mironenko* 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: *Yury. Y. Mironenko* 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: *Yury. Y. Mironenko* 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: *Yury. Y. Mironenko* 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: *Yury. Y. Mironenko* 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: Yury. Y. Mironenko 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: Yury. Y. Mironenko 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.*

Yury. Y. Mironenko

Print name of applicant

*Yury Mironenko*

Signature of Applicant

05-31-05 Ridgefield WA.

Date & Place

<b>ACORD</b> <small>TM</small> <b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YY) <b>JUN 6 05</b>
PRODUCER <b>CHADWICK TRUCK INSURANCE, LLC.</b> 1016 S 6TH AVENUE YAKIMA WA 98902 PHONE: 509-452-6506 FAX: 509-452-6520	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED <b>YURY &amp; ALEKSEI MIRONENKO</b> 23801 NW 1ST AVE RIDGEFIELD WA 98642	INSURERS AFFORDING COVERAGE INSURER A: <u>National Indemnity Company</u> INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____	NAIC # _____ _____ _____ _____

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

INS/ LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> SUBJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (If occurrence) \$ _____ MCD, EXP (Any One Person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS-COMP/OP AGG. \$ _____
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCH/TOILED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	TBA	JUN 6 05	JUN 6 06	COMBINED SINGLE LIMIT (Per accident) \$ <b>750,000</b> BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE \$ _____
	DAMAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ _____ OTHER THAN EA ACC \$ _____ AUTO ONLY: AGG \$ _____
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ _____ RETENTION \$ _____				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____ \$ _____
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PERSONAL INJURY OR THE OCCURRENCE OF PHYSICAL DAMAGE OR EXCLUSION? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ _____ E.L. DISEASE-EA EMPLOYEE \$ _____ E.L. DISEASE-POLICY LIMIT \$ _____
A	OTHER: CARGO LIABILITY	TBA	JUN 6 05	JUN 6 06	PER AUTO: \$50,000 DEDUCTIBLE: \$1,000

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/EXCLUSIONS ADDED ENDORSEMENT/ SPECIAL PROVISIONS  
 FORM E SOON TO FOLLOW FROM INSURANCE COMPANY

CERTIFICATE HOLDER <b>WUTC</b> P O BOX 47250 OLYMPIA WA 98504	ADDITIONAL INSURED; INSURER LETTER: _____	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Edward J. Chadwick</i> <b>Chadwick Truck Insurance LLC</b>
Attention: ACORD 25 (2004/08)	Certificate # 58488	EDWARD J. CHADWICK CHADWEJD09JB

**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:  
*Yury. Y. Mironenko*

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

Name, Title, and Business Name:  
*Peter Paliy, Executive Director, New Song School*

Address (include street address, mailing address, city, state, zip, and county):  
*11687 NE Glisan St  
Portland, OR 97220*

Phone Number: *(503) 203-4924*

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
*Please see Attachment*

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:  
*Please see Attachment*

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:  
*Please see Attachment*

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

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

*H. P. Paliy*  
Signature of Person Completing Form

*5/20/05*  
Date and Location

# Household Goods

## Statement of Support

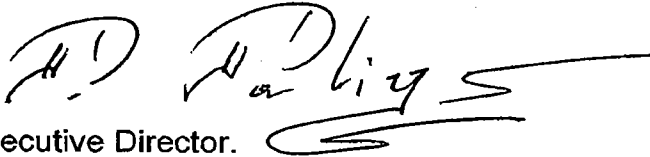
RE: Yury and Aleksei Mironenko

Being the Executive Director of a "New Song" school of music, I periodically see new students from Vancouver and Portland Metropolitan Area enroll to our school. Their needs and our needs are to have someone available on a short notice to safely deliver pianos to our student homes. There is also a need of relocating students and their families from one location to the other at the time of families changing their residence.

Since we have known Yury for number of years, we would prefer him to someone else and would recommend to our students and their families. Having someone available on a short notice who is capable of taking care of our students and their needs, delivering top quality customer service is a great benefit for our music school.

Some of our students and their families, are Russian-Speaking immigrants, whom knowing little English need special care and services that Yury and his company can provide. Anything from delivering a piano to relocating a family can be trusted to a moving company such as Yury's knowing that he has experience in this field.

Peter Paliy,



Executive Director.





