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MAR 13 2020

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 Lacey, WA 98503
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 email: transportation@utc.wa.gov

WASH. UT. & TP. COMM
**HOUSEHOLD GOODS MOVING COMPANY
 PERMIT APPLICATION**

FOR OFFICIAL USE ONLY			
Date Filed: 3/13/2020	DOL/SOS:	ID: Dubronosov, Artur	Docket # TV-200178
	Insurance:	d/b/a Moving Art	THG- 089430
Payment #	111-0268-207-02	111-0268-013-20	\$ 550 #3180

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 or Addition of d/b/a – Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: Dubonosov ARTUR

Trade Name, if applicable MOVING ART

Physical Address 12605 E. Gibson ROAD UNIT #37
 Everett, WA 98204

Mailing Address MOVINGART® 12605 E. Gibson rd. #37

Telephone Number REG 291-0420 Email: MOVINGART@YAHOO.COM

Contact Name: Dubonosov ARTUR

BUSINESS INFORMATION - continued

USDOT #: 3205132 If you do not have a USDOT number, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.

Is your business registered with the Department of Revenue? No Yes
Business License/UBI #: 604-527-994 Department of Labor & Industries (L&I)
Worker's Comp account # NA

Employment Security Department (ESD) registration # NA

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.

I am an experienced mover. My TRUCK has a LIFT gate and fully equiped with all kinds of Dollies and handtrucks. If I need help I will cooperate with other moving companies.

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>ARTUR Dubonosov</u>	<u>President</u>	

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: I complete projects efficiently and on schedule and go above and beyond to form lasting relationships with my clients.
2. Briefly describe your experience in the transportation/household goods moving industry: Since 1998 I worked in many moving companies. I cater to the needs of each client, ensuring the results they need and deserve.

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. If you have interstate authority, have you registered for Unified Carrier Registration?
 No Yes

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

8. 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

9. 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

*attach additional pages if necessary

10. 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

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

FINANCIAL STATEMENT

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

Assets		Liabilities	
Cash in Bank	\$ 5,000.00	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	\$ 15,500.00	Preferred Stock	\$ _____
Office Furniture	\$ _____	Common Stock	\$ _____
Other Equipment	\$ 2,500.00	Retained Earnings	\$ _____
Other Assets	\$ _____	Capital	\$ _____
TOTAL ASSETS	\$ 23,000.00	TOTAL LIABILITIES & NET WORTH	\$ _____

EQUIPMENT LIST

List the equipment you own or lease to provide moving services (attach additional sheets if necessary). You **must** own or have a long term lease for any vehicle you operate, you may not rent vehicles on a job by job basis

Year	Make	License Number	Vehicle ID Number	GVW
2004	CHEVROLET	C27422L	J8BB4B14X47001042	19,000

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:

ARTUR Dubonosov

Position:

President

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: <i>ARTUR Dubonosov</i>	Position: <i>President</i>
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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: <i>ARTUR Dubonosov</i>	Position: <i>President</i>
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If you would like to receive information about new household goods carriers, check here

DECLARATION OF APPLICANT

I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.

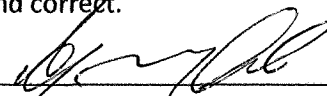
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

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 480-15-305 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.

ARTUR Dubonosov  *3-09-2020*

Print name of applicant

Signature of Applicant

Date

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:
 TIKHONOV ALEKSANDR

Address (include street address, mailing address, city, state, zip, and county):
 3851 FAWCETT AVE TACOMA WA 98418

Phone Number: 206-794-4970

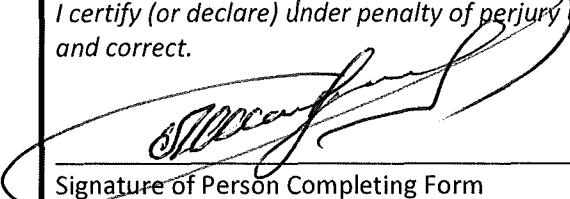
Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:

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: I JUST RECENTLY PURCHASED A BIGGER HOUSE AND PLANNING TO HIRE A RELIABLE AND REASONABLE 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: PRICES THAT MOVING COMPANIES CHARGE ARE RATHER HIGH. MORE COMPETITIVE AND CUSTOMER ORIENTED COMPANIES ARE HARD TO FIND.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
 I ONLY HAVE GOOD THINGS TO SAY ABOUT THIS COMPANY. I SURELY RECOMMEND ADTUR TO ALL MY FRIENDS.

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

 Date and Location



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Applicant Name:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Jose Bedolla

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

*12605 East Gibson Rd #36
Everett WA 98204*

Phone Number:

425-737-8246

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:

When my neighbor was moving out, the mover broke his dresser. It was an antique. In future I will choose them because of his experience. Safety is the first priority while moving.

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.

Jose Bedolla R.

Signature of Person Completing Form

11/30/19

Date and Location



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Applicant Name:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Anatoliy Ryckov, Member-Manager, N&R Construction LLC

Address (include street address, mailing address, city, state, zip, and county):
9239 11th Ave NW Seattle WA 98117 King County

Phone Number: *206-852-5503*

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:
We are builders as well as general contractors. In the future, we would use a residential moving company when we stage properties for sale.

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:
Making it easier to move household goods would be better for us and the buyers who buy the houses we build.

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.
[Signature] *12/4/19*
Seattle, WA
Signature of Person Completing Form Date and Location



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Applicant Name:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

VIADIMIR KIRSANOV

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

3017 Lombard Ave Apt. 310 W Everett, WA 98201

Phone Number:

206-706-7483

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

[X] 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?

[X] 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 Artur more than 20 years. He is very good mover.

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.

[Handwritten Signature]

Signature of Person Completing Form

11/02/2019

Date and Location

EVERETT, WA