



**BUSINESS INFORMATION**

Name of Applicant

DURYEA COMPANY

(must be individual, partners of a partnership or corporation)

Trade Name, if applicable

DBA URBAN DELIVERY SERVICE

Physical Address

1805 134th Ave S.E. #2

Mailing Address

Bellevue, Wash 98005 cell 425-786-4292

Telephone Number (425)

411-7945

Fax Number (425)

641-8668

UBI #:

91-2180304

Email:

DURYEA@COMPANY.COM

**TYPE OF BUSINESS STRUCTURE**

Individual

Partnership

Corporation  
(LP, LLP, LLC)

Other

List the name, title and percentage of partner's share or stock distribution for major stockholders:

Name

Title

Stock Distribution or Percentage of Shares

DENNIS DURYEA

PRESIDENT

100 %

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:

USDOT # 2071455

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

delivery service for designers cabinet makers and specialized moving of household goods. We will meet a specific need in the market place for the design & custom cabinet trade who have no trucks.

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

Ten years experience as a delivery truck driver for furniture & cabinet deliveries now opening my own business

Do you currently hold, or have you ever hold, 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 USDOT# \_\_\_\_\_  
MC# \_\_\_\_\_

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	\$ 15,000.00 +	Salaries/Wages Payable	\$ 0
Notes Receivable	\$ 0	Accounts Payable	\$ 0
Investments	\$ 300,000.00 +	Notes Payable	\$ 70,000.00
Other Current Assets	\$ 25,000.00	Mortgages Payable	\$ 135,000.00
Prepaid Expenses	\$ 0	TOTAL LIABILITIES	\$ 205,000.00
Land and Buildings	\$ 850,000.00	NET WORTH	1,219,000.00
Trucks and Trailers	\$ 25,000.00 +	Preferred Stock	\$
Office Furniture	\$ 4,000.00 +	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 1,219,000.00	TOTAL LIABILITIES & NET WORTH	\$ 1,219,000.00

**EQUIPMENT LIST**

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2007	FORD 500 LCF		3F8ML55207V514339	10,400 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: DENNIS L. DRYER

Position: PRESIDENT

**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: DENNIS DURYEA

Position: PRESIDENT

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: DENNIS DURYEA

Position: PRESIDENT

**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.

DENNIS L. DURYEA  
Print name of applicant

Dennis L. Duryea  
Signature of Applicant

08/30/10 Bellevue, Wash.  
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:** DURYEA AND COMPANY OLA URBAN DELIVERY SERVICE

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

**Name, Title, and Business Name:** JOHN E Mc HUGH KEN SCHOENFELD FURNITURE

**Address (include street address, mailing address, city, state, zip, and county):** 609 COLUMBIA ST OLYMPIA, WASH 98501 LEWIS COUNTY

**Phone Number:** 360-352-8581

**Do you currently need the services of a residential household goods moving company?**  
 No  Yes If yes, please describe your current moving needs: SELLING OFF MY DELIVERY TRUCKS TO JOB OUT DELIVERY TO CUT OUR HEAD

**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: LOTS OF OUR CUSTOMERS NEED MOVING HELP WHEN NEW FURNITURE IS PURCHASED OR THEY CHANGE HOUSES

**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:** THEY WOULD BE ABLE TO HANDLE LOTS OF OUR RESIDENTIAL DELIVERIES

**Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?** LONG LINE OF FAMILY EXPERIENCE IN THE FURNITURE BUSINESS. WILL MAKE THEM SUCCESSFUL

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

John E Mc HUGH  
Signature of Person Completing Form

9-8-10  
Date and Location

**ATTACHMENT A**

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Applicant Name: URBAN DELIVERY SERVICE

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

Name, Title, and Business Name: NOËLLE NASSER, PROJ. COORDINATOR, INTELLECTUAL VENTURES

Address (include street address, mailing address, city, state, zip, and county):  
3150 13TH AVENUE  
BLDG 4  
BELLEVUE, WA 98008

Phone Number: (425) 283-4748 (w) (714) 473-6106 (m)

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs: OUR COMPANY IS IN TRANSITION AND REQUIRE SEVERAL ITEMS TO BE MOVED FROM OUR OLD LOCATION TO OUR NEW BLDG

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: WE ARE AN EVER-GROWING COMPANY AND WILL NEED FUTURE SERVICES PROVIDED.

