

TV-080054-CT



**HOUSEHOLD GOODS CARRIER
PERMIT APPLICATION**



Type of Household Goods Authority Requested - Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 6 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) - Complete pages 2 - 6 and Attachment A	\$ 250
<input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) - Complete pages 2 - 6 and Attachment A	\$ 550
<input checked="" type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) - Complete pages 2 - 6 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 - Complete pages 2 - 6 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-460) - Complete pages 2 - 3 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change - Complete pages 2 - 3 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority - Complete pages 2 - 6 and Attachment A	\$ 550

TYPE OF PAYMENT

Check
 Money Order
 Amex
 Mastercard
 Visa

05/19/07

Amount: \$ 550.00 Expiration Date: _____

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information on file is current and valid.

Name (printed): R. Joe Alleman Winston & Cashatt, Lawyers Date: 01/04/08

Signature: *[Signature]* Title: Office Administrator

FOR OFFICIAL USE ONLY			
Date Filed: 1/3/08	DOL/SOS:	ID: 4906	Permit Issued: HG-
Staff Assigned:	Insurance:	Inspection:	Docket #
Reception #: 111-0268-207-02 550.00	111-0268-202-01	111-0268-013-20	

0005588

BUSINESS INFORMATION

Name of Applicant: ~~VLADIMIR KIRICHENKO~~ V&K Delivery Services, LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable: ~~V&K Delivery Service, LLC~~ N/A

Physical Address 18714 7TH AVENUE COURT E. SPANAWAY, WA 98387

Mailing Address 18714 7TH AVENUE COURT E. SPANAWAY, WA 98387

Telephone Number (253) 534-5737 Fax Number (253) 301-2127

UBI # 602-784-432 OK Email: Z2007VKYK@yahoo.com

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other LLC
(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

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 wish to provide the services of moving and delivering furniture and household appliances. I go the extra mile to assist customers and am very well liked by furniture and appliance stores in my area.

Briefly describe your experience in the transportation/household goods moving industry:
I have worked for various retail stores since the year 2000 as a delivery driver.

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?
 No Yes If yes, please explain: _____

Do you currently operate interstate? No Yes If yes, please indicate your: DOT# _____
 MC# _____

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 Class A or B Felony? No Yes If yes, please explain: 2nd degree burglary with weapons 2001 in King County

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	\$500.00	Salaries/Wages Payable	\$4,000.00
Notes Receivable	\$0.00	Accounts Payable	\$0.00
Accounts Receivable	\$0.00	Notes Payable	\$0.00
Investments	\$0.00	Mortgages Payable	\$0.00
Other Current Assets	\$0.00	Other	\$0.00
Prepaid Expenses	\$0.00	TOTAL LIABILITIES	\$4,000.00
Land and Buildings	\$0.00	NET WORTH	
Trucks and Trailers	\$40,000.00	Preferred Stock	\$0.00
Office Furniture	\$0.00	Common Stock	\$0.00
Other Equipment	\$4,000.00	Retained Earnings	\$0.00
Other Assets	\$0.00	Capital	\$0.00
TOTAL ASSETS	\$44,500.00	TOTAL LIABILITIES & NET WORTH	\$4,000.00

EQUIPMENT LIST

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

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2002	GMC	B55452A	1GDJ7C1C42J5043 44	26,000

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 REQUIREMENTS 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.
- **SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.
- **DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.
- **PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.
- **LIABILITY INSURANCE REQUIREMENTS** (WAC 480-15-530). You must file and maintain proof of public liability and property 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:
Vladimir Kirichenko

Position: Operator
Member

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: Vladimir Kirichenko Position: Member

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: Vladimir Kirichenko Position: Member

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.

