

FOR OFFICIAL USE ONLY

Date Filed:

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P.O. Box 47250

Olympia, WA 98504-7250 Phone: 360-664-1222

Fax: 360-586-1181 TTY: 360-586-8203

OF

1-800-416-5289

email: transportation@utc.wa.gov

Docket#

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

Staff Assigned	Insurance	Inspection	Permit Issue	Permit Issued THG-	
Reception #	111-0268-207-02	111-0268-013-20			
Provisional and	permanent authority.	ority Requested — on the fee for provisional, and Complete pages 3-8 and A	d then	Fee Required \$ 550	
Permanent auth interest (at least	ority to transfer result six months must be se	ing in a change in ownersherved on a temporary proving annual rep	ip or controlling isional basis).	\$ 550	
	ority to transfer under 3-8 and Attachments I	the exceptions in <u>WAC 48</u> 3 & C.	<u>0-15-187.</u>	\$ 250	
on criteria set fo		l within 30 days of cancella <u>0</u>). Complete pages 3-5 and		\$ 25	
☐ Name Change —	\$ 35				
American Section (Section 1997)	BUSINI	ESS INFORMATION			
Legal Name: SP	EEDY DELIVER	partners of a partnership or cor	poration)		
Trade Name, if applicab	CON4	MOVERS &			
Physical Address \	530 TERM	INAL DRIVE, R	ICHLAND, W	1A 99354	
Mailing Address 18	30 TERMINAL	DRIVE, RIGHL	AND, WAG	19354	
Telephone Number (943-1642	Fax Number	1866 871-	1206	

BUSINESS INFORMATION - continued						
UBI#: 602 349 178 DD Email: INFORSPEEDY DELIVERY LLC. COM						
USDOT #: 1008991 (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)						
Department of <u>Labor & Industries</u> Worker's Comp account # 022, 142-01						
Employment Security Department registration number 000-292580-00-9						
Is your business registered with the <u>Department of Revenue</u> ? No Yes						
TYPE OF BUSINESS STRUCTURE						
☐ Individual ☐ Partnership ☐ Corporation ☐ Other (LP, LLP, LLC) State of Incorporation ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐						
List the name, title and percentage of partner's share or stock distribution for major stockholders:						
Name Title Stock Distribution or % of Shares MAN DETER OWNER 100 %						
Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application. 1. Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: WE ARE A REPUTABLE, REACHABLY PRICED CAREFUL MOVER THAT FOCUSES ON LOCAL E. WASH CUSTOMERS AND REPORT BUSINESS.						
2. Briefly describe your experience in the transportation/household goods moving industry: WE HAVE PROVIDED WOUSENOWS GOODS MOVING SERVICE IN E. WASH FOR MORE THAN A DECADE.						
3. 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 HGD61514						
4. 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						
5. Do you currently operate interstate? ☐ No 12 Yes If yes, please indicate your MC# 441393						
6. Do you operate interstate as an agent of another company? ☑ No ☐ Yes If yes, what is the name of the company?						

Leipski, Tina (UTC)

From:

Darryl Lewis <darryl@speedydeliveryllc.com>

Sent:

Monday, November 30, 2015 4:01 PM

To:

UTC DL Transportation

Subject:

Attachments:

HHG Reinstatement application UTC reinstatement Speedy.pdf

Hello,

Please find attached the three page application to reinstate our HHG permit.

Our authority lapsed because our insurance carrier canceled our policy and we were unable to quickly replace that policy before our operating authority was canceled. After working with multiple agents we have a new insurance carrier/policy and are ready to resume operations. Our agent has filed the Form "E" today with the UTC. Let me know if we need to provide any additional details.

Thanks,:)

Darryl Lewis

Speedy Delivery LLC Director of Operations 509-943-1642



Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with Washington UTC			(hereinafter called Commission)			
_		(Name of Commission)				
This is to certi	fy that the Hudson Insur	ance Company				
		(Name of Company)		•		
(hereinafter called Company) o	f 100 William Stree	t, 5th Floor New York, NY 1	0038			
		(Home Office Address of Comp	any)			
has issued to Speedy Delivery LLC		of 1830 Terminal Drive, Richland, WA 99354				
	(Name of Motor Carrier)	•	(Address	of Motor Carrier)		
Insurance Endorsement, has or upon such motor carrier by the therewith. Whenever requirements carrier by the thereon. This certificat cancellation may be effected by	as provided herein, which, have been amended to provi provisions of the motor carr uested, the Company agrees to e and the endorsement description to the insured the Company or the insured	by attachment of the of the Un de automobile bodily injury and p ier law of the State in which the C to furnish the Commission a dupli- ribed herein may not be canceled	iform Motor Carrier Bodily incoperty dam age liability in commission has jurisdiction cate original of said policy of without cancellation of the in writing to the State Commission.	insured stated in said policy or policies Injury and Property Damage Liability surance covering the obligations impose or regulation promulgated in accordance policies and all endorsements policy to which it is attached. Such mission, such thirty (30) days' notice to	y ed e	
Countersigned at 1417 Nor	th State Street	Bellingham,	WA	98225		
(Street	Address)	(City)	(State)	(Zip Code)		
This day Novembe	r 30, 2015					
Insurance Company File No	BUI-005609					
	(Policy N	(umber)	Authorized	Company Representative	_	

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Washington, State of - Utilities & Transportation Commission

Utilities & Transportation Commission POS

Confirmation Number:

Payment Date: Payment Time: 901045

Tuesday, December 1, 2015

07:54AM PT

Payer Information

First Name:

Darryl Lewis

Street Address:

1830 Terminal Drive

Town/City:

Richland, WA 99354

Country:

United States

Daytime Phone

(509) 943 - 1642

Number:

E-mail Address:

info@speedydeliveryllc.com

Company Name-If not a

Company, provide

Speedy Delivery LLC

name of Payee:

Payment Menu:

Application Fees

Payment Menu -Additional Payment:

Application Types (If

Household Goods

Card Information

Card Type:

Applicable):

Visa

Card Number:

*********5854

Expiration Date:

01/2017

Card Verification

Number:

Payment Information

Payment Type:

Utilities & Transportation Commission POS

Payment Amount:

\$250.00

Convenience Fee:

\$6.25

Total Payment:

\$256.25

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