

TV-091298-CT



**HOUSEHOLD GOODS MOVING COMPANY
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 2 - 6 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 2 - 6 and Attachment A	\$ 250
<input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 6 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 2 - 6 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-335 – Complete pages 2 - 6 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 480-15-450) – Complete pages 2 - 3 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority – Complete pages 2 - 6 and Attachment A	\$ 550

TYPE OF PAYMENT

Check
 Money Order
 Amex
 Mastercard
 Visa

Amount: 550.00

Expiration Date: 07/12

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): JERZY CHODOROWSKI Company Name: R & J MOVING EXPRESS

Cardholder's Signature: _____ Date: 08-06-09

FOR OFFICIAL USE ONLY			
Date Filed: <u>8/14/09</u>	DOI/SOS: <u>OK/N/A</u>	ID: <u>5664</u>	Permit Issued: THG-
Staff Assigned: <u>[Signature]</u>	Insurance:	Inspection:	Docket #
Reception #: <u>0019204</u>	111-0268-207-02	111-0268-202-01	111-0268-013-20

\$550.00

BUSINESS INFORMATION

Name of Applicant JERZY CHODOROWSKI
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable R & J MOVING EXPRESS

Physical Address 16422 TIGER MT. RD. SE ISSAQUAH WA 98027

Mailing Address same as above

Telephone Number (425) 391-5608 Fax Number () _____

UBI #: 601352049 ON Email: j.chodorowski@comcast.net

USDOT #: 1920335 (if you currently don't have one, you can go online at www.finesca.dot.gov/online-registration to apply for one or call 360-596-3816 or 360-596-3803 for assistance.)

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
 No Yes L & I Account No. _____ (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
 ESD No. _____ (required if you have employees)

Have you registered your business with the Department of Revenue? No Yes

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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>JERZY CHODOROWSKI</u>	<u>OWNER</u>	<u>100% ON</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: Pierce, King, Snohomish

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 provide the highest level of customer service, exceeding their expectation w/ respect carefull moves their belongings and promote trust, honesty for the good of my customers & benifits of my company.

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

work as mover for 5 yrs. Worked for Kenworth Truck Co. for last 20 yrs.

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# _____ and USDOT# _____

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 crime? 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 must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank	\$ 5,000	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Investments	\$ 38,000	Notes Payable	\$ 0
Other Current Assets	\$ 0	Mortgages Payable	\$ 71,000
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 71,000
Land and Buildings	\$ 360,000	NET WORTH	
Trucks and Trailers	\$ 18,000	Preferred Stock	\$ 0
Office Furniture	\$ 1,000	Common Stock	\$ 0
Other Equipment	\$ 4,000	Retained Earnings	\$ 0
Other Assets	\$ 45,000	Capital	\$ 20,000
TOTAL ASSETS	\$ 507,000	TOTAL LIABILITIES & NET WORTH	\$ 91,000

EQUIPMENT LIST

Describe the equipment you will use (attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2005	INTERNATIONAL	B35641L	1HTMMAAL65HN7324	26000

SAFETY AND OPERATIONS

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.

SAFETY RESPONSIBILITIES

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.

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.

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:

Jerry Chodorow

Position:

OWNER

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: JERZY CHODOROWSKI

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Clyde A. Neal Home Care

Address (include street address, mailing address, city, state, zip, and county):
16506 Tegen Mtn Rd SE
Issaquah WA. 98027

Phone Number: 425-392-6347

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:
Household goods from present home to a new location to move all

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:
placed on assessability when service is needed a great value is

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
they are very professional + careful with property & goods protective of valuable things such as jewelry & pictures

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
Clyde A Neal 8-5-09
Signature of Person Completing Form Date and Location

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Applicant Name: JERZY CHODOROWSKI

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: ANNABELLE A BROCK

Address (include street address, mailing address, city, state, zip, and county):
7016A - 116th AVE NE
KIRKLAND WA 98033

Phone Number: 206-604-6909

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Moving home Kirkland to Seattle, WA home

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:
Junk removal of old appliances

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:
Honest & reliable and hardworking

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
None

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
[Signature] 8-06-09
Signature of Person Completing Form Date and Location

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HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: JERZY CHODOROWSKI

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: MARILYN A. AVILES

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

16428 SE 260th St
Covington, WA 98042

Phone Number: 206 - 427 - 1691

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

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

Moving from place to place

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:

Moving furniture, pick up
appliances

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:

Dependable, honest and trustworthy
Good service

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

o

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

Marilyn Aviles
Signature of Person Completing Form

8/8/09
Date and Location



MICHAEL J GIRIAS INS
PO BOX 426
RENTON, WA 98057

010032

Policy number: 04263339-0

Underwritten by:
United Financial Casualty Company
Insured: R & J MOVING EXPRESS
July 31, 2009
Policy Period: Jul 20, 2009 - Jul 20, 2010

JERZY CHODOROWSKE
16422 TIGER MTN
ISSAQUAH, WA 98027



Mailing Address

United Financial Casualty Company
PO Box 94739
Cleveland, OH 44101

Additional insured endorsement

800-444-4487

For customer service, 24 hours a day,
7 days a week

Name of Person or Organization

JERZY CHODOROWSKE
16422 TIGER MTN
ISSAQUAH, WA 98027

The person or organization named above is an **insured** with respect to such liability coverage as is afforded by the policy, but this insurance applies to said **insured** only as a person liable for the conduct of another **insured** and then only to the extent of that liability. **We** also agree with **you** that insurance provided by this endorsement will be primary for any power unit specifically described on the **Declarations Page**.

Limit of Liability

Bodily Injury	Not applicable
Property Damage	Not applicable
Combined Liability	\$750,000 each accident

All other terms, limits and provisions of this policy remain unchanged.

This endorsement applies to Policy Number: 04263339-0

Issued to (Name of Insured) ~~R & J MOVING EXPRESS~~
~~R & J MOVING EXPRESS~~

Effective date of endorsement: 07/30/2009 Policy expiration date: 07/20/2010

Policy Number: 04263339-0
 RECEIVING EXPRESS
 Page 2 of 3

Outline of coverage

Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$1,976
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		122
Underinsured Motorist Bodily Injury	\$500,000 combined single limit	\$100	16
Underinsured Motorist Property Damage	\$25,000 each accident	\$300 hit & run	47
Personal Injury Protection	\$10,000 each person		62
Comprehensive			
See Auto Coverage Schedule	Limit of liability less deductible		240
Collision			
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$2,463

Motor Truck Cargo coverage part

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$25,000	\$500	\$432
Subtotal policy premium			\$432
Fees			35
Total 12 month policy premium			\$2,930

Rated drivers

1. RAINIER ALABASO
2. JERZY CHODOROWSKI

Rated commodities

1. OTHER MISC.

Auto coverage schedule

1. **2005 Intl 430** Stated Amount: \$17,466
 VIN: 1HTMMAAL65H117324 Garaging Zip Code: 98027 Radius: 100

Liability Premium	Liability	UIM BI	UIM PD	PIP	
	\$1,976	\$122	\$16	\$47	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$500	\$62	\$500	\$240	\$2,463

Premium discount

Policy: 04263339-0 CDL Experience

Additional Insured information

1. Additional Insured: JERZY CHODOROWSKE
 16422 TIGER MTN ISSAQUAH, WA 98027

Continued

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