Vladimir Kirichenko
Print name of applicant

V. Kirichenko
Signature of Applicant

01/04/08
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: V & K Delivery Services LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: <u>Perm Morin, Renovation Supervisor, Pinnacle American Management Services</u>	
Address (include street address, mailing address, city, state, zip, and county): <u>The Galleria 10500 Meridian Ave N Seattle, WA 98133</u> <u>Lexington Manor 10306 Meridian Ave N Seattle WA 98133</u>	
Phone Number: <u>(c) 206-250-9941</u>	
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs: <u>Bringing fridges, stoves & dishwashers from warehouse to our properties & taking away old ones</u>	
Do you anticipate a future need for the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: <u>Same as above</u>	
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: <u>He is on time, communicates completely & takes care of all my needs.</u>	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <u>They will do what it takes to get the job done, staying late going the extra mile.</u>	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<u>Perm A. Morin</u> Signature of Person Completing Form	<u>12/11/07 The Galleria Seattle, WA</u> Date and Location

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Applicant Name: V & K DELIVERY SERVICE

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: SHERRY MCGOWEN, MANAGER, AMERICA'S BEAUTIFUL DREAMER

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

SOUTH HILL MAIL
3500 S. MERIDIAN # 800
PUYALLUP, WA 98373

Phone Number: (253) 840-4996

Do you currently need the services of a residential household goods moving company?

No Yes If yes, please describe your current moving needs:
WE SELL FURNITURE HERE AND MY CUSTOMERS
NEED SOMEONE TO TAKE THE PRODUCTS TO THEIR HOMES.

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:
SAME AS ABOVE

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:

IT'S HARD TO FIND GOOD QUALITY MOVING COMPANIES
TO TAKE CARE OF OUR CUSTOMERS NEEDS.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? V & K DELIVERY SERVICE HAS ALWAYS
TAKE EXTRA GOOD CARE OF MY CUSTOMERS ABOVE AND
BEYOND JUST DELIVERY OF GOODS.

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: Sherry McGowen

Date and Location: 12/2/07 ATBD Puyallup WA

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: V & K Delivery Service LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: TED SCHADE IDEAL HOME FURNISHINGS SERVICE MAN.

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

8535 COMMERCE PL DR N.E.
LACEY WA 98516

Phone Number:

360-452-4100

Do you currently need the services of a residential household goods moving company?

No Yes If yes, please describe your current moving needs:

WE SELL HOME FURNISHINGS AND HAVE MANY CUSTOMERS WHO ARE NOT CAPABLE OF MOVING GOODS THEMSELVES

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:

AS BUSINESS GROW A LARGER NUMBER OF CUSTOMERS REQUIRE DELIVERY

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:

WILL ALLOW US THE OPPORTUNITY TO SERVICE MORE CUSTOMERS

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

IN THE PAST ALL SERVICE WE HAVE RECEIVED FROM THIS COMPANY HAS BEEN ABOVE AVERAGE AND HANDLE PROFESSIONALLY

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

T. Schade

12/5/07 THURSTON COUNTY

Signature of Person Completing Form

Date and Location

BUSINESS KEY POLICY

Non-assessable policy issued by

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

6000 American Pkwy

Madison, WI 53783-0001

(608) 249-2111

Member of American Family Insurance Group



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BUSINESS KEY POLICY

Non-assessable policy issued by

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

6000 American Pkwy
Madison WI 53783-0001
(608) 249-2111

Member of American Family Insurance Group

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Stock No. 00831

P. 11

Jan 7 2008 14:31

Fax: 509-838-1416

WINSTON & CASHATT

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001
COMMERCIAL GENERAL LIABILITY COVERAGE PART
DECLARATIONS

POLICY NUMBER
 46 X00958-01

COMPANY CODE
 0000-BLCK-WA

NAMED INSURED KIRILCHENKO, VLADIMIR
MAILING ADDRESS 1814 7TH AVE CT E
 SPANAWAY WA 98387

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS-COMPLETED OPERATIONS)	\$2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$2,000,000
PERSONAL & ADVERTISING INJURY LIMIT	\$1,000,000
EACH OCCURRENCE LIMIT	\$1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT - ANY ONE PREMISES	\$100,000
MEDICAL EXPENSE LIMIT - ANY ONE PERSON	\$5,000

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY

LOCATION 0001 PREMISES 001
 1814 7TH AVE CT E
 SPANAWAY PIERCE COUNTY WA 98387

CLASSIFICATION

CODE	DESCRIPTION	PREMIUM BASIS	RATE		ADVANCE PREMIUM	
			ALL OTHER	PR/CO	ALL OTHER	PR/CO
99793	TRUCKERS PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT	17,800 (004)	14.076 (B)		\$251.00	
	B=EACH ONE THOUSAND			004=PAYROLL		
	CERTIFIED ACTS OF TERRORISM				\$2.00	
				BALANCE TO MINIMUM	\$45.00	
				TOTAL ADVANCE PREMIUM	\$300.00 MINIMUM	

