

RECEIVED TV-100986-CT

JUN 01 2010

WASHINGTON

TRANSPORTATION COMMISSION

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: 550⁰⁰

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): _____ Company Name: _____

Cardholder's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Date Filed: 6/7/10	DOI/SOS: N/A	ID: 6024	Permit Issued: THG-
Staff Assigned:	Insurance:	Inspection:	
			Docket #

Reception #: 111-0268-207-02 0022782 111-0268-202-01 111-0268-013-20

\$550.00 CK#1172
6/1/10

BUSINESS INFORMATION

Name of Applicant JANUSZ KOZYRA
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable AM EXPRESS DELIVERY

Physical Address W. 109 ST. THOMAS MORE WAY

Mailing Address SAME

Telephone Number (509) 466-3150 Fax Number () SAME

UBI #: 602 320 907 Email: JANUSZ.46@LIVE.COM

USDOT #: 1790414 (If you currently don't have one, you can go online at www.fmcsca.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>

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 WANT TO HELP PEOPLE MOVE THEIR HOME. I PROVIDE EXPERIENCE AND RELIABILITY.

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

I PROVIDE 19 YEARS OF DRIVING EXPERIENCE
I HAD CDL CLASS A.

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# 1790414

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	\$ 14000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$ TRUCK UD	Retained Earnings	\$
Other Assets	\$ 10000	Capital	\$
TOTAL ASSETS	\$ 24000	TOTAL LIABILITIES & NET WORTH	\$ 0

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2000	NISAN UD	3882713	7NAPA33H5YAN- 55579	25,900 LBS

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: JANUSZ KOZYRA

Position: DRIVER - OWNER

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:

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 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:

Position

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.

Print name of applicant

Signature of Applicant

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: JANUSZ KOZYRA

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: THE UGLY DUCK INC

Address (include street address, mailing address, city, state, zip, and county):
1727 W. SINTO SPOKANE WA. 99201

Phone Number: 509 326 0199

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:

DEL. OF PRODUCT SOLD FROM FINISH
BLDG MATERIAL RETAIL SALES.

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:

MAKE LOCAL DELS, MAKE SENSE

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: Joan Davis Date and Location: 5/28/10 SPOKANE
JOAN DAVIS PRES

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Applicant Name: JANUSZ KOZYRA

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
COLUMBIA CABINETS L.L.C.

Address (include street address, mailing address, city, state, zip, and county):
1927 W. MAXWELL
SPOKANE, WA. 99201

Phone Number:
509-325-8995

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:
DELIVERY OF COMMERCIAL CABINETS

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:
KEEPS MY EMPLOYEES IN THE SHOP,

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.
John Hlets / OWNER 5/28/10 SPOKANE
Signature of Person Completing Form Date and Location

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Applicant Name: JANUSZ KOZYRA

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: CONTRACT CABINETS INC

Address (include street address, mailing address, city, state, zip, and county):
6611 1/2 PERRY
SPOKANE, WA 99217

Phone Number: 509-483-5797

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
DELIVERY OF COMMERCIAL CABINETS COUNTERTOPS

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 AN EXPRESS TO DELIVER CABINETS

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 STAY IN THE SHOP, WE ARE ABLE TO MANUFACTURE

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] 5/25/10 SPOKANE
Signature of Person Completing Form Date and Location

WASHINGTON AUTO INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 44393	COMPANY West American Insurance Company	
POLICY NUMBER BAW53581477	EFFECTIVE DATE 12/26/2009	EXPIRATION DATE 12/26/2010
YEAR 2000	MAKE NISSAN STRAIGHT	VEHICLE IDENTIFICATION NUMBER JNAPA33H5YAN55579

OFFICE ISSUING CARD TEL 866-385-5013
WHEAT & ASSOCIATES INSURANCE INC
PO BOX 3548
SPOKANE, WA 99220-3548

INSURED
JOHN KOZYRA DBA
AM EXPRESS DELIVERY
109 W SAINT THOMAS MORE WAY
SPOKANE, WA 99208-5916

SEE IMPORTANT MESSAGE ON REVERSE SIDE

1. GENERAL COVERAGE 1,000,000.
2. CARGO INSURANCE 20,000.
3. CALL TO VERIFY THIS COVERAGE
1-866-385-5013