

TV-091797

Replacement

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BUSINESS INFORMATION

Name of Applicant Alliance Moving Inc. (must be individual, partners of a partnership or corporation)

Trade Name, if applicable AB Moving Service; All Northwest Moving

Physical Address 5071 Building Center Drive

Mailing Address (Same)

Telephone Number (208) 676-1088 Fax Number (208) 664-1221

UBI #: 602 286211 Email: alliancemoving@yahoo.com

USDOT #: 11272577 (If you currently don't have one, you can go online at www.fmcsa.dot.gov/online-registration to apply for one or call 360-596-3816 or 360-596-3803 for assistance.)

Have you established a Worker's Compensation Account with the Department of Labor & Industries? Yes L. & I Account No. 586579

Have you registered with the Employment Security Department? Yes ESD No. 0002161273

Have you registered your business with the Department of Revenue? Yes

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other

List the name, title and percentage of partner's share or stock distribution for major stockholders:

Robert Ostrowski Pres. 100%

Posted RMS J

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:

Alliance Moving Inc.

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

Rich Jackson - Self Employed

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

*2812 East Columbia
Spokane WA 99207*

Phone Number:

509-216-5793

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:

move. ~~from~~ to new home I'm looking to buy.

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:

- They moved ~~me~~ me in the past and did a great job.

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.

Richard R. Jackson
Signature of Person Completing Form

11-17-09
Date and Location