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BUSINESS INFORMATION

Name of Applicant: Alexander V. Satri (must be individual, partners of a partnership or corporation)

Trade Name, if applicable: Swift Moving & Delivery, LLC

Physical Address: 8828 S I St. Tacoma, WA 98444

Mailing Address: Same

Telephone Number (253) 376-1873 Fax Number (253) 517-5859

UBI #: 603 248 533 Email:

USDOT #: 7353106 (if you currently don't have one, you can go online at www.ftncsa.dot.gov/online-registration to apply for one or call 860-596-3816 for assistance)

Department of Labor & Industries-Worker's Comp Acc? Account #: 25005300

Employment Security Department registration number? ESD #: 469565002

Is your business registered with the Department of Revenue? No Yes

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:

Table with 3 columns: Name, Title, Stock Distribution or Percentage of Shares. Row 1: Alexander V. Satri, Owner/Member, n/a (100% owner)

*Must provide a copy of a valid Washington state driver's license for each person listed above.

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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: *Alexander V. Satir* Position: *Owner/Member*

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: *Alexander V. Satir* Position: *Owner/Member*

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.

Alexander V. Satir *[Signature]* *11/13/12*
Print name of applicant Signature of Applicant Date and Location

Received Time Nov. 15. 2012 9:55PM No. 6637

Received Time Dec. 3. 2012 1:26PM No. 6925