

RECEIVED

AUG 21 2012

NON-PUBLIC PER RCW
42.56.230

WASH. UT. & TP. COMM



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



TV-121415-CT

Type of Household Goods Authority Requested – Check one	Fee Required
<input checked="" type="checkbox"/> Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. – Complete pages 2 - 7 and Attachment A	\$ 550
<input 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 - 7 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-186 and 480-15-187 – Complete pages 2 - 7 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450) – 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

TYPE OF PAYMENT

Check Money Order Amex Mastercard Visa

#021612

Amount: \$550⁰⁰

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): Leonid Ratsko Company Name: Movable LLC

Cardholder's Signature: R. G. Date: 08/18/12

FOR OFFICIAL USE ONLY

Date Filed: 8/28/12 DOL/SOS: [Signature] ID: 7020 Permit Issued: THG- 64727

Staff Assigned: [Signature] Insurance: [Signature] Inspection: [Signature] Docket # TV-121415

Reception #: 550⁰⁰ 111-0268-207-02 111-0268-207-01 111-0268-013-20

039556

Posted

Rms

BUSINESS INFORMATION

Name of Applicant Ratsko Leanid
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Movable LLC

Physical Address 33018 22nd Pl S Federal Way WA

Mailing Address same 98003

Telephone Number (206) 446-7710 Fax Number () _____

UBI #: 6031571050 Email: movablewa@gmail.com

USDOT #: 2332109 (If you currently don't have one, you can go online at www.fmcsa.dot.gov/online-registration to apply for one or call 360-596-3810 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # 249,031-00

Employment Security Department registration number? ESD # 4538051530

Is your business registered 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:

<u>*Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>Ratsko Leanid</u>	<u>-owner</u>	<u>100%</u>

***Must provide a copy of a valid Washington state driver's license for each person listed above.**

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 am going to provide furniture/appliance delivery and household goods moving service. Past experience, knowledge of the process, new equipment, and great customer service will bring only positive feedback, enhance customer choice and promote competition.

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

I have been working for "Best Moving and Delivery" and also was a partner of this company. In addition, I have CDL driver license, but my truck does not require one.

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# _____

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: _____

Has any person named in this application, within the past five years, 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 explain: _____

Has any person named in this application, 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	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 17,500	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$ 250	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$ 18,950.00	TOTAL LIABILITIES & NET WORTH	\$

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
2007	Mitsubishi Fuso	B54281B	JL6BBHL547K002793	16,000

****Attach a copy of the registration form for each vehicle listed.**

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: Ratsko leanid	Position: Owner
---------------------	-----------------

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>Ratsko leanid</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>Ratsko leanid</u>	Position: <u>Owner</u>
----------------------------	------------------------

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.

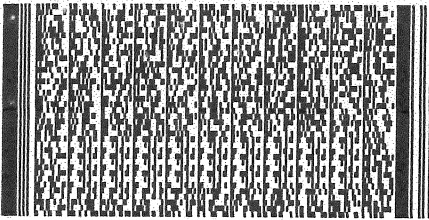
My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, 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.

Ratsko leanid
Print name of applicant

R. G. J.
Signature of Applicant

08/14/12 Red Wolf
Date and Location



STATE OF WASHINGTON
 DEPARTMENT OF LICENSING
 PO Box 9038 • Olympia, Washington 98507-9038

VEHICLE TITLE APPLICATION/REGISTRATION CERTIFICATE

08/10/2012

1222317280595712

B54281B

Lic/Plt B54281B	Issue-Date 11/2006	Tab-No R924815	Reg-Exp 08/10/2013	Value-Code/Yr 9500/2011	Depre 2	Mo-Reg 12	Mo-Gwt 12	
Power D	Use COM	Mod-Yr 2007	Make MIFU	Ser/Body CUBE	Model/BT 84D/TB	VIN or Serial No JL6BBH1S47K002793	Res-Co 17	Prev-Plt
ScLwt 9000	Seats	Gwt 16000	Gwt-Strt 08/11/2012	Gwt-Exp 08/10/2013	Fleet	Equip	Prev Title 1108710148	Prev St WA

BRANDS:

COMMENT:

VN-C VN-L - COLOR-WHITE - COMMERCIAL VEHICLE SAFETY ENFORCEMENT FEE PAID - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

MILEAGE 106244 A

REGISTERED OWNER

LEGAL OWNER

MOVABLE LLC
 33018 22ND PL S
 FEDERAL WAY WA 98003

OWNER(S) CERTIFY, BY SIGNATURE, THAT THIS VEHICLE WILL NOT TOW A TRAILER WITH A GVWR OF 10,000 OR MORE.

