

TV-111314-AT



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 Extension of authority with associated fees.

transfer of HG 63464

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

Amount: \$250.00 Expiration Date: 11/13

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct... Name (printed): Ratko, Ivan Company Name: Best moving and Delivery Cardholder's Signature: [Signature] Date: 07/20/11

FOR OFFICIAL USE ONLY section with fields for Date Filed, DOCSOS, ID, Permit Issued, Staff Assigned, Insurance, Inspection, Docket #, and Reception #.

VISA

**BUSINESS INFORMATION**

Name of Applicant Best moving and Delivery LLC  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable (28350 46 AVE S Auburn WA 98001)

Physical Address \_\_\_\_\_

Mailing Address P.O. Box 3451 Federal Way WA 98063

Telephone Number (206) 613-9559 Fax Number ( ) \_\_\_\_\_

UBI #: 603-129-858 Email: Thebestmoving@gmail.com

DOT #: \_\_\_\_\_ (If you currently don't have one, you can go online at [www.fncsca.dot.gov/online-registration](http://www.fncsca.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 al

**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>Ivan Ratko</u>	<u>Owner member</u>	<u>99% al</u>
<u>Ratko leonid</u>	<u>member</u>	<u>1%</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:

*non file*

*Already has a HHG permit*

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

*non file*

*This is a transfer app - already providing services*

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: \_\_\_\_\_

## 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	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$ 5,000	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 12,000	Preferred Stock	\$
Office Furniture	\$ 1,500	Common Stock	\$
Other Equipment	\$ 750	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	<b>\$19,250</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$</b>

## EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1999	Isuzu NPR	A 97144U	SALC4B143X - 7014442	

## 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: Juan Ratko

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>Ivan Ratko</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>Ivan Ratko</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.

Ivan Ratko  
Print name of applicant

I.R.  
Signature of Applicant

07/20/11  
Date and Location

**ATTACHMENT B**

**Transfer or Acquisition of Control**

Applicant is seeking one of the following – please check one:

Transfer       Acquisition of Control

Current Name on Permit (Seller): Ratto Ivan

Current Trade Name on Permit (Seller) R-Best moving and Delivery

Address (Seller) P.O. Box 3451 Federal Way WA 98063

HG Permit Number: 63464      Phone Number (Seller) 206-613-9559

Does the transfer of this permit fall under the provisions of WAC-480-15-335?  No  Yes  
If yes, please complete Attachment C. JK

Have all fines or penalties owed to the commission been paid?  No  Yes

Has the closing annual report been filed with the commission?  No  Yes

A customer may file a loss or damage claim for up to nine months following a move and may file a loss or damage lawsuit for up to two years following a move. Who will be responsible for handling claims filed by customers for loss or damage that occurred on moves taking place prior to the sale and transfer/acquisition? \_\_\_\_\_

**RELEASE OF AUTHORITY**

I, the seller, have sold or otherwise released interest in my household goods permit number HG- 63464 to the following:

Name of Buyer: Rat Best moving and Delivery LLC.

Trade Name of Buyer; \_\_\_\_\_

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

[Signature]      07/20/11      UTC  
Seller's Signature      Date and Location

[Signature]      07/20/11      UTC  
Buyer's Signature      Date and Location

## ATTACHMENT C

### TRANSFER OR ACQUISITION OF PERMANENT HOUSEHOLD GOODS AUTHORITY UNDER EXCEPTIONS IN WAC 480-15-335

1. The commission will grant an application for permanent authority without public notice or comment if the applicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of permanent authority for one of the following reasons (check one, if applicable):
- A partnership has dissolved due to the death, bankruptcy, or withdrawal of a partner, and that partner's interest is being transferred to one or more of the remaining partners or a spouse;
  - A shareholder in a corporation has died and that shareholder's interest is being transferred to a surviving spouse or one or more surviving shareholders;
  - A sole proprietor has died and the interest is being transferred as property of the estate;
  - An individual has incorporated, and the same individual remains the majority shareholder;
  - An individual has added a partner, but the same individual remains the majority partner;
  - A corporation has dissolved and the interest is being transferred to the majority shareholder;
  - A partnership has dissolved and the interest is being transferred to the majority partner;
  - A partnership has incorporated and the partners are the majority shareholders; or
  - Ownership is being transferred from one corporation to another corporation when both are wholly owned by the same shareholders.

Documentation supporting the checked box, above, must be included with your application. You may submit a corporate resolution, partnership agreement, court order, death certificate, will or other proof of right to inherit, estate executor's statement, community property agreement or other such documentation that may support your request.

2. The Commission will grant an application for permanent authority without temporary permit operations following public notice or comment if the applicant is fit, willing and able to provide service and the application is filed to transfer or acquire control of permanent authority for the following reason:
- Ownership or control of a permit is being transferred to any shareholder, partner, family member, employee, or other person familiar with the company's operations and the household goods moving services provided. If you check this option, please complete the following:
    - a. Has the permit been actively used by the current owner to provide household goods moving services during the last twelve-month period?     No     Yes
    - b. Explain why the transfer of ownership or control is necessary to ensure the company's economic viability: \_\_\_\_\_  
\_\_\_\_\_
    - c. Describe the steps taken by the applicant and the current owner to ensure that safe operations and continuity of service to the customers are maintained: \_\_\_\_\_  
\_\_\_\_\_