

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:

Pedro Turbida "WARRIOR'S MOVING"

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

MIKE + LUPE COOK

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

5120 S. 214 WAY
KENT, WA 98032

Phone Number:

206-353-9665

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:

THRU REFERRAL OPPORTUNITIES RESULTING FROM BUSINESS + PERSONAL CONTACTS, WE EXPECT TO REFER PEDRO'S SERVICES TO FOLKS MOVING INTO OUR NEW CONSTRUCTION NEIGHBORHOOD AS WELL AS FOLKS THRU BUSINESS CONTACTS.

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:

THE QUALITY AND WORK ETHIC OF THIS SERVICE MEETS HIGH STANDARDS AS WELL AS DEMONSTRATES RESPECT TOWARDS CLIENTS NEEDS. MOVING SERVICE SUCH AS THAT PROVIDED BY PEDRO IS MUCH NEEDED IN OUR AREA.

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

- 1) STRONG WORK ETHIC 3) PROMPT + TIMELY SERVICE 5) GOOD BUSINESS SENSE
2) RESPECT FOR PROPERTY 4) FOLLOW PERMIT + INSURANCE NEEDS

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

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: Pedro Iturbida "WARRIOR'S MOVING"

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: INSITE NORTHWEST LLC.

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

10519 226th St. SW.
EDMONDS, WA. 98020

Phone Number: 206.755.8045

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:

VERY CONSCIENTIOUS EFFORT, EFFICIENTLY & CAREFULLY HANDLING OF GOODS PROVES QUALITY

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

NO SPECIAL ADDITIONAL DETERMINATION

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

12.28.09 EDMONDS, WA.
98020
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: Pedro J Turbida "WARRIOR'S" Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

CORENE DUMAS

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

8535 126TH AVE NE

Phone Number:

425 822 7515

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 will only call this company to move me or my family -

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

Very careful & hard working young man -

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

Corene Dumas

Signature of Person Completing Form

29 Dec 09

Date and Location

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:

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

2 plus

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# _____ and USDOT# _____

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: _____

Have you ever been convicted of a crime? No Yes If yes, please explain: _____

Have you been cited for violation of state laws or Commission rules? No Yes If yes, please explain: _____

BUSINESS INFORMATION

Name of Applicant Pedro Iturbi Pedro Iturbide Miranda
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable ~~Seattle Moving~~ WARRIOR'S Moving *per UBL*

Physical Address 11020 SE Kent-Kangley Rd M 202 *Kent WA 98030*

Mailing Address Seattle Moving Co @Aol.com *City & State ZIP Code*

Telephone Number 206 574 8651 *(206) 317 9144* Fax Number ()

UBI #: 602911074 Email: Seattle moving co. @ aol

USDOT # 1981385 *applying for* If you currently don't have one, you can go online at www.fmcsca.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?
 No Yes L & I Account No. currently working (required if you have employees.)

Have you registered with the Employment Security Department? No Yes No employees for this time
 ESD No. _____ (required if you have employees)

Have you registered your business with the Department of Revenue? No Yes *all attached email 4/6/10*

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:

Name	Title	Stock Distribution or Percentage of Shares

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 will provide them; Experience, respect and a good quality of work but above all respect the rules that give me UCC.

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

2 plus I have worked on this for years and and it follow the rules, and inside and outside of work too.

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# _____ and USDOT# _____

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: _____

Have you ever been convicted of a crime? No Yes If yes, please explain: _____

Have you 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	\$ _____	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	\$ _____	Preferred Stock	\$ _____
Office Furniture	\$ _____	Common Stock	\$ _____
Other Equipment	\$ <u>2000, -</u>	Retained Earnings	\$ _____
Other Assets	\$ _____	Capital	\$ _____
TOTAL ASSETS	\$ _____	TOTAL LIABILITIES & NET WORTH	\$ _____

EQUIPMENT LIST

Describe the equipment you will use (attach additional sheets if necessary).

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
	<i>I'm sorry, I don't have yet but I keep working about about that</i>			
	<i>currently renting vehicles</i>			

SAFETY AND OPERATIONS

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.

SAFETY RESPONSIBILITIES

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.

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.

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:

Pedro T. Turbida

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>Pedro J. Turbida</u>	Position: <u>Owner</u>
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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 and Internal Revenue Service (taxes); and Employment Security.

Name: <u>Pedro J. Turbida</u>	Position: <u>Owner</u>
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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.

Pedro J. Turbida
Print name of applicant


Signature of Applicant

12/16/09
Date and Location

Leipski, Tina (UTC)

From: seattlemovingco@aol.com
Sent: Wednesday, January 06, 2010 6:58 PM
To: Leipski, Tina (UTC)

Hi Tina: I hope you are okay.

Today I went to Olympia to solve my problems on my application.

1.-About D. of Revenue: I am registered in the D. of Revenue and also I have my #EIN 602 911 074.

2.-About #DOT: Also I got my #DOT 1981385.

3.-L&I: And I went to get information about my L&I account No and ESD No. They told me I will get that between 1 and 2 weeks.

My brother hi is not my partnership just me. I will appreciate than wen you read this you can answer to me Seattlemovingco@aol.com.

Tanks Tina.



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

Miranda, Pedro Iturbide
11020 SE Kent-Kangley Rd. M202
Kent WA 98030

February 5, 2010

Notice of Deficient Application

Please complete or correct the items listed below for prompt processing of your application for operating authority.

- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above. Also needed is your cargo insurance.

Who do I contact if I have questions?

You may call me at 360-664-1170 or e-mail at tleipski@utc.wa.gov. Our fax number is 360-586-1181.

Sincerely,

Tina Leipski
Licensing Services



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

Pedro Iturbide Miranda
11020 SE Kent-Kangley Rd. M202
Kent WA 98030

December 21, 2009

Notice of Deficient Application


Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- X The application we received from you was incomplete. I'm enclosing a copy of it for you to complete and return to our office. Please complete all the highlighted areas.
- X The trade name of "Seattle Moving" is already being used by another household goods company. Per WAC 480-15-390, a carrier may not operate under a name that is similar to another carrier. You will need to use another name.
- X You need to have a USDOT number. You can obtain one online at www.fmcsa.dot.gov/online-registration or you can contact (360)596-3816 or (360)596-3810 for assistance.
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.
- X You will need to get at least three completed Support Statements from people in the community that will be using your services. I have enclosed blank forms for your use.

Who do I contact if I have questions?

You may call me at 360-664-1170 or e-mail me at tleipski@utc.wa.gov. My fax number is 360-586-1181.

Sincerely,


Tina Leipski
Licensing Services