I certify that the information contained hereon is accurate and complete.

X R. G. - Owner
 Signature of Registered Owner(s)

X _____
 Signature of Registered Owner(s)

Subscribed and sworn to before _____ This _____ Day of _____, _____.

FILING	\$ 7.00	TBD FEE 1732	\$	CHECK	\$
SUBAGENT	\$ 12.00	RTA EXCISE	\$	CASH	\$ 1861.50
LOCAL FEE	\$	USE TAX 1732	\$ 1715.00	TOTAL FEES	\$ 1861.50
LICENSE SRVC	\$	OTHER	\$ 27.50		
GWT/VWT FEE	\$ 100.00	DONOR AWARENESS	\$		
QUICK TITLE	\$	STATE PARKS	\$		

VALIDATION CODE 31172805122230810120018059571

TRANSFER

RPT ID: ATITPR-1

THIS DOCUMENT IS NOT PROOF OF OWNERSHIP

FPD: ATITPR:2008/10/12.00003(2)

CHECKLIST

Please make sure the following items are included with your Household Goods Moving application:



New Provisional Application

- Completed application
- Correct fee
- Evidence of registration with Dept. of Labor & Industries
- Evidence of registration with Employment Security Department
- Registered with Department of Revenue
- Registered with the Business Licensing Service (UBI #)
- Registered with Secretary of State's Office (if corporation)
- Copy of valid Washington state driver's license for each person named in the application
- Copy of vehicle registration of all vehicles listed
- Evidence of your enrollment in a drug and alcohol testing program, or evidence that you have in place your own drug and alcohol testing program, if required.* *See 49 CFR 382(e) and 383.5*
**(If your company operates commercial vehicles and has CDL drivers)*
- Combined single limit of public liability and property damage (Form E) and cargo insurance
- Attachment A - At least three completed statements of support from people in the community supporting the proposed service

Transfer or Acquiring Control of an existing household goods moving company:

- Completed application
- Correct fee
- Evidence of registration with Dept. of Labor & Industries
- Evidence of registration with Employment Security Department
- Registered with Department of Revenue
- Registered with the Business Licensing Service (UBI #)
- Registered with Secretary of State's Office (if corporation)
- Copy of valid driver's license for each person named in the application
- Evidence of your enrollment in a drug and alcohol testing program, or evidence that you have in place your own drug and alcohol testing program, if required.* *See 49 CFR 382(e) and 383.5*
**(If your company operates commercial vehicles and has CDL drivers)*
- Attachments B & C, if appropriate
- Combined single limit of public liability and property damage (Form E) and cargo insurance
- Certified statement from the applicant and the current owner explaining why the transfer of ownership or control is necessary to ensure the company's economic viability
- Certified statement from the applicant and the current owner describing the steps taken by the parties to ensure the safe operations and continuity of service to customer is maintained

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: Sergey Konovalechuk

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Sergey Konovalechuk owner of "SK Trucking INC."

Address (include street address, mailing address, city, state, zip, and county):
27242 188 AVE. SE Kent WA 98052

Phone Number: 360-904-9666 253-661-8901

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:

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 know the owner company very hardworking and honest.

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]

8/16/12 Kent

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: Yuriy Deyneka

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Yuriy DEYNEKA, Business owner of "Yard A Transportation"

Address (include street address, mailing address, city, state, zip, and county):
26 107 St SE Everett WA 98208

Phone Number: 425-344-0258

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Yes, I need the services of movable moving company. Leonid Ratsko is the owner of this company help me to move.

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:
He did great job, fast, on time, no damage at all.

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'm sure it is responsible company, he is respectable and knows this job very well.

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

8/15/12 Everett
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: Pavel Filon

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Pavel Filon, Business Owner of "Two Men and a Moving Van"

Address (include street address, mailing address, city, state, zip, and county):
33016 22nd Pl S Federal way WA 98003

Phone Number: 253-335-2537

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:

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 personally know the applicant as very reliable and responsible person who will be able to take care of his business very well

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

8/14/2012 Federal Way
Date and Location



WA USA **WASHINGTON** COMMERCIAL DRIVER LICENSE

361124981195 4d LIC# [REDACTED]
RATSKO LEANID

3 DOB [REDACTED] 4a Iss **09-06-2011**

8 **33018 22ND PL S**
FEDERAL WAY WA 98003-6856

16 Sex **M** 16 Hgt **5-11**
 17 Wgt **180** 16 Eyes **BLU**
 9 Class **A** 9a End **NONE** 4b Exp **07-16-2017**
 12 Restrictions **NONE**

R. Lof 5 DT [REDACTED] Rev 09-16-2009