

Received Time Nov. 4, 2015 11:21 No. 1071



TV-152101-CT
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

#213551 PERMIT APPLICATION

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed: 11/4/15	DOL/SOS: 01/02	ID: 11322	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
<input checked="" type="checkbox"/> <u>Provisional and permanent authority.</u> The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A.	\$ 550
<input type="checkbox"/> <u>Permanent authority to transfer</u> 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
<input type="checkbox"/> <u>Permanent authority to transfer</u> under the exceptions in <u>WAC 480-15-187.</u> Complete pages 3-8 and Attachments B & C.	\$ 250
<input type="checkbox"/> <u>Reinstatement of permit</u> (must be filed within 30 days of cancellation, depending on criteria set forth in <u>WAC 480-15-450</u>). Complete pages 3-5 and include a statement justifying the reinstatement.	\$ 250
<input type="checkbox"/> <u>Name Change</u> – Complete pages 3-5 and Attachment D.	\$ 35

BUSINESS INFORMATION

Legal Name: Julio Soto Mendoza *Rainier Moving Company 2 LLC*
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____ *PER UBI*

Physical Address: 31019 44th ave S, Auburn, WA, 98001

Mailing Address _____

Telephone Number (206) 556-0526 Fax Number () _____

Posted Cases 3

BUSINESS INFORMATION - continued

UBI #: 603 476 405 Email: RainierMove@gmail.com

USDOT #: 2816817 (If you currently don't have one, go online at www.fmcsa.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # 58707700

Employment Security Department registration number 000-373802-00-1

Is your business registered with the Department of Revenue? 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
<u>Julio Mendoza</u>	<u>Owner</u>	<u>100%</u>

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: Give customers a reliable, safe and efficient option for moving at a more affordable price. Provide High quality movers that promote safety and efficiency.

2. Briefly describe your experience in the transportation/household goods moving industry: Started working as an aid for On the Go moving. Moved up to being a lead within 2 months. Was put in charge of crews ranging from 2 movers to 6 movers, in over 1000 moves

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? _____

Received Time Nov. 4, 2015 11:21 No. 1071

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, 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
Theft 2	10-1-10	Tacoma, 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
Transporting house goods w/out permit	8-25-15	

*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	\$ 5,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$ 6,200	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 5,100	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$ 1,000	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 17,100	TOTAL LIABILITIES & NET WORTH	\$

Received Time Nov. 4, 2015 11:12 AM No. 1071

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	Ford / E-350		IFDWE35S3YHAE54957	14000

*per phone
P call*

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: Julio Mendoza Position: Owner

Received Time Nov. 4, 2015 11:22 No. 1071

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>Julio Mendoza</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>Julio Mendoza</u>	Position: <u>owner</u>
<p>If you would like to receive information about new household goods carriers, check here <input checked="" type="checkbox"/></p> <p align="center">DECLARATION OF APPLICANT</p> <p>I understand that filing this application does not in itself constitute authority to operate as a household goods mover.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>I understand the commission will complete a criminal background check on each person named in the application.</p> <p>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.</p>	
<u>Julio Mendoza</u> Print name of applicant	<u>Julio Mendoza</u> Signature of Applicant
<u>10-3-15 / Renton</u> Date and Location	



ATTACHMENT A

Received Time Nov. 4, 2015 11:27 AM No. 1071

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: Rachel Arata

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Address (include street address, mailing address, city, state, zip, and county): 5110 Harbor View Dr. NE Tacoma, WA 98422 Pierce County

Phone Number: 253-381-6372

Do you currently need the services of a residential household goods moving company? No Yes If yes, please describe your current moving needs: However, I plan on moving within the next 6 months.

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: I will be moving in the next 6 months from a house to an apartment.

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: This will benefit me by providing me with a service and not having to deal with a large company. I always support local and small businesses in my community.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? When I spoke with the owner, I could tell he has a passion for customer service and also a strong drive to excel as a small business owner.

