

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: JERZY CHODOROWSKI

Position: owner

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: JERZY CHODOROWSKI

Position: owner

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.

JERZY CHODOROWSKI
Print name of applicant

Jerzy Chodorowski
Signature of Applicant

8-28-09 Issaquah
Date and Location

8/28/09

Hi TINA,

I'M SENDING ALL THE FORMS THAT YOU ASKED. THE FORM 7 THAT IS MISSING IN MY APPLICATION, E FORM, Cargo INSURANCE AND COPY OF USDOT NUMBER.

IN REGARDS TO EMPLOYEE. I WILL START MY OWN BUSSINES AND WORK MY OWN SELF W/ THE HELP OF MY CUSTOMERS IF I need one. I CANNOT AFFORD TO PAY ONE.

PLEASE LET ME KNOW IF YOU NEED ANYTHING ELSE.

THANKS

425-391-5608

~~j. chodorowski~~

j. chodorowski @ comcast.net

Jay Chodorowski