



**BUSINESS INFORMATION**

Name of Applicant Curtis Treadwell  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Dependable Deliveries LLC

Physical Address 1404 S Warren Spokane Valley WA

Mailing Address \_\_\_\_\_

Telephone Number (509) 389-2162 Fax Number (509) 892-3610

UBI #: 602 757 414 00 Email: DependableDeliveries@comcast.net

USDOT #: 1580446 00 (If you currently don't have one, you can go online at [www.finesca.dot.gov/online-registration](http://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. 904,608-02 (required if you have employees.)

Have you registered with the Employment Security Department?  No  Yes  
ESD No. 558851-00 4 (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:

Name	Title	Stock Distribution or Percentage of Shares
<u>Curtis Treadwell</u>	<u>owner - President</u>	<u>100%</u>

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

- All counties in the State of Washington
- The following named counties only: \_\_\_\_\_

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service:

I deliver furniture and move people from house to house. My prices are competitive, my service is excellent.

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

Been moving furniture for about five 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 631 989 - C

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# 631-989-C and USDOT# 1580446

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:

manufacturing controlled substance.

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	\$ 1000.00	Salaries/Wages Payable	\$ 500.00
Notes Receivable	\$ 2500.00	Accounts Payable	\$ 6000.00
Investments	\$ 0	Notes Payable	\$ 25,000
Other Current Assets	\$ 0	Mortgages Payable	\$ 0
Prepaid Expenses	\$ 0	<b>TOTAL LIABILITIES</b>	<b>\$ 31,500.00</b>
Land and Buildings	\$ 0	<b>NET WORTH</b>	
Trucks and Trailers	\$ 5000.00	Preferred Stock	\$ 0
Office Furniture	\$ 300.00	Common Stock	\$ 0
Other Equipment	\$ 1000.00	Retained Earnings	\$ 0
Other Assets	\$ 1000.00	Capital	\$ 0
<b>TOTAL ASSETS</b>	<b>\$ 18,800</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ 31,500.00</b>

### EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1988	NAV	B90087D	1HTJU2RM0JH620968	20,000
1989	INTL	B57985D	1HTJU2RKH664671	20,000
2007	PTRB	B11116E	SBVPHY6X37L325666	26,000
2007	PTRB	B80325	SBVPHY6X87L325677	26,000

## 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:

*Curtis Treadwell*

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: Dependable Deliveries

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Josh Huett Sigh Post MAN

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

7716 E Broadway  
Spokane Valley WA 99212

Phone Number:

509-217-3844

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

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

I own a realty sigh service. I need to have a good mover to recommend to realtors & Home owners

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:

need excellent movers to recommend.

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:

Curtis is good at what he does. And a man of his word.

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

They are AT Movers.

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  
Josh Huett

Date and Location  
4/4/10

1404 S Warren  
Spokane Valley WA

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Applicant Name: Dependable Deliveries

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

Name, Title, and Business Name: LELIE BAUGS

Address (include street address, mailing address, city, state, zip, and county):  
11010 E. DAY MT. BROOKLINE RD, MEAD, WA, 99021, US

Phone Number: 509-389-1005

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:  
MOVE FROM house to house

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 ALLOW THEM TO MOVE MY PROPERTY AGAIN. THEY ARE THE BEST MOVER I HAVE USED.  
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? I HAVE USED SEVERAL MOVING COMPANIES IN THE PAST AND THEY ARE THE ONLY COMPANY I HAVE REFERRED TO OTHERS.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.  
[Signature] 4-5-10 FED LEON BDX  
Signature of Person Completing Form Date and Location

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Applicant Name: Ja

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

Name, Title, and Business Name: Jake Bel, Sr Belisker Const

Address (include street address, mailing address, city, state, zip, and county):  
1801 S University Spokane Valley, WA 99216

Phone Number: 509-590-3590

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: I move every 2-3 years

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: Great movers

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? no

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

[Signature] 4-5-10 1801 S University  
Signature of Person Completing Form Date and Location