

TV-101675-CT

- COPY -



### HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



Type of Household Goods Authority Requested -- Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) -- Complete pages 2 - 7 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) -- Complete pages 2 - 7 and Attachment A	\$ 250
<input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) -- 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 480-15-335 -- Complete pages 2 - 7 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 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
<input type="checkbox"/> Extension of authority -- Complete pages 2 - 7 and Attachment A	\$ 550

TYPE OF PAYMENT	
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order
<input type="checkbox"/> Amex	<input type="checkbox"/> Visa

Amount: 550      tion Date: 08/17

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): Alina A GUSLALIEV      Company Name: Seattle Professional Moving Inc

Cardholder's Signature: \_\_\_\_\_      Date: 10/6/10

FOR OFFICIAL USE ONLY			
Date filed: <u>10/8/10</u>	DOL/SLS: <u>[initials]</u>	IR: <u>101675</u>	Permit Issued: THG- <u>64148</u>
Staff Assigned: _____	Insurance: _____	Inspection: _____	Docket # <u>TV-101675</u>
Receipt #: 111-0268-207-02 <u>550.00</u>	111-0268-207-01	111-0268-013-20	

Revised 06-10

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Posted

Replacement pages

### BUSINESS INFORMATION

Name of Applicant Seattle Professional Mowing Inc.  
(must be individual, partner of a partnership or corporation.)

Trade Name, if applicable \_\_\_\_\_

Physical Address 14229 34th Ave S #4 Tukwila WA 98168-4081

Mailing Address 14229 34th Ave S #4 Tukwila WA 98168-4081

Telephone Number (206) 902-0261 Fax Number ( ) NA

UBI #: 603 018 643 Email: NA

USDOT #: 2043-467 (If you currently don't have one, you can go online at [www.fmisa.dot.gov/online-registration](http://www.fmisa.dot.gov/online-registration) to apply for one or call 360-596-7816 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. \_\_\_\_\_ (required if you have employees.)

Have you registered with the Employment Security Department?  No  Yes  
ESD No. \_\_\_\_\_ (required if you have employees.)

Have you registered your business with the Department of Revenue?  No  Yes

*not needed at this time*

### TYPE OF BUSINESS STRUCTURE

Individual  Partnership  Corporation  Other \_\_\_\_\_  
(LP, LLP, LLC)

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

Name	Title	Stock Distribution or Percentage of Shares
<u>Alim A. Gulaliyev</u>	<u>President</u>	<u>50%</u>
<u>Rustan Gulaliyev</u>	<u>VP</u>	<u>50%</u>

*per phone call UBI #*

*1/31/11*

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 help homeowners and renters move into a new property. My business will be local and will serve the customer locally. Service will be readily available to the local community.*

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

*I was employed with another moving company for 5 years.*

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: *speeding ticket (one)*

**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:  
MAMED SHAKHMANOV, costumer,

Address (include street address, mailing address, city, state, zip, and county):  
14225 42ND AVE S  
Tukwila WA 98168

Phone Number: 206 248-6481

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

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:  
of this company is I knew the owner  
hardworking people good people and

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: [Signature] Date and Location: 10-12-10