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: Rachel Arata Date and Location: 10/8/15 Tacoma, WA



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:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Jean Hair

Address (include street address, mailing address, city, state, zip, and county):
11502 Ashton Ave E - Bonney Lake WA 98391 Pierce.

Phone Number: 253-709-0685

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:
Have some household items that I need moved from Kent - to - Away to Bonney Lake.

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:
Mr. Mendez and his moving company seem to be a hard working company that I can trust with my personal items. This kind of workmanship ship will benefit any that use them

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
When I was looking for a company to use - This was one that was professional and helpful with my questions.

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

Jean Hair
Signature of Person Completing Form

10/13/15 Bonney Lake WA.
Date and Location

Received Time Nov. 4, 2015 11:11:21 No. 1071

Received Time Nov. 4, 2015 11:11 AM No. 1071



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: Rainier Moving Company

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Nevin Hair / Owner / Staging For All

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

29628 22nd ave S, Federal Way, WA, 98003

Phone Number:

253-737-7173

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

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

I plan to move towards the end of November. Working with Julio Mendoza I would trust him to relieve me of having to lift due to my back problems

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:

I would use Rainier Moving Services for all my future moves. Which will really come in handy to for me in my staging company.

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:

Like I mentioned earlier. While working with Mr. Mendoza I feel comfortable with collaborating with him in relieving me of the heavy lifting.

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

These are the kind of moving assistance everyone should use. The crews work fast and make the safety of my property the priority

Received Time Nov. 4, 2015 11:2
No. 1071



ATTACHMENT B

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

[Handwritten Signature]

Signature of Person Completing Form
Location

Date and
10/01/15

**Transfer of Household Goods Authority
Per WAC 480-15-187**

Current Name on Permit

(Seller): _____

Current Trade Name on Permit

(Seller): _____

Address

(Seller): _____

HG Permit Number: _____

Phone Number (Seller): _____

Does the transfer of this permit fall under the provisions of WAC-480-15-187(2) or (3)?

No Yes If yes, please complete Attachment C.

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

A closing annual report must be filed with the commission by the current company.

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

Received Time Nov. 4. 2015 11:11 AM No. 1071

USA WASHINGTON DRIVER LICENSE DONOR

1a LIC# [REDACTED]

1b NAME: HENDON, JULIO SOTO

1c BOB [REDACTED]

1d SEX: M

1e HT: 5-8 1/2

1f W: 218

1g EYES: BROWN

1h HAIR: NONE

1i EXP: 01-07-2018

1j RESTRICTIONS: F

Received Time Nov. 4, 2015 11:21 No. 1071



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/19/2015

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).

PRODUCER American Underwriters 6429 South Tacoma Way Tacoma, WA 98409	CONTACT NAME: Pam Hunke PHONE (A/C No. Ext): (253)473-1415 FAX (A/C No): (866)804-2460 E-MAIL ADDRESS: pam@american-underwriters.com
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Western World Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Julio Mendoza DBA: Rainier Moving Company 3109 44th Ave Sout Auburn, WA 98001	

COVERAGES CERTIFICATE NUMBER: 00000000-0 REVISION NUMBER: 1

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.

INBR LTR	TYPE OF INSURANCE	ADDL. INSUR. RISO. WVD.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		NPP8221692	10/19/2015	10/19/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ no cvg BODILY INJURY (Per person) \$ no cvg BODILY INJURY (Per accident) \$ no cvg PROPERTY DAMAGE (Per accident) \$ no cvg
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ no cvg AGGREGATE \$ no cvg
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ no cvg E.L. DISEASE - EA EMPLOYEE \$ no cvg E.L. DISEASE - POLICY LIMIT \$ no cvg
<p><i>Handwritten: cargo</i></p>						

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

CERTIFICATE HOLDER Rainier Moving Company Julio Mendoza 3109 44th Ave S Auburn, WA 98001	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE (PLH)
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ACORD 25 (2014/01)

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Printed by PLH on October 19, 2015 at 04:20PM

