



## 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: \_\_\_\_\_

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): Robert Ostrowski      Company Name: Alliance Moving Inc.

Cardholder's Signature: \_\_\_\_\_      Date: 11-4-09

**FOR OFFICIAL USE ONLY**

Date Issued: <u>11/6/09</u>	DOL/SOS:	ID: <u>5785</u>	Permit Issued: THG-
Staff Assigned:	Insurance:	Inspection:	Docket # <u>TV-091797</u>
Reception #: <u>0019554</u>	111-0268-207-02	111-0268-202-01	111-0268-013-20

\$550.00

### BUSINESS INFORMATION

Name of Applicant Alliance Moving Inc.  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable \_\_\_\_\_

Physical Address 5071 Building Center Drive

Mailing Address (Same) COEUR D'ALENE, ID 83815

Telephone Number (208) 676-1088 Fax Number (208) 664-1221

UBI #: 602286211 Email: alliancemoving@yahoo.com

USDOT #: 1127257 (If you currently don't have one, you can go online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.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 I. & I Account No. 586579 (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 \_\_\_\_\_  
(I.P., L.P., L.L.C)

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>Robert Ostrowski</u>	<u>Pres.</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:

We would like to service local moves in and around to Spokane region. We have an excellent crew of employees to service these moves. We also deliver home furniture & do third party services.

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

We are a full service moving and stg. company. We have been in business for 6 years.

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 HG 60950

*this permit shows different owner*

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

MCH# 4555 79.C and USDOT# 112 7257

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.

see attachment

Assets		Liabilities	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	<b>\$</b>
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$</b>

## EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1997	GMC	K378150	1G-DJ7H1P5VJ850898	25,999
1995	GMC	KL5544	1G-D7H1P7SJ09977	25,999
1996	International	BE 9694	1HTSDAAP4H280108	38,000

# Profit & Loss

## January through December 2009

Jan - Dec 09

PROPANE	253.01
RANDOM PROGRAM	35.00
Reconciliation Discrepancies	-3.01
REGISTRATION	4,078.52
Rent	42,550.00
Repairs	
Building Repairs	58,205.53
Computer Repairs	96.94
Repairs - Other	<u>1,818.77</u>
Total Repairs	60,121.24
Scale Fee	60.00
SOLID WASTE	24.46
storage	7,785.35
Taxes	
Federal	11,102.51
Heavy tax	474.00
IFTA	409.55
Property	2,180.90
State	5,800.71
unemployment	4,429.81
Taxes - Other	<u>1,017.68</u>
Total Taxes	25,415.26
Telephone	
Cell	3,924.95
Telephone - Other	<u>6,012.17</u>
Total Telephone	9,937.12
TICKET	415.00
tools	305.63
Travel & Ent	
JERAMIE EVANS	73,340.39
Ostrowski	1,900.00
William Benn	57,676.53
Travel & Ent - Other	<u>300.00</u>
Total Travel & Ent	133,216.92
truck rental	329.33
TRUCK REPAIRS	28,949.84
uniforms	225.70
Utilities	5,691.78
void	<u>0.00</u>
Total Expense	<u>560,998.65</u>
Net Ordinary Income	<u>66,420.62</u>
Net Income	<u><u>66,420.62</u></u>

