05/26/21 07:53

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION PENALTY ASSESSMENT TV-210309

| within 1 I have restatement matters s | E NOTE: You must complete and sign this document, and send it to the Commission 5 days after you receive the penalty assessment. Use additional paper if needed. ead and understand RCW 9A.72.020 (printed below), which states that making false ints under oath is a class B felony. I am over the age of 18, am competent to testify to the set forth below and I have personal knowledge of those matters. I hereby make, under the following statements. |
|---|---|
| [] 1. | Payment of penalty. I admit that the violations occurred and enclose \$19,600 mp 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): |
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| | [] 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): many of violations were against my felf. My drivers currently itave their medical carros. I can provide rental agreements. My motor vehicle was inspected by dealer, I thank since eighen it inspected my felf. |
| | 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 including | under penalty of perjury under the laws of the State of Washington that the foregoing, g information I have presented on any attachments, is true and correct. |
| Dated: <u>r</u> | MAY 26 2021 [month/day/year], at STATILE, WA [city, state] |
| ++ | EART MOVERS |
| | Respondent (company) – please print Signature of Applicant |