

TV-101675-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 - 7 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 2 - 7 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 - 7 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 - 7 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 - 7 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 - 7 and Attachment A	\$ 550

TYPE OF PAYMENT

Check
 Money Order
 Amex
 ~~MasterCard~~
 ~~Discover~~
 ~~Visa~~

Amount: 550 Date: 08/11

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): Alim A GYLLALIYEV Company Name: Seattle Professional Moving

Cardholder's Signature: _____ Date: 10/6/10

Inc

FOR OFFICIAL USE ONLY			
Date filed: <u>10/8/10</u>	LD# / SOS: <u>0402</u>	ID: <u>0175</u>	Permit Issued: THG-
Staff Assigned: <u>[Signature]</u>	Insurance:	Inspection:	Docket #
Reception #: <u>550.0</u>	111-0268-207-01	111-0268-013-20	

BUSINESS INFORMATION

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

Trade Name, if applicable _____

Physical Address 14229 34th Ave S #4 Tukwila WA 98168-4081

Mailing Address 14229 34th Ave S #4 Tukwila WA 98168-4081

Telephone Number (206) 902-0261 Fax Number () NA

UBI #: 603 018 643 Email: NA

USDOT #: 2042467 (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 *AK*

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 will help homeowners and renters move into a new property. My business will be local and will move the customer locally. Service will be readily available to the local community.

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

I was employed with another moving company for 5 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 _____

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: speeding ticket (one)

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	\$ 1,120.00	Salaries/Wages Payable	\$ 0
Notes Receivable	\$	Accounts Payable	\$ 0
Investments	\$	Notes Payable	\$ 0
Other Current Assets	\$	Mortgages Payable	\$ 0
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 0.00
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 15,000.00	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 16,120.00	TOTAL LIABILITIES & NET WORTH	\$ 16,120.00

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1997	ISUZU	B68146A	4GTJ7C133XJ601233	25950

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:

[Handwritten Signature]

Position:

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: <u>ALIM GULALIVEV</u>	Position: <u>Owner</u>
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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: <u>ALIM GULALIVEV</u>	Position: <u>Owner</u>
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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.

<u>Alim Gulaliev</u> Print name of applicant	 Signature of Applicant	<u>10/6/10 Federal Way, WA</u> Date and Location
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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: *Seattle Professional Moving, Inc*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: *Roman Pechenyuk, Agent, John L Scott*

Address (include street address, mailing address, city, state, zip, and county):
*31148 2ND PL SW
FEDERAL WAY WA 98023
King*

Phone Number: *206-212-6389*

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs: *I sell houses and use moving companies to help my buyers.*

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 anticipate to continue providing help for my clients by using services of the moving companies.*

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: *I know the owner of this company is honest and hardworking person. We need more people like him in business.*

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.
Roman Pechenyuk *10/06/2010 Federal Way*
Signature of Person Completing Form Date and Location *WA*

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Applicant Name: Seattle Professional Moving, Inc

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: SLAVIK management inc

Address (include street address, mailing address, city, state, zip, and county):
14239 34th AV S
Tukwila office

Phone Number: 206-769-7273

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:

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:
I know the owner of this company it's good people,

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] 10-06-10
Signature of Person Completing Form Date and Location



25571001723001

SEATTLE PROFESSIONAL MOVING INC
14229 34TH AVE S # 4
TUKWILA WA 98168-4081

001723

DETACH BEFORE POSTING



STATE OF
WASHINGTON

MASTER LICENSE SERVICE
PO Box 9034 • Olympia, WA 98507-9034 • (360) 664-1400
REGISTRATIONS AND LICENSES

Domestic Profit Corporation

Unified Business ID #: 603 018 643
Business ID #: 1
Location: 1

SEATTLE PROFESSIONAL MOVING INC
14229 34TH AVE S # 4
TUKWILA WA 98168 4081

TAX REGISTRATION

REGISTERED TRADE NAMES:
S P M

The licensee named above has been issued the business registrations or licenses listed. By accepting this document the licensee certifies the information provided on the application for these licenses was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Elizabeth A. Bruce
Director, Department of Licensing

CHRISTINE O. GRÉGOIRE
Governor



JOHN R. BATISTE
Chief

STATE OF WASHINGTON
WASHINGTON STATE PATROL

PO Box 42614 • Olympia, Washington 98504-2614 • www.wsp.wa.gov

June 7, 2010

Seattle Professional Moving Inc
14229 34th Ave S #4
Tukwila, WA 98168-4081

Dear Motor Carrier:

The following Washington State Patrol Intrastate U.S. Department of Transportation (USDOT) number has been assigned to the carrier shown above.

USDOT# 2042467

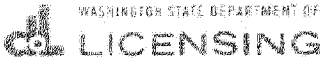
Procedure for marking the vehicle/s:

- (1) Appear on both sides of the self propelled commercial motor vehicle;
- (2) Be in letters and numbers that contrast sharply in color with the background on which they are placed;
- (3) Be readily legible, during daylight hours, from a distance of 50 feet while the commercial motor vehicle is stationary; and
- (4) Be kept and maintained in a manner that retains the legibility;
- (5) Markings may be painted on the commercial motor vehicle or may consist of a removable device.

If you have any further questions, please contact Ms. Linda L. Shincke at (360) 596-3816.

Sincerely,

Captain Darrin T. Grondel
Commercial Vehicle Division



B681464

07/20/2010 VEHICLE REGISTRATION CERTIFICATE

Lic/Plt B68146A	Iss-Dt 07/2006	Tab-No V898367	Reg-Exp 07/03/2011	Val-Cd/Year 17250/2007	Dep 2	Mo-Reg 12	Mo-Gwt 12	Pwr D	Use COM	Mdyr 1999
Make ISU	Body FTP	VIN or Serial No 4GTJ7C133XJ601223	Res-Co 17	Slwt 15460	Seats	Model/BT /	Gwt 26000	Gwt-St 07/04/2010	Gwt-Exp 07/03/2011	Flt
Equip	Prev-Plt A38041E	Filing \$3.00	TBD 1729	RTA Tax	Subagent \$5.00	Gwt/Veh Wt \$209.00	Other \$16.00	Total Fees \$233.00	Cash \$233.00	Gwt Cr

GULALIYEV, ALIM
 GORDENIN, ALEKSANDR
 14229 34TH AVE S APT 4
 TURKILA WA 98168

OWNER(S) CERTIFY, BY SIGNATURE, THAT THIS VEHICLE WILL NOT TOW A TRAILER WITH A GVWR OF 10,000 OR MORE.

SIGNATURE OF REGISTERED OWNERS

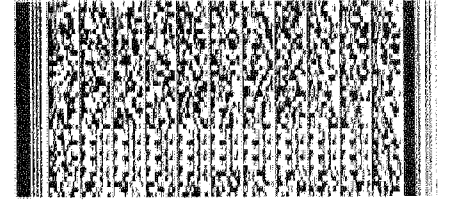
SIGNATURE OF REGISTERED OWNERS

COMMENTS:

VN-C VN-L - COLOR-WHITE - COMMERCIAL VEHICLE SAFETY ENFORCEMENT FEE PAID - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

REMARKS:

BRANDS:



RPT ID: AREGPR-1 VALIDATION CODE: 29171406102010720100014061392

THIS CERTIFICATE IS NOT PROOF OF OWNERSHIP

REG: AREGPR:2009/30/6.00001(1)