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 WOULD BE GREAT TO HAVE A COMPANY THAT PROVIDES EXCELLENT LEVEL OF SERVICE AND RELIABILITY.

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.  
Noëlle Nasser 9/23/2010, Bellevue, WA  
Signature of Person Completing Form Date and Location





# Commercial Certificate of Insurance



**FARMERS**

Agency Name: Yevgeniya Solovyeva  
 Name: 1130 140TH AVE NE STE 200  
 & Bellevue, WA 98005-2974  
 Address: 425-679-5252

Issue Date (MM/DD/YY) **09/10/2010**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies shown below.

St. 79 Dist. 26 Agent 365

Insured Name: **DURYEA AND COMPANY**  
 & 1805 134TH AVE SE #2  
 Address: BELLEVUE, WA 98005

### Companies Providing Coverage:

- Company A Track Insurance Exchange
- Company B Farmers Insurance Exchange
- Company C Mid-Century Insurance Company
- Company D

### Coverages

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

Co. Ltr.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits
	General Liability Commercial General Liability - Occurrence Version Contractual - Incidental Only Owners & Contractors Prot.				General Aggregate Products-Comp/GPS Aggregate Personal & Advertising Injury Each Occurrence Fire Damage (Any one fire) Medical Expense (Any one person)
C	Automobile Liability All Owned Commercial Autos * Scheduled Autos Hired Autos Non-Owned Autos	604847355	09/07/2010	09/07/2011	Combined Single Limit \$ 750,000 Bodily Injury (Per person) \$ Bodily Injury (Per accident) \$ Property Damage \$ 750,000 Coverage Limit \$ 20,000
C	* Cargo coverage	604406479	09/07/2010	09/07/2011	
	Umbrella Liability				Limit \$
	Workers' Compensation and Employers' Liability				Statutory Each Accident \$ Disease - Each Employee \$ Disease - Policy Limit \$

### Description of Operations/Vehicles/Restrictions/Special Items:

Vehicle(s): 2007 FORD CAB FORW 3 3FRML55Z07V574339  
 Endorsement - (IF APPLICABLE, WILL BE DELIVERED WITH POLICY).  
 Cargo coverage \$20,000

### Certificate Holder

Name: Department of Labor and Industries  
 & Contractor's registration section  
 Address: PO Box 44450  
 Olympia WA 98504

### Cancellation

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

*Y. Solovyeva*



## HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

*DURYEA & COMPANY  
 269 Urban Delivery Service*

This application packet contains the following information:

- Application Form and Attachments
- WAC 480-15 – Rules Relating to Household Goods Carriers
- “Your Guide to a Satisfactory Safety Rating”

**You must have a permit from the commission before operating as a household goods moving company in Washington.**

### Insurance Requirements

You must file and maintain Public Liability and Property Damage Insurance (Form E) with the commission covering all vehicles operating under your household goods permit. You must also file a copy of your cargo insurance for each vehicle you operate. You must also keep proof of coverage at your main office and have it available for inspection by commission staff. Insurance minimum limits are:

Vehicles under 10,000 GVWR	\$300,000 combined single limit of public liability and property damage insurance (Form E) AND \$10,000 cargo insurance
Vehicles 10,000 GVWR and more <i>DOT # 2071455</i>	\$750,000 combined single limit of public liability and property damage insurance (Form E) AND \$20,000 cargo insurance

### Commission Contacts:

You may contact our Licensing Services staff for assistance at 360-664-1222. The commission has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133 or TTY 360-586-8203 or 1-800-416-5289

Please submit the application forms, appropriate attachments and proof of insurance to the address below:

Washington Utilities and Transportation Commission  
 1300 S. Evergreen Park Drive S.W.  
 P.O. Box 47250  
 Olympia, Washington 98504-7250

If paying by credit card, you may fax your application to: 360-586-1181