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"The friendly store with old time service"

Ridgefield Hardware, LLC  
4 N. Main, PO Box 458  
Ridgefield, WA 98642

Cathy & Scott Hughes, Owners  
(360) 887-3721  
(360) 887-0644 fax

ATTACHMENT A

I

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Free shipper and/or public statements supporting the  
1. Shipper statements may come from persons and/or  
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:  
Yury. Y Mironenko

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:  
Scott Hughes Owner Ridgefield Hardware

Address (include street address, mailing address, city, state, zip, and county):  
PO Box 458  
104 N. Main  
Ridgefield, WA 98642  
Clark County

Phone Number: (360) 887-3721

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:

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:  
We do not have a moving company in our community. We are experiencing tremendous growth in the community & will need such services.

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

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

Signature of Person Completing Form

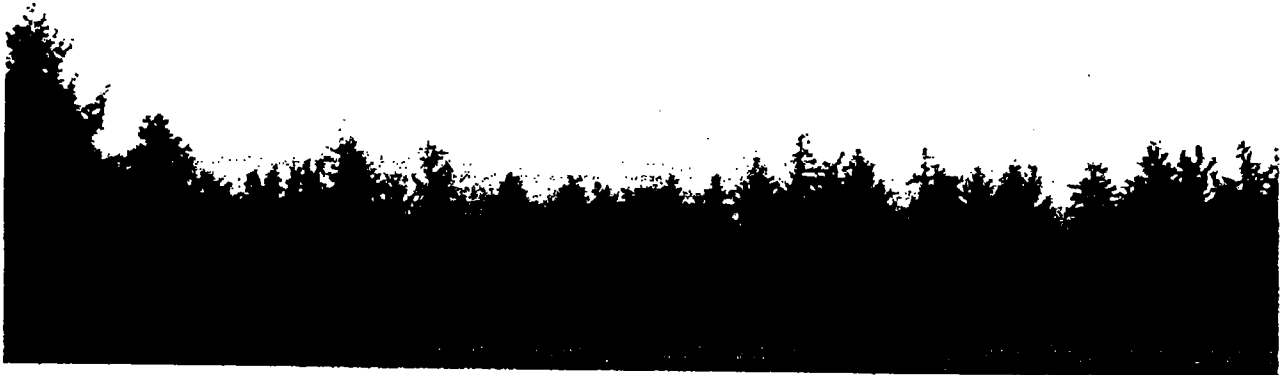
5/15/05 Ridgefield Hardware  
Date and Location

II



# Taverner Ridge

- Welcome
- Amenities
- Mailing List
- Community Links
- Contacts
- FAQ
- Builder Contact Info.
- April 2005 News



## Taverner Ridge Ridgefield, Washington

Overlooking Ridgefield National Wildlife Refuge, and the Columbia River, Taverner Ridge is an extraordinary new residential community. Phase (1) will feature 49 lots with an average size of 8,200 SF ranging from 6,800 SF to 11,900 SF, with later phases offering larger lots.

Taverner Ridge will be a truly unique community, with superbly designed and crafted homes built by the northwest's finest builders.

Taverner Ridge is only 25 miles to Portland, and within 30 miles of major employment and transportation centers, such as Portland International Air Port, Washington State University (Vancouver Campus).

257 Lots coming up



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- Only online
- Top Story
- Columblog
- I've Been Thinking
- Cort's Buzz
- Community
- Calendar
- Discussion Forums
- Photo album
- Local History
- Police Report
- Site search:

Search

- Entertainment
- Movies
- Portland
- TV
- Personals
- Lottery
- The Columbian*
- Privacy Policy
- Contact us
- Terms of service
- History of *The Columbian*
- Advertise in *The Columbian*

## House market turns red-hot in Clark County

Friday, May 13, 2005

By **GRETCHEN FEHRENBACHER**, *Columbian* staff writer

Barbara Thacker wasn't going to take any chances when it came to buying a house in a new La Center subdivision last weekend.

Unwilling to risk losing out on one of 20 lots going on the market at New Tradition Homes' Lockwood Creek subdivision, Thacker and her husband arrived at 8 p.m. Friday and camped in their car outside the gate.

Waiting in line is no novelty in Clark County. With supplies tight for both new and pre-owned homes, builders are turning to lotteries and waiting lists to control the sales of homes that seem to be selling as fast as they are built. Thacker, who was buying for her mom and brother, is among scores of house hunters willing to do whatever it takes to strike a deal.

"I got the lot I wanted," Thacker said four days later. "The experience itself? I wouldn't recommend it. My back is still recovering."

With buyers lining up all over Clark County for the chance to buy a house, some situations have spun out of control.

