



1300 S. Evergreen Park Drive SW  
 P.O. Box 47250  
 Olympia, WA 98504-7250  
 Phone: 360-664-1222  
 Fax: 360-586-1181  
 TTY: 360-586-8203  
 or  
 1-800-416-5289  
 email: transportation@utc.wa.gov

**HOUSEHOLD GOODS MOVING COMPANY  
 PERMIT APPLICATION**

| FOR OFFICIAL USE ONLY |                 |                 |                    |
|-----------------------|-----------------|-----------------|--------------------|
| Date Filed:           | DOL/SOS:        | ID: 18201       | Docket #           |
| Staff Assigned        | Insurance       | Inspection      | Permit Issued THG- |
| Reception #           | 111-0268-207-02 | 111-0268-013-20 |                    |

**Type of Household Goods Authority Requested – check one**

**Fee Required**

- Provisional and permanent authority.** The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A. \$ 550
- Permanent authority to transfer** resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis). Complete pages 3-8, Attachment B as well as a closing annual report \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187.** Complete pages 3-8 and Attachments B & C. \$ 250
- Reinstatement of permit** (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450). Complete pages 3-5 and include a statement justifying the reinstatement. \$ 250
- Name Change** – Complete pages 3-5 and Attachment D. \$ 35

**BUSINESS INFORMATION**

Legal Name: Affordable Movers LLC

Trade Name, if applicable: \_\_\_\_\_

Physical Address 11300 47<sup>th</sup> Ave SE Everett, WA 98208

Mailing Address Same as Physical

Telephone Number (425) 422-4415 Fax Number ( ) \_\_\_\_\_

Email: affordablemoversllc425@gmail.com



**BUSINESS INFORMATION - continued**

Is your business registered with the Department of Revenue?  No  Yes

UBI #: 604-154-680 USDOT #: 3039946

If you currently do not have a USDOT number, go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.dot.gov/online-registration) to apply or call 360-596-3812 for assistance.

Department of Labor & Industries (L&I) Worker's Comp account # 651-571-00

Employment Security Department (ESD) registration # 000-715975-00-2

If you will not be setting up an account with L&I or ESD because you do not have employees, please explain how you plan to obtain workers. Per WAC 480-15-555, a criminal background check must be completed on each person you intend to hire. If you intend to hire day labor from a temp agency, they must perform the criminal background check. Refer also to WAC 480-15-302 and 305.

**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:

| <u>Name</u>     | <u>Title</u> | <u>Stock Distribution or % of Shares</u> |
|-----------------|--------------|--|
| <u>Tuan Lam</u> | <u>Owner</u> | <u>100% of shares</u>                    |

Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.

- 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 provide residential and commercial moves locally in Washington State. WA State is a fast growing state and there are a lot of residents needing moves for convenient and safety transfer.
- Briefly describe your experience in the transportation/household goods moving industry: I have worked with a different moving company prior to starting my own business, as a lead driver

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 \_\_\_\_\_

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  Yes If yes, please indicate your MC# \_\_\_\_\_

6. Do you operate interstate as an agent of another company?  No  Yes  
 If yes, what is the name of the company? \_\_\_\_\_

7. 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 list below:

| Type of Legal Proceeding | Date | State |
|--------------------------|------|-------|
|                          |      |       |
|                          |      |       |

\*attach additional pages if necessary

8. Has any person named in this application ever been convicted of any crime involving theft, burglary, assault, sexual misconduct, Identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance?  No  Yes If yes, please list below:

| Type of Conviction    | Date       | City/State    |
|-----------------------|------------|---------------|
| Assault 3             | April 2011 | Everett, WA   |
| Manufacture Marijuana | June 2010  | Arlington, WA |

\*attach additional pages if necessary

9. Has any person named in this application, been cited for violation of state laws or Commission rules?  No  Yes If yes, please list below:

| Violation | Date | RCW/WAC |
|-----------|------|---------|
|           |      |         |
|           |      |         |

\*attach additional pages if necessary

### FINANCIAL STATEMENT

Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

| Assets               |                    | Liabilities                              |                    |
|----------------------|--------------------|--|--------------------|
| Cash In Bank         | \$ 2000.00         | Salaries/Wages Payable                   | \$ 3000.00         |
| Notes Receivable     | \$                 | Accounts Payable                         | \$ 5000.00         |
| Investments          | \$ 10000.00        | Notes Payable                            | \$ 5000.00         |
| Other Current Assets | \$                 | Mortgages Payable                        | \$                 |
| Prepaid Expenses     | \$                 | <b>TOTAL LIABILITIES</b>                 | <b>\$ 13000.00</b> |
| Land and Buildings   | \$                 | <b>NET WORTH</b>                         |                    |
| Trucks and Trailers  | \$ 10000.00        | Preferred Stock                          | \$ 1000.00         |
| Office Furniture     | \$                 | Common Stock                             | \$ 1000.00         |
| Other Equipment      | \$ 1200.00         | Retained Earnings                        | \$ 6000.00         |
| Other Assets         | \$                 | Capital                                  | \$ 6000.00         |
| <b>TOTAL ASSETS</b>  | <b>\$ 13200.00</b> | <b>TOTAL LIABILITIES &amp; NET WORTH</b> | <b>\$ 27000.00</b> |

