

BUSINESS INFORMATION

Name of Applicant American Moving Co. Inc.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 3172 W. Settice Way P.F., ID 83854

Mailing Address Same

Telephone Number (208) 777-0929 Fax Number (208) 777-0929

UBI #: 002 753 501 Email: Lushkevich5@aol.com

USDOT #: 1009960 (If you currently don't have one, you can go online at
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. 210, 799-00 (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 (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

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:

Moving of household goods; residential/commercial, provide moving/delivery services of antiques, safes, hot tubs and medical equipment at a fair/competitive price with friendly service.

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

Been in the moving industry for 11 yrs; maintain an A+ rating with the better business bureau.

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# 615856 and USDOT# 1009960

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	\$ 5,000	Salaries/Wages Payable	\$ 5,000
Notes Receivable	\$ 20,000	Accounts Payable	\$ 5,000
Investments	\$ 10,000	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$ 1800.00
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 12,000/mo
Land and Buildings	\$ 400,000	NET WORTH	
Trucks and Trailers	\$ 25,000	Preferred Stock	\$ 0
Office Furniture	\$ 5,000	Common Stock	\$ 0
Other Equipment	\$ 10,000	Retained Earnings	\$
Other Assets	\$	Capital	\$ 5,000
TOTAL ASSETS	\$ 485,000	TOTAL LIABILITIES & NET WORTH	\$ 12,000 / 400,000

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
1990	INTL	KP 3301	1HTSC2WN9LH259151	22,000
2001	INTL	KJ 7718	1HTSC2AAMB1H379227	24,000 Gvw

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: <i>Michael Lasher</i>	Position: <i>Owner / Operator</i>
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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>Michael Lasher</u>	Position: <u>Owner / Operator</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>Michael Lasher</u>	Position: <u>Owner / Operator</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.

Michael Lasher
Print name of applicant

Signature of Applicant

Date and Location

j- Can you
SE fill out
I fax back
me
Thank, Sarah

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Just 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: American Moving Co Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Jeff Owens: Owens Auction

Address (include street address, mailing address, city, state, zip, and county):
3204 E 17th
Spokane, WA 99223 USA

Phone Number: (509) 990-6488

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
I move households every week for my Auction Business.
"American Movers" is my TOP moving company

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:
Moving on a weekly if not daily basis.

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 hire American Movers to move approximately 10-15 households per month.
Their service is top rate and is an asset to my Auction Company

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
The best I have found in a 100 mile radius of Spokane.
Professional and prompt.

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: Jeff Owens
Date and Location: 5/18/11 Spokane, WA

Owner, Owens Auction
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Revised 06-10

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Applicant Name: American Moving Co Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Michael Higginson - Owner - Higginsons Furnishings

Address (include street address, mailing address, city, state, zip, and county):
850 S. Grand
Pullman, WA 99163

Phone Number: (509) 332-6882; (509) 332-6873 (Fax)

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:

Anticipating a move to Pullman; also deliveries

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 need a reputable company in our area.

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]
Signature of Person Completing Form

5-18-11 Pullman, WA
Date and Location

Mike - My Fax # is (208) 777-0929

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: American Moving Co Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Jack Hahn; Hahn Appl. Service.

Address (include street address, mailing address, city, state, zip, and county):
1016 S. Mill St.
Wolfram WA 99111

Phone Number: (509) 397-3236.

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

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:
A small local company can give a good price on deliveries.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
This company has always been fair when I have used them in Idaho

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct
Jack Hahn 7/10/11
Signature of Person Completing Form Date and Location



SCOTTSDALE INSURANCE COMPANY®

**COMMERCIAL GENERAL LIABILITY COVERAGE PART
EXTENSION OF SUPPLEMENTAL DECLARATIONS**

CPS1282610


Effective Date: 11/24/2010

12:01 A.M., Standard Time

Insured American Moving Inc.

Agent No. 46006

Prem. No.	Bldg. No.	Class Code	Exposure	Basis
1	1	99793	1	EACH
Class Description: TRUCKERS (PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)				Premises/Operations Rate Premium 1050 1,050 Products/Comp Operations Rate Premium INCLUDED INCLUDED
1	1	99793	3	EACH
Class Description: ADDITIONAL TRUCKERS (PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)				Premises/Operations Rate Premium 210 630 Products/Comp Operations Rate Premium INCLUDED INCLUDED
Class Description:				Premises/Operations Rate Premium Products/Comp Operations Rate Premium
Class Description:				Premises/Operations Rate Premium Products/Comp Operations Rate Premium


SCOTTSDALE INSURANCE COMPANY®
COMMERCIAL GENERAL LIABILITY COVERAGE PART
SUPPLEMENTAL DECLARATIONS

CPS1282610

Effective Date 11/24/2010
12:01 A.M., Standard Time

Insured American Moving Inc.

Agent No. 46006

Item 1. Limits of Insurance	Coverage	Limit of Liability
Aggregate Limits of Liability		Products/Completed Operations Aggregate
	\$ <u>2,000,000</u>	
Coverage A - Bodily Injury and Property Damage Liability		General Aggregate (other than Products/Completed Operations) any one occurrence subject to the Products/Completed Operations and General Aggregate Limits of Liability
	\$ <u>2,000,000</u>	
Damage to Premises Rented to You Limit		any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability
	\$ <u>100,000</u>	
Coverage B - Personal and Advertising Injury Liability		any one person or organization subject to the General Aggregate Limits of Liability
	\$ <u>1,000,000</u>	
Coverage C - Medical Payments		any one person subject to the Coverage A occurrence and the General Aggregate Limits
	\$ <u>5,000</u>	

Item 2. Description of Business

Form of Business:

Individual
 Partnership
 Joint Venture
 Trust
 Limited Liability Company

Organization including a corporation (other than Partnership, Joint Venture or Limited Liability Company)

Location of All Premises You Own, Rent or Occupy:
SAME

Item 3. Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:
See Schedule of Forms and Endorsements

Item 4. Premiums	
Coverage Part Premium:	\$ 1,680
Other Premium:	\$
Total Premium:	\$ 1,680

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.