Builder Randy Kalliainen, who owns Sun Country Homes, is rethinking his selling strategy after some would-be buyers who had waited in line all night turned rowdy after missing the cut.

"They went to the model home next door and were breaking lamps, knocking plants off the tables," he said.

Kalliainen is among a number of the production builders focusing on entry-level, single-family projects houses often in the \$200,000 range as demand and mortgage interest rates under 6 percent have steadily pushed prices higher.

accent  
Business Services, Inc.



PACIFIC  
LIFESTYLE  
Homes, Inc.

The Mark of Excellence  
**ROCKFORD**  
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**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:  
*Yury. Y. Mironenko*

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

Name, Title, and Business Name:  
*Century 21 Complete - Chava Administration*

Address (include street address, mailing address, city, state, zip, and county):  
*416 NE 112<sup>th</sup> Ave  
Vancouver, WA 98684*

Phone Number: *360-254-1817*

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:

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:  
*Individuals are constantly in need of this service that we work with in Real Estate*

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
*we need someone who is available on short notice*

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

*Chava Dolly*  
Signature of Person Completing Form

*5-12-05*  
Date and Location

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Applicant Name: Yury. X. Mironenko

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Handri's Realty Stan Golosinskiy

Address (include street address, mailing address, city, state, zip, and county): 15524 SE Mill Plain Blvd VANCOUVER WA 98683 Real Estate Agent

Phone Number: 360 513-3331 cell

Do you currently need the services of a residential household goods moving company? Yes If yes, please describe your current moving needs: With rapidly growing community and fast selling housing market I need a company that will provide a fast and full moving service at a short notice for my clients.

Do you anticipate a future need for the services of a residential household goods moving company? Yes If yes, please describe your future moving needs: I do anticipate to use this company bicoase Yury becom an immigrant in us understands the language and need of large local immigrants community

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: Not every one can afford to move with large moving company. I need and I want to work with a company who will provide affordable rates for low income families and elderly seniors.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? On constant bases I work with Russian migration who need help in moving and basic knowledge of a moving company services /business man like Yury will enhance customers choice and will provide competitive rates for my clients.

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: Stan Golosinskiy

Date and Location: 5-13-05 Vancouver

**ATTACHMENT A**

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Applicant Name:  
Yury X. Mironenko

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

Name, Title, and Business Name: Kelly Foster

Address (include street address, mailing address, city, state, zip, and county):  
3352 Hubbard OR 97032

Phone Number: 503-860-8748

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs: I will be moving from Hubbard OR to Pasco Washington and will need my stuff moved.

Do you anticipate a future need for the services of a residential household goods moving company?  
 No  Yes If yes, please describe your future moving needs:

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: I would prefer a small company someone who I can trust and be able to meet at a moments notice without reserving.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? ~~Yes~~ It has experience and has been moving people for 6 year and does a great job.

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

5/17/05 Hubbard OR

Date and Location

**ATTACHMENT A**

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Applicant Name:  
*Yury X. Mironenko*

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

Name, Title, and Business Name:  
*Rori Buchanan*

Address (include street address, mailing address, city, state, zip, and county):  
*1586 SE Margaret Lane  
Hillsboro, Oregon 97123*

Phone Number:  
*503-640-1622*

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
*my fiancé and I have purchased a house & will be needing assistance with moving our belongings from Hillsboro to St. Helens Oregon.*

Do you anticipate a future need for the services of a residential household goods moving company?  
 No  Yes If yes, please describe your future moving needs:

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: *I believe that working with a smaller company that you can trust & a company where there waiting list is not too long, is the best way to go. This service will also benefit other families moving into developments around us.*

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? *It is a company that can be trusted. they provide GREAT customer service and experience is important, he has been moving people for the last 6 years.*

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

*Rori Buchanan*  
Signature of Person Completing Form

*5/17/05 Hillsboro Oregon*  
Date and Location

**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:**  
*Yury X. Mironenko*

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

**Name, Title, and Business Name:**  
*Franko Tarin*

**Address (include street address, mailing address, city, state, zip, and county):**  
*2830 NW Overlook  
Hillsboro, OR 97124*

**Phone Number:**  
*503-329-0795*

**Do you currently need the services of a residential household goods moving company?**  
 No  Yes If yes, please describe your current moving needs:  
*Moving to new house*

**Do you anticipate a future need for the services of a residential household goods moving company?**  
 No  Yes If yes, please describe your future moving needs:

**Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:**  
*It will give me a reliable choice for these services*

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

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

*[Signature]*  
Signature of Person Completing Form

*5/17/05* - Hillsboro  
Date and Location



**ATTACHMENT A**

①

**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:**  
*Yury X. Mironenko*

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

**Name, Title, and Business Name:**

*Lyudmila Ivanova*

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

*17925 E. Burnside #107  
Portland, OR 97233*

**Phone Number:**

*503/661-7725*

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

No  Yes If yes, please describe your current moving needs:

*Please see the letter attached*

**Do you anticipate a future need for the services of a residential household goods moving company?**

No  Yes If yes, please describe your future moving needs:

**Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:**

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

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

*[Signature]*  
Signature of Person Completing Form

*05.17.05 Portland*  
Date and Location

2

1. Yes. Our estimated moving date is in approx. 30 days. We need for someone to come and pack my breakables and all of my belongings with furniture to be loaded and moved to my new location. Also, to have the items placed in the designated places at my new location.

Yes. We do anticipate a future for the same service for our next move.

We have little children in the family and my husband is not able to handle the move by himself due to his ongoing back problems. Having a reliable and trustworthy company such as Yury's is a great benefit for us. If he will be granted his moving permit, we would choose his company over any one else.

We have personally known Yury for approx. 5-6 years. He is an honest and responsible person. Just like us - he's a Russian-speaking immigrant who has knowledge and experience in this

(3)

field for over 5 years. He is devoted to his clients needs and 100% satisfaction. Having the privilege being moved by Yury, will make the entire process smooth and comfortable. Therefore, we ask that you would kindly grant him with the moving permit. This will not only benefit, but many families of immigrants in the Vancouver-Portland metropolitan area.



**HOUSEHOLD GOODS CARRIER  
 PERMIT APPLICATION**

*Good Old Moovers*

*06-06-05*

*# of pages 20*

This application packet contains the following information:

- Application Forms
- Support Statements
- WAC 480-15 – Rules Relating to Household Goods Carriers
- "Your Guide to a Satisfactory Safety Rating"
- "Household Goods Carrier's Guide to Compliance with Operational Laws and Rules"

**You may not begin operations as a household goods carrier until you are granted authority and a household goods permit is issued to you.**

All vehicles operated under a household goods permit must pass inspection and be issued a valid Commercial Vehicle Safety Inspection decal. You may contact our Compliance staff at 360-664-1244 to make arrangements to have your vehicle inspected.

You must file and maintain Public Liability and Property Damage Insurance (Form E) with the Washington Utilities and Transportation Commission (Commission) covering all vehicles operating under your household goods permit. All vehicles must also be covered by cargo insurance. Cargo insurance does not need to be filed with the Commission, however, proof of coverage must be kept at your main office and must be available for inspection by Commission staff. Insurance minimum limits are:

Vehicles under 10,000 GVWR	\$300,000 combined single limit of public liability and property damage insurance (Form E) <b>AND</b> \$10,000 cargo insurance
Vehicles 10,000 GVWR and more	\$750,000 combined single limit of public liability and property damage insurance (Form E) <b>AND</b> \$20,000 cargo insurance

You may contact our Licensing Services and Compliance staff for assistance at 360-664-1222. The Commission has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133 or TTY 360-586-8203 or 1-800-416-5289

Please submit the application forms, appropriate attachments and proof of insurance to the address below:

Washington Utilities and Transportation Commission  
 1300 S. Evergreen Park Drive S.W.  
 P.O. Box 47250  
 Olympia, Washington 98504-7250

If paying by credit card, you may fax your application to: 360-586-1181

<b>ACORD</b> <small>TM.</small>	<b>CERTIFICATE OF LIABILITY INSURANCE</b>	DATE (MM/DD/YY) <b>JUN 6 05</b>
PRODUCER <b>CHADWICK TRUCK INSURANCE, LLC.</b> 1016 S 6TH AVENUE YAKIMA WA 98902 PHONE: 509-452-6508 FAX: 509-452-6520	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED <b>YURY &amp; ALEKSEI MIRONENKO</b> 23801 NW 1ST AVE RIDGEFIELD WA 98642	INSURERS AFFORDING COVERAGE INSURER A: <b>National Indemnity Company</b> INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