### EQUIPMENT LIST

Describe the equipment you will own or lease to provide moving services  
(attach additional sheets if necessary).

| Year | Make     | License Number | Vehicle ID Number | Gross Vehicle Weight |
|------|----------|----------------|-------------------|----------------------|
| 2000 | 5500 GMC |                | 16DE6H1BXYJ901736 | 18,000               |
| 2000 | 5500 GMC | CR1263K        |                   |                      |
|      |          |                |                   |                      |
|      |          |                |                   |                      |

**SAFETY AND OPERATIONS**

**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. Please attach evidence of your enrollment in a drug and alcohol testing program.

**SAFETY RESPONSIBILITIES**

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

**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.

**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>Tuan Lam</i> | Position: <i>Owner</i> |
|-----------------------|------------------------|

**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>Tuan Lam</u> | Position: <u>Owner</u> |
|-----------------------|------------------------|

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, Internal Revenue Service (taxes); and Employment Security.

|                       |                        |
|-----------------------|------------------------|
| Name: <u>Tuan Lam</u> | Position: <u>Owner</u> |
|-----------------------|------------------------|

If you would like to receive information about new household goods carriers, check here

**DECLARATION OF APPLICANT**

I understand that filling 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 480-15-305 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 understand the commission will complete a criminal background check on each person named in the application.

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>Tuan Lam</u>         |  | <u>11-12-2017</u> |
| Print name of applicant | Signature of Applicant  | 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: (Tuan Lam) Affordable Movers LLC

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name:  
Cindy Hansen

Address (include street address, mailing address, city, state, zip, and county):  
509 79th AVE SE LAKE STEVENS WA 98259

Phone Number:

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:  
When we decide to move we will need a moving services.

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:  
As our community is growing there will be more need for moving services.

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.

Cindy Hansen 11-15-2017 WA  
 Signature of Person Completing Form 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: (Tuon Lam) Affordable Movers LLC

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name:  
Jennifer Darling

Address (Include street address, mailing address, city, state, zip, and county):  
421 9th Ave SE Lake Stevens 98258

Phone Number:  
(425) 319-5924

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
lease ending soon and need to be moved to a new home

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:  
any future moves and/or family moves

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:  
They are providing a service I need with moving furniture etc.

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.

Jennifer Darling \_\_\_\_\_ 11/14/17 \_\_\_\_\_  
 Signature of Person Completing Form 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: (Tuan Lam) Affordable Movers LLC

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name: Mang-Kieu Nguyen, Owner, T&K LLC

Address (include street address, mailing address, city, state, zip, and county):

10445 NE 43th Street, Bellevue, WA 98004

Phone Number: Home: 425-570-9609 Cell: 360-348-0802

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

I'm in process of buying new house, I will have service

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 in Summer 2018

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:

They are honest, quality company, and can be trusted and reliable

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 of Person Completing Form: [Signature] Date and Location: 11-16-17



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/01/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|                               |  |   |                       |
|-------------------------------|--|---|-----------------------|
| <b>PRODUCER</b>               |  | <b>CONTACT NAME:</b> David Lawrence Kosar                 |                       |
| American Family Brokerage Inc |  | <b>PHONE (A/C, No, Ext):</b> (425) 212-4070               | <b>FAX (A/C, No):</b> |
| 6000 American Parkway         |  | <b>E-MAIL ADDRESS:</b> dkosar@amfam.com                   |                       |
| Madison WI 53783              |  | <b>INSURER(S) AFFORDING COVERAGE</b>                      |                       |
|                               |  | <b>INSURER A:</b> Certain Underwriters at Lloyd's, London |                       |
| <b>INSURED</b>                |  | <b>INSURER B:</b>   |                       |
| Affordable Movers LLC         |  | <b>INSURER C:</b>   |                       |
| 11300 47th Avenue SE          |  | <b>INSURER D:</b>   |                       |
| Everett WA 98208              |  | <b>INSURER E:</b>   |                       |
|                               |  | <b>INSURER F:</b>   |                       |


