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FEB 08 2011 TV-110265



WASH. UT. & TP. COMM HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



Table with 2 columns: Type of Household Goods Authority Requested - Check one, Fee Required. Includes options for Emergency, Temporary, Permanent, and Name Change authority with associated fees.

TYPE OF PAYMENT section with checkboxes for Check, Money Order, Amex, Mastercard, and Visa.

Grid of 12 empty boxes for payment details.

Amount: \$550 Expiration Date: N/A

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct...

Name (printed): Roderick Testino Company Name: Friendly Moving Service LLC

Cardholder's Signature: [Signature] Date: February 6, 2011

FOR OFFICIAL USE ONLY section containing Date Filed, DOL/SOS, ID, Permit Issued, Staff Assigned, Insurance, Inspection, and Reception #.

7401070001

BUSINESS INFORMATION

Name of Applicant Friendly Moving Service LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 21323 80th Ave W, #18, Edmonds WA 98026

Mailing Address _____

Telephone Number (425) 582-8815 Fax Number () _____

UBI #: 603-082-1410 Email: Roderick Testino @ Yahoo.com

USDOT #: 21164320 (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. N/A (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
ESD No. N/A (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>Roderick Testino</u>	<u>Owner</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 offer customers a well equipped moving truck. The largest in its class. I have years of experience moving furniture and driving large vehicles. I offer the best and lowest rates, largest truck, and best service.

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

I hold a Class A CDL. I've driven semi trucks with double & triple trailers across mountains and hills, and inclement weather on rough terrain. I have secured furniture and heavy equipment using straps and binders. I am careful when moving something delicate. I use blankets & pads.

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:

Misdemeanor - Resisting Arrest without Violence - 10 years ago

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	\$ 2,000	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	\$ 6,000	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$ 17,000	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 25,000	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
1989	International	B35156R	1HTJUZRK0RH674366	18,000

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: *Roderick Testino*

Position: *Owner / Driver*

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>Roderick Testino</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>Roderick Testino</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.

Roderick Testino

Print name of applicant

[Signature]

Signature of Applicant

02-06-11

Edmonds

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: Roderick Testino - Friendly Moving Service LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: SCOTT MCKENZIE

Address (include street address, mailing address, city, state, zip, and county):
2250 59th ST. SEATTLE, WA US.

Phone Number: 206 909 8891

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
I've used Roderick Testino in the past and possibly in the future.

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:
Yes I will, I friends that will need service. Roderick is well equipped, professional and provides excellent service.

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:
He provides excellent, trustworthy, professional service. HARD WORKING

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
RODERICK IS WELL EQUIPPED AND RELIABLE!

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

Scott McKenzie
Signature of Person Completing Form

1/28/11 Ballard, WA
Date and Location

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Applicant Name: Roderick Testino - Friendly Moving Service LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: MICHAEL JESSUP

Address (include street address, mailing address, city, state, zip, and county):
6731 14th NW
Seattle, WA 98117

Phone Number: 509 594 8087

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Just completed moving plans - will need mover

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 moving help for kid's

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:
Excellent Service - Efficient and careful handling.

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

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

Michael Jessup
Signature of Person Completing Form

1/29/11
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: Roderick Testino - Friendly Moving Service LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Ellen Kampel

Address (include street address, mailing address, city, state, zip, and county):
4101 Williams Ave N
Renton WA 98056

Phone Number: 425 988 3315

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
in the future

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:
not sure when

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 move my home very five years and I will need to have furniture moved

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
Roderick of Friendly Moving Source is awesome + thorough + very fair.

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

Ellen Kampel 2-5-11 Renton WA
Signature of Person Completing Form Date and Location

February 6, 2011

Dear Tina Leipski - Rayne Pearson - Or whom ever will handle this application.

I sent an email to Mrs. Pearson and spoke with Mrs. Leipski over the phone regarding my application. I explained to them that first I will send my application for review before I purchase the insurance. The cost of the insurance is \$2,372. Before I make such an expense I want to be assured that my application will be approved. I am sending you the application with a \$550 check to cover the application fee. Ones you have determined that my application is acceptable, and a permit will be granted upon proof of insurance, then I will call my agent and have him call you to discuss the requirements for insurance.

Please call me upon review of my application. My number is 425-582-8815. I will get with my agent ones I hear from you. Thank you.

Sincerely Yours
Roderick Testino
FRIENDLY MOVING SERVICE LLC

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