BHHC Quick

BHHC-Rate for Washington
Continental Divide Insurance Company



Applicant: Julio Mendoza
Rainier Moving Company
Quote #: 4440799
Description: 00 FORD (54957)
Class: 520 - Moving Operations
Entity Type: LLC
New/Renew: New
Type: Truck
Size: Up to 20,000 lbs.
Zipcode: 98001 (T - 23)
Radius: Up to 50 Miles
Filings: None

Previous Carrier: N/A
Business Use: Commercial
AI/Lessor: No
Airbag: Yes
Antilock Brakes: Yes
Power Units: 1
Interstate: Yes
Replacement Cost: No

Vehicle # 1
Originally Quoted: 10/05/2015 1:17 PM EST
Quote Printed: 10/05/2015 1:20 PM EDT

Registration State: WA

Rated w/ Trailer: No
Mid-Term: No
Vacuum: No
Combined Ded: No

Coverage	Limit (\$)	Premium (\$)
Liability	750,000 CSL	1,847
Medical Payments	N/A	N/A
Coll. Ded. Waiver		N/A
Comp/Coll		233
AV Equipment	N/A	N/A
PIP	Basic	271
In-Tow		N/A
AI/Lessor		N/A
Cargo		886
Vehicle Sub Total**		\$3,237

Physical Damage	
^Stated Amount:	\$4,600
Deductible:	500/1,000
In-Tow	
Limit:	N/A
Deductible:	N/A
Cargo	
Limit:	\$20,000

BHHC-Rate Version: 8.3.34.38

Revision: 5WA2015R01.0

Liability	Base Rate	1,224
	Co Factor	0.9025
	ILF	2.0900
Medical Payments	Base Rate	N/A
	Co Factor	N/A
	ILF	N/A
Comp/Coll	Percentage	3.12%
	Co Factor	1.0826
*Minimum Premium Applies		
^Stated value is higher than expected value.		
Combined Coverage Credit		-5.00%
PIP	Base Rate	1,163
	Co Factor	0.2910
	ILF	1.0000

Driver Factor	0.8000
Loss Free Credit	0.00%
Applied to Liab	No
Applied to PDam	No
Experience Rating	0.00%
Schedule Rating	0.00%
Driver Surcharge	0.00%
Liability	0.00%
Excess Liability	0.00%
UM/UIM	0.00%
Medical Payments	0.00%
Physical Damage	0.00%
In-Tow	0.00%
Cargo	0.00%
All Coverages	0.00%

Primary Use: Trucks
For Hire: Yes
Type: Moving Operation
Move Contents: Yes
Moving Agent: No
Accident Prevent: No
Workers Comp: No

**Does not include UM/UIM Premium. See Account Summary for total premium.

Quoted By: Heidi Voelker

For Coding Purposes Only				
Liability (80,20)	1,478	369	2.0900	2.09C
XS Liability (100)	0		1.0000	2.09C
Comp/Coll (25/75)	58	175		
0821 ILF	3.5100	0821 ILF	0.0000	

This is a "printer friendly" page. Please use the "print" option in your browser to print this screen.



Washington, State of - Utilities & Transportation Commission

Utilities & Transportation Commission POS

Confirmation Number: 213551
Payment Date: Wednesday, November 4, 2015
Payment Time: 02:09PM PT

Payer Information

First Name: Julio Mendoza
Street Address: (4b)
Town/City:
Country: United States
Daytime Phone Number: (206) 556 - 0526
E-mail Address: rainiermove@gmail.com
Company Name-If not a Company, provide name of Payee: Rainier Moving Company LLC
Payment Menu : Application Fees
Payment Menu - Additional Payment:
Application Types (If Applicable): Household Goods

Card Information

Card Type: Visa
Card Number: *****4287
Expiration Date: 08/2019
Card Verification Number: ****

Payment Information

Payment Type: Utilities & Transportation Commission POS
Payment Amount: \$550.00
Convenience Fee: \$13.75
Total Payment: \$563.75

Thank you for using Official Payments. If you have a question regarding your payment, please call us toll free at 1-866-621-4109. To make payments in the future, please visit our website at www.officialpayments.com.



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