Forms and endorsements applying to this coverage part and made part of this policy at time of issue:

CG 21 72 12 02	CG 03 00 01 96	IL 01 98 07 02	CG 00 01 12 04	CG 01 81 07 98
CG 01 97 12 04	CG 26 01 03 90	IL 01 46 09 03	IL 75 02 06 99	CG 21 60 09 98
CG 21 96 03 05	CG 26 77 12 04	CG 77 14 01 06	IL 09 99 01 07	CG 00 67 03 05
CG 32 20 01 07				

AGENT 004-354
 JOHN H POPE
 10417 GRAVELLY LAKE DR SW STE F
 LAKEWOOD WA 98499-5016

PAGE 01
BRANCH ANH
ENTRY DATE 06/26/2007
 01-12

CG AF 01 07 98

INSURED

Stock No. 05981

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001
COMMERCIAL GENERAL LIABILITY COVERAGE PART
DECLARATIONS

POLICY NUMBER
46 X00958-01

COMPANY CODE
0000-BLBK-WA

AUTHORIZED
REPRESENTATIVE

John Samuel
President

James F. Edging
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

46X00958-01

AGENT 004-354
JOHN H POPE
10417 GRAVELLY LAKE DR SW STE F
LAKEWOOD WA 98499-5016

PAGE 02
BRANCH ANH
ENTRY DATE 06/26/2007

01-12

CG AF 01 07 98

INSURED

Stock No. 05981

Jan 7 2008 14:32 P.15

Fax: 509-838-1416

WINSTON & CASHATT

BUSINESS AUTO POLICY

Non-assessable policy issued by

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

6000 American Pkwy

Madison WI 53783-0001

(608) 249-2111

Member of American Family Insurance Group



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BUSINESS AUTO POLICY

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Madison, WI 53783-0001

(608) 249-2111

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Stock No. 14727

P.17

Jan 7 2008 14:32

Fax: 509-838-1416

WINSTON & CASHATT

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESS AUTOMOBILE INSURANCE POLICY

POLICY NUMBER
46X0049301

DECLARATIONS

CUSTOMER BILLING ACCOUNT
014-139-742 02

ITEM FIVE - SCHEDULE FOR EMPLOYERS NON-OWNERSHIP LIABILITY
NO COVERAGE

46X004930100000000000000050190234

AGENT 004-354
JOHN H POPE
10417 GRAVELLY LAKE DR SW STE F
LAKEWOOD, WA 98499-5016

PHONE
253-581-8599

PAGE 0004
BRANCH JLLO44 NEWB
ENTRY DATE 06-29-2007

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INSURED

Stock No. 14986

P. 21

Jan 7 2008 14:32

Fax: 509-838-1416

WINSTON & CASHATT

Spokane Office
Bank of America Financial Center
601 W. Riverside, Suite 1900
Spokane, Washington 99201

Phone: (509) 838-6131
Fax: (509) 838-1416
website: www.winstoncashatt.com

Winston & Cashatt
L A W Y E R S

A Professional Service Corporation

*Winston & Cashatt has offices in Spokane, Washington,
Seattle, Washington and Coeur d'Alene, Idaho*

FACSIMILE COVER PAGE

Monday, January 07, 2008

Client-Matter No.: 107263-113095

Pages: 21 (including this cover page)

To: Washington Utilities and Transportation Commission
Company:
Fax #: 360-586-1181

From: Christy A. Risley
Paralegal to JEFFREY A. HERBSTER
Winston & Cashatt

Message: Following this cover page please find Household Goods Carrier Application Permit Application for Vladimir Kirichenko. You will also find Declarations of insurance. I have requested Form E from the insurance agent for Mr. Kirichenko and will forward it as soon as I receive it.

If you have any questions regarding this application please feel free to contact me.

CONFIRMATION WILL FOLLOW VIA:

First Class Mail
 Other

Federal Express
 None

Sending Operator: car

PLEASE CALL (509) 838-6131 IF NOT RECEIVING PROPERLY.

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