



HOUSEHOLD GOODS CARRIER PERMIT APPLICATION

RECEIVED
 FEB 05 2007
 WASH. UT. & TP. COMM

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

Check Money Order Amex Mastercard Visa **V000733**

Expiration Date: 06/2009 Amount: \$550⁰⁰

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): Abhishek Raj Date: 1.22.07
 Signature: Abhishek Raj Title: partner

FOR OFFICIAL USE ONLY

Date Filed: <u>2/6/07</u>	Application #: <u>TV070255</u>	Motorcar: <u>4359</u>	Permit Issued: HG- <u>62702</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection: <u>[Signature]</u>	DOL/SOS: <u>[Signature]</u>
Reception #: <u>0003499</u>	111-0268-207-02 # <u>550.00</u> 111-0268-202-01 111-0268-013-20		

TV-070255

BUSINESS INFORMATION

Name of Applicant ABIZER A. RAJ, AMAR S. DOSANTH
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable A & A. MOVING & DELIVERY

Physical Address 3910 NW 118th Way VANCOUVER WA 98685

Mailing Address _____

Telephone Number (360) 213-7678 Fax Number () _____

~~UBI#~~ 602-684-2780 Email: a-raj52@yahoo.com

TYPE OF BUSINESS STRUCTURE

- Individual Partnerships 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>ABIZER A. RAJ</u>	<u>partner</u>	<u>50%</u>
<u>AMAR S. DOSANTH</u>	<u>partner</u>	<u>50%</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: Moving, Load, unload, pack, un pack, Delivers household goods

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

Worked as a mover for 1 year

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# 586196 Single State Registration Base State _____

not active - not in partnership name

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

see attachment

You may attach a Balance Sheet, Profit and Loss Statement or business plan if available

ASSETS		LIABILITIES	
Cash in Bank	\$	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	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

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	FORD	A52126X	1FDKE37H1KHB60429	14000

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: ABIZER RAJ | Position: PARTNER

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: ABIZER RAJ | Position: PARTNER

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: ABIZER RAJ | Position: PARTNER

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: ABIZER RAJ | Position: PARTNER

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: ABIZER RAJ | Position: PARTNER

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: ABIZER RAJ | Position: PARTNER

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: ABIZER RAJ | Position: PARTNER

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: Abizer Raj Position:

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: ABIZER RAJ Position: PARTNER

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.

ABIZER RAJ
Print name of applicant

Abizer Raj
Signature of Applicant

1-23-07 Vancouver
Date & Place

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: ABIZER RAJ

Position: PARTNER

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: ABIZER RAJ

Position: PARTNER

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ABIZER RAJ

Print name of applicant

Abizer Raj

Signature of Applicant

1-23-07 Vancouver

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: ~~Wick Russell~~ A & A. Moving & delivery

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Bob Kline Ent Nick Russell

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

14703 NE 76th ST Vancouver WA 98602

Phone Number:

360 936-2595

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:

transportation of equipment

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

2-11-07

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: A & A Moving & Delivery

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Shawn Moore

Address (include street address, mailing address, city, state, zip, and county):
12909 NE 49th ST Vancouver WA 98682

Phone Number: (360) 878-7877

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:
helping moving household goods ect

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

2/11/07
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: A & A Moving & Delivery

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: [Handwritten Signature]

Address (include street address, mailing address, city, state, zip, and county):
13008 NE 41TH ST
Vanover WA
98187

Phone Number: 310-256-1361

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:
WHEN I NEED THE COMPANY

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

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: [Handwritten Signature]
Date and Location: 1-11-07 Vanover WA

Confidentiality Agreement

The undersigned reader acknowledges that the information provided by A & A Moving and Delivery in this business plan is confidential; therefore, reader agrees not to disclose without the written consent of A & A Moving and Delivery.

It is acknowledged by reader that information to be furnished in this business plan is in all respects confidential in nature, other than the information which is in public domain through other means and that any disclosure or use of the same by reader may cause serious harm or damage to A & A Moving and Delivery.

Upon request, this document is to be immediately returned to A & A Moving and Delivery 3910 NW 118th Way Vancouver WA 98685.



Abizer Raj

02-23-07

This is a business plan. It does not imply an offering of securities.

A & A Moving and Delivery

1.0 Executive Summary

A & A Moving and Delivery is a Vancouver, WA based Moving and Delivery company that aims to be one of the largest moving and delivery company in the Northwest. We are initially focusing on the Household goods moving and delivery with plans to diversify with new industries served.

Services

A & A Will offer Household goods moving for Local people for their Residential and commercial moving needs. Most of the business will be derived from local residents in Southern Washington and Oregon. Our Plan for the next three years is to diversify into Local deliveries and Long distance moves.

Management

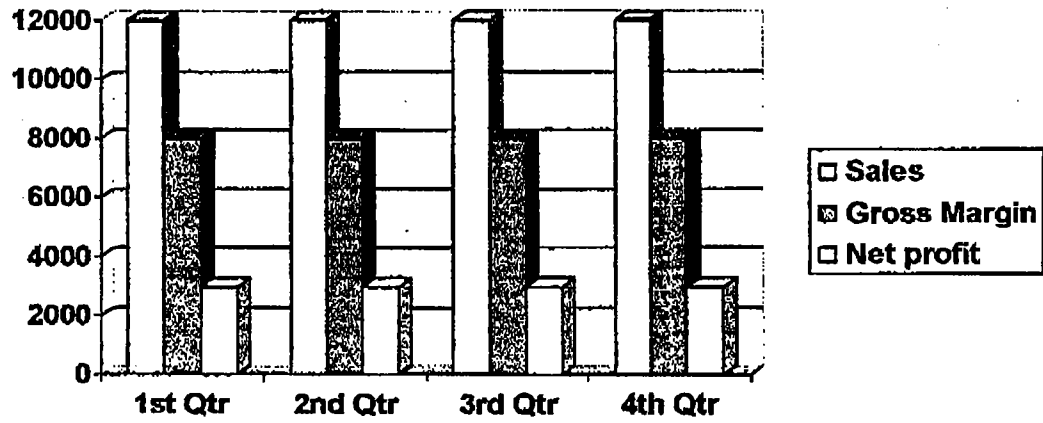
A & A Moving and Delivery is lead by Abizer Raj and Amarjit Dosanjh. Abizer Raj has 10+ years of experience in the Radiator Sales and Service business and also worked as a mover for 4 years. Amarjit Dosanjh currently owns a Gas station and a convenience store. Both have the skills, experience and confidence to be able to operate this business.

Marketing

Currently Abizer is acting as the president of the company who is responsible for all marketing and advertisement to generate business for the company. We have already spent \$4000 in advertisement in the local yellow pages and on the internet.

We are a customer centric company looking to become the premier moving companies here in the northwest. Profitability is forecasted at \$20,000 for the first year and \$100,000 for year three.

Highlight



Projection for year 2007

A & A MOVING AND DELIVERY
P.O Box 65611 Vancouver, Washington 98665
(360) 213-7648

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
1300 S. Evergreen Park Dr. SW.,
P.O. Box 47250 Olympia WA 98504

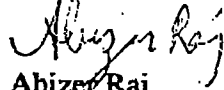
February 26, 2007

Attention: Tina Leipski

Dear Madam:

Kindly find enclosed herewith our completed/corrected application for Household goods carrier permit. Also, Please note the change of our mailing address.

Thank you,



Abizer Raj

A & A Moving and Delivery