# Profit & Loss

January through December 2009

	<u>Jan - Dec 09</u>
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
Local	283,052.56
Long Haul Moves	264,100.37
Misc Income	23,489.79
Packaging	5,490.05
SEALY	1,615.00
Storage Inhouse	49,591.50
<b>Total Income</b>	627,419.27
<b>Expense</b>	
Advertising	46,603.38
airline ticket	249.80
Automobile Expense	20.00
Bank Service Charges	2,580.81
BROKER FEES	-132.00
BUILDING MAINTANCE	15,545.06
Building supply	10,284.39
Claim Paid Full	
REFUND	312.41
Claim Paid Full - Other	3,293.23
<b>Total Claim Paid Full</b>	3,605.64
Commission	464.00
Dues and Subscriptions	848.82
equipment rental	1,513.94
fuel	13,572.01
<b>Insurance</b>	
Liability Insurance	1,021.47
Work Comp	3,401.00
Insurance - Other	25,154.95
<b>Total Insurance</b>	29,577.42
maintenance	217.58
Material	3,420.62
Meals	356.75
MEDICAL	860.47
Miscellaneous	1.06
Office Expense	1,445.96
Office Supplies	1,880.14
Packing Material	5,663.79
<b>Payroll</b>	
labor	17,970.21
Richard Jackson	25,607.60
Payroll - Other	55,687.12
<b>Total Payroll</b>	99,264.93
Permits - Interstate	837.18
Professional Development	2,080.25
<b>Professional Fees</b>	
Accounting	847.50
<b>Total Professional Fees</b>	847.50

## 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:

*Robert Ostrowski*

Position:

*Pres.*

## OPERATIONAL RESPONSIBILITIES

Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

Name: R. Ostrowski

Position: Pres

STATE OF WASHINGTON general laws, rules and regulations: Individuals and companies doing business in the State of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the State of Washington, such as, but not limited to the Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax; Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name: R. Ostrowski

Position: Pres

## DECLARATION OF APPLICANT

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

As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.

My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

Robert Ostrowski  
Print name of applicant

R. Ostrowski  
Signature of Applicant

11-4-09  
Date and Location



ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name: Alliance Moving Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: PAT Haman

Address (include street address, mailing address, city, state, zip, and county): 700 N University Spokane, WA 99206

Phone Number: 509 990 1173

Do you currently need the services of a residential household goods moving company? [X] 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 [X] Yes If yes, please describe your future moving needs: might need to move to Seattle

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: Will have a dependable company I trust move me

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. Joe Haman 11-3-09 Spokane WA Signature of Person Completing Form Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: Alliance Moving & More

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: TERESA L. TROYER, OWNER, SPOKANE BIKER

Address (include street address, mailing address, city, state, zip, and county): 11301 N. Post, SPOKANE, WA 99218

Phone Number: 509-599-0393

Do you currently need the services of a residential household goods moving company? No Yes If yes, please describe your current moving needs: I have clients that request for moving/packing services.

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: I am considering moving and would prefer the services of this company.

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: This company is honest and affordable. I prefer using smaller companies so I know exactly who I am entrusting my belongings.

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: Teresa L. Troyer, Date and Location: 11/11/2009, Spokane, WA



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

October 30, 2009

Robert Ostrowski  
Alliance Moving, Inc.  
d/b/a Alliance Moving & Storage, Inc. and  
AB Moving Service, LLC  
5071 Building Center Drive  
Coeur D' Alene, Idaho 83815

**RE: New Household Goods Moving Law Effective July 27, 2009**

Dear Mr. Ostrowski:

The Utilities and Transportation Commission (commission) has information that you are conducting household goods moves within the state of Washington under several different names: Alliance Moving, Inc., Alliance Moving & Storage, Inc. and AB Moving Service, LLC. The household goods permit IIG-60950 issued to Alliance Moving, Inc., on April 1, 2005, was canceled effective July 8, 2008, for lack of insurance on file with the commission. The household goods permit (IIG-11898) issued to AB Moving Service, LLC, on April 18, 2003, was canceled at the request of A.W. Becklund on September 13, 2006. Neither you, nor any of the companies listed above, have a valid permit, as required by state law, to conduct this type of work.

**New laws became effective July 27, 2009, that changed the definition of a household goods carrier to include any person who advertises, solicits, offers or enters into an agreement to transport household goods. The commission will now take enforcement action against illegal or non-permitted household goods companies based on this definition alone.**

To avoid enforcement action, your complete household goods permit application, supporting materials and application fee must be submitted to the commission by **November 13, 2009.**

**Until you obtain a permit, you must immediately cease operating as a household goods mover.** Operating as a household goods mover without the required permit is illegal and the new law increased the penalty up to **\$5,000 per violation.** This means that you may receive this penalty for each day you operate in violation of the law.

360-576-1181