**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADDITIONAL INSURED | WVVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|--------------------|------|---------------|-------------------------|-------------------------|--|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |                    |      |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                    |                    |      |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                    |
|          | <input type="checkbox"/> UMBRELLA LIAB<br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$  |                    |      |               |                         |                         | <input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br>\$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N                | N/A  |               |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                          |
| A        | Commercial Inland Marine Motor Truck Cargo  |                    |      | WMC171778     | 10/27/2017              | 10/27/2018              | Limit: \$50,000<br>Deductible: \$1,000   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

|   |  |
|---|--|
| Washington Utilities and Transportation Commission<br>PO BOX 47250<br>1300 S Evergreen Pk Dr SW<br>Olympia WA 98504 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|--|

© 1988-2014 ACORD CORPORATION. All rights reserved

ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD

PAGE 08

11/16/2017 16:29 0547

Page 8

To:

From:

FAX24 PUBLIC FAX SERVICE

07:38 PM

1-16-2017

## Certificate of Insurance

**Certificate Holder**AFFORDABLE MOVERS LLC  
11300 47TH AVE SE  
EVERETT, WA 98204**Insured**AFFORDABLE MOVERS LLC  
11300 47TH AVE SE  
EVERETT, WA 98204**Agent**AMERICAN FAMILY BRKR  
6000 AMERICAN PKWY  
MADISON, WI 53783

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Oct 26, 2017

Policy Expiration Date: Apr 26, 2018

**Insurance coverage(s)****Limits**

| Insurance coverage(s)                 | Limits                                    |
|---------------------------------------|---|
| BODILY INJURY/PROPERTY DAMAGE         | \$750,000 COMBINED SINGLE LIMIT           |
| UNDERINSURED MOTORIST BODILY INJURY   | \$750,000 COMBINED SINGLE LIMIT           |
| UNDERINSURED MOTORIST PROPERTY DAMAGE | \$10,000 W/\$100 DED (\$300 IF HIT & RUN) |

**Description of Location/Vehicles/Special Items****Scheduled autos only**

2000 GMC 6H4 1GDE6H1BXYJ901736

Stated Amount \$15,000

|                      |                             |
|----------------------|-----------------------------|
| MEDICAL PAYMENTS     | \$10,000                    |
| COMPREHENSIVE        | \$500 DED                   |
| COLLISION            | \$500 DED                   |
| RENTAL REIMBURSEMENT | \$100 PER DAY (\$3,000 MAX) |



Continued

# CERTIFICATE OF COMPLETION

Supervisor Compliance  
Training Department  
Supervisor Course

**REASONABLE SUSPICION:  
Drug & Alcohol Awareness Training**

**Tuan Lam**

has completed the Mandatory 2-Hour Training

on

60 Minutes Alcohol Awareness

60 Minutes Drug Education

Test Score: 100%

Graduation Date: 10/3/2017

Satisfies the Department of Transportation

49 CFR Part 382.603 for Mandatory Supervisor Training



Supervisor Compliance Training Department  
1201 N. Orange St. Suite 7138  
Wilmington, De 19801

**Public Inspection Statement**  
 A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall anyone be subject to any penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0042. Public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing the burden to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Avenue, SE, Washington, DC 20530.

U.S. Department of Transportation  
 Federal Motor Carrier  
 Safety Administration

**Medical Examiner's Certificate**  
 (for Commercial Motor Vehicle Operator)

I certify that I have examined Last Name: LAM First Name: TIMAS in accordance with (please check only one):

- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- Wearing corrective lenses  Accompanied by a \_\_\_\_\_ waiver/exemption  Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- Wearing hearing aid  Accompanied by a Skill Performance Evaluation (SPE) Certificate  Qualified by operation of 49 CFR 391.64 (Federal)
- Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

4/14/19

Medical Examiner's Signature

*[Handwritten Signature]*

Medical Examiner's Telephone Number

425-261-1508

Date Certificate Signed

4/14/17

Medical Examiner's Name (please print or type)

Steven Dow, PA-C

- MD  Physician Assistant  Advanced Practice Nurse
- DO  Chiropractor  Other Practitioner (specify) \_\_\_\_\_

Medical Examiner's State License, Certificate, or Registration Number

PA 10003485

Issuing State

Washington

National Registry Number

8514947853

Driver's Signature

*[Handwritten Signature]*

Driver's License Number

[Redacted]

Issuing State/Province

WA

Driver's Address

[Redacted]

CLP/CDL Applicant/Holder

Street Address

City: [Redacted] State/Province: WA ZIP Code: [Redacted]

Yes  No