

APPLICATION FOR MITIGATION

It is clearly regrettable that following the compliance review investigation that we came out with many violations with some acute and critical and one repeat violation. I must admit that above other things, being the one responsible for the company's safety compliance program, I did not have an effective working program if one at all. Without an effective program, I missed on many important time lines that subsequently lead directly and indirectly into violations. We have hence corrected all those violations but most importantly, established a extensive safety program that is going help us achieve a satisfactory safety record. The program consists of color-coded spreadsheets synchronized with an electronic calendar for the purpose of giving us reminders and alerts that way we will not miss on important dates. Also, we have incorporated a checklist of all the things that every driver needs to have in order for him/her to be in compliant employ and have them filed in their respective Qualification File. Further, in the program, we have created individual sheets for:

1. Driver's Checklist
2. Drivers' License Status
3. Medical Exam Card
4. Employees Background checks
5. Vehicle Annual Inspections/Brakes

Every sheet outline:

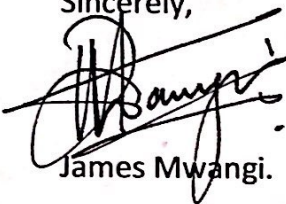
1. The date of last check/exam/inspection
2. Status at last check
3. Current date
4. Next date of examination/check/inspection
5. Automated days to next check which is a factor of current date and next action date which will serve us with calendar reminder and alert warning us to take immediate action.
6. And, in the case of Medical Exam card a provision for Medical Examiner's name and their corresponding verified National Registry Number. Similarly, the corresponding Inspectors Qualifications alongside their Brake Qualifications for Annual Vehicle and Brakes Inspections.

With this program in place, we will be able to conveniently meet all the times-lines and due dates in checking Driver License Status, Medical Exam Card expiration dates and Vehicle Annual Inspection dates in a timely manner and therefore avoiding violations. We clearly understand the dangers poised to the community we serve while operating in an

unsafe state and I, as the one in charge of the safety program, will do my best to see Safe To Go Movers return to Satisfactory Status and Operations by adhering strictly to safe practices.

Armed with an effective Safety Program; resolutely determined not to see a repeat of those violations and with a strong desire to return to satisfactory safety ratings and operation, I implore upon you, to kindly reconsider the penalties. Given another chance, I will do my very best not only to achieve a satisfactory safety record but maintain it.

Sincerely,

A handwritten signature in black ink, appearing to read 'James Mwangi', with a large, stylized flourish above the name.

James Mwangi.

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
PENALTY ASSESSMENT TV-190514

PLEASE NOTE: You must complete and sign this document, and send it to the Commission within 15 days after you receive the penalty assessment. Use additional paper if needed. I have read and understand RCW 9A.72.020 (printed below), which states that making false statements under oath is a class B felony. I am over the age of 18, am competent to testify to the matters set forth below and I have personal knowledge of those matters. I hereby make, under oath, the following statements.

- 1. **Payment of penalty.** I admit that the violations occurred and enclose \$8,600 in payment of the penalty.
- 2. **Contest the violation(s).** I believe that the alleged violation(s) did not occur for the reasons I describe below (if you do not include reasons supporting your contest here, your request will be denied):
 - a) I ask for a hearing to present evidence on the information I provide above to an administrative law judge for a decision.
- OR b) I ask for a Commission decision based solely on the information I provide above.
- 3. **Application for mitigation.** I admit the violations, but I believe that the penalty should be reduced for the reasons set out below (if you do not include reasons supporting your application here, your request will be denied):

- a) I ask for a hearing to present evidence on the information I provide above to an administrative law judge for a decision.
- OR b) I ask for a Commission decision based solely on the information I provide above.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing, including information I have presented on any attachments, is true and correct.

Dated: 07.12.19 [month/day/year], at Kenilworth, WA [city, state]

JAMES MWANKI
Name of Respondent (company) – please print

[Signature]
Signature of Applicant