**COVERAGES**

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOG <input type="checkbox"/>				EACH OCCURRENCE \$ DAMAGE TO RELATED PREMISES (EA occurrence) \$ MED. EXP (Any One Person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$
A	<b>AUTOMOBILE LIABILITY</b> ANY AUTO ALL OWN'D AUTOS X SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	TBA	JUN 6 05	JUN 6 06	COMBINED SINGLE LIMIT (Per accident) \$ <b>750,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS / UMBRELLA LIABILITY</b> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATE/TORY LIMITS   OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$
A	<b>OTHER: CARGO LIABILITY</b>	TBA	JUN 6 05	JUN 6 06	PER AUTO: \$50,000 DEDUCTIBLE: \$1,000

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/EXCLUSIONS ADDED ENDORSEMENT/ SPECIAL PROVISIONS  
 FORM E SOON TO FOLLOW FROM INSURANCE COMPANY

CERTIFICATE HOLDER  <b>WUTC</b> P O BOX 47250 OLYMPIA WA 98504	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 0 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Edward J. Chadwick</i> <b>Chadwick Truck Insurance LLC</b>
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REQUESTED PF-KEY NOT ALLOCATED

INQR UTL024P1

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UBI: 602 471 403  
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+-----+  
LOCATION LIST

MIRONENKO BROTHERS

1\_\_\_ UBI: 602 471 403 - City: \_\_\_\_\_

Locn\_Stat\_ Location\_ Act\_Date\_ Trd

0001 A GOOD OLD MOVERS Y

2112 NW 8TH AVE

BATTLE GROUND WA 98604

(360) 936-5937 01/01/2005

0002 A GOOD OLD MOVERS

23801 NW 1ST AVE

RIDGEFIELD WA 98642

(360) 936-5937 01/01/2005

TRANSFER: \_\_\_\_\_

\*\*\*\*\* END OF LIST \*\*\*\*\*

TRANSFER: \_\_\_\_\_ PF4=COMPLETE PF9=TOP

INQR UTL024P1                    MASTER LICENSE SERVICE                    06/07/05  
   BUSINESS ENTITY INQUIRY                    14:20:50

-----  
UBI: 602 471 403 001 0001                    Loc Status: A  
Type: Partnership  
-----

Owner Name: MIRONENKO BROTHERS

Firm Name : GOOD OLD MOVERS  
Loc: 2112 NW 8TH AVE                    Mail: 2112 NW 8TH AVE  
      BATTLE GROUND WA 98604                    BATTLE GROUND WA 98604

Phone: (360) 936-5937                    Registered Tradenames for this UBI? Yes

RFI: No                    NSF: No                    Location First Activity: 01 01 2005  
RFP: No                    Withhold: No                    Last License Issued:                    03 08 2005

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                    06/07/05  
   BUSINESS ENTITY INQUIRY                    14:20:57

-----  
UBI: 602 471 403 001 0001                    Loc Status: A  
Type: Partnership  
-----

Owner Name: MIRONENKO BROTHERS  
Firm Name : GOOD OLD MOVERS  
Page: 1

Endorsements	Unit	Account #	Stat	Date	Expires
TAX REGISTRATION			A	03 03 2005	
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





Lisa Lloyd/WUTC  
06/07/2005 03:21 PM

To Tina Leipski/WUTC@WUTC  
cc Records Center  
bcc  
Subject Re: DOCKET NUMBER NEEDED

The Docket Number is TV-050869.

Lisa  
Tina Leipski/WUTC

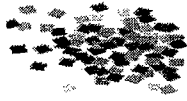


Tina Leipski/WUTC  
06/07/2005 02:56 PM

To: Records Center  
cc:  
Subject: DOCKET NUMBER NEEDED

Carrier Name: Yury & Aleksei Mironenko  
Motcar #: 43739  
Receipt date: 6/7/05  
Staff Assigned: me : )  
Type of App: New HHG  
Application Number: P-79379

Thanks!!



Tina Leipski/WUTC  
06/08/2005 11:50 AM

Licensing Services, Business Practices, Carolyn  
To Caruso/WUTC@WUTC, Alan Dickson/WUTC@W  
Foster/WUTC@WUTC, Bruce Grimm/WUTC@W  
cc Carolyn Caruso/WUTC@WUTC

bcc

Subject NEW HHG APPLICATION

We have an application for permit to transport household goods in the  
State of Washington from:

Yury & Aleksei Mironenko  
d/b/a Good Old Movers  
23801 NW 1st Ave.  
Ridgefield, WA 98642  
360-936-5937

**If corporation, managing members--This is a Partnership between  
the two brothers.**

**COMPLIANCE:** Nothing was found in the Safer system nor the  
Compliance database.

If you have any concerns or need more information regarding this carrier,  
just let me know.

Thanks!!! Tina