



HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. – 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 480-15-186 and 480-15-187 – Complete pages 2 - 7 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 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 checked="" type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D	\$ 35

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

026023

Amount: \$35.00

Expiration Date: _____

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): Debra L Sparks Company Name: Chipman Moving & Storage Inc.

Cardholder's Signature: [Signature] Date: 2-25-14

FOR OFFICIAL USE ONLY

Date Filed: <u>2/20/14</u>	DOL/SOS: <u>OK</u>	ID: <u>M5156</u>	Permit Issued: THG-
Staff Assigned: <u>[Signature]</u>	Insurance: <u>OK</u>	Inspection:	Docket # <u>TV1403333</u>
Reception #: <u>35.00</u>	111-0268-207-01	111-0268-207-01	111-0268-013-20

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Posted
RMS
JS

BUSINESS INFORMATION

Name of Applicant Chipman Moving & Storage, Inc.
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Chipman Relocations, Rainier Relocations

Physical Address 8939 S. 190TH St., Kent, WA 98031

Mailing Address 1040 Marina Village Pkwy Ste 100, Alameda CA 94501

Telephone Number (425) 251-0562 Fax Number (425) 251-9437

UBI #: 600 354 852 *OK* Email: chipman@chipmancorp.com

USDOT #: 2014603 (If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3812 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # 436,078-00 0 *OK*

Employment Security Department registration number? ESD # 473721-00 4

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:

<u>*Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
<u>Tom Chipman</u>	<u>President</u>	<u>60%</u>
<u>Justin Chipman</u>	<u>Vice President</u>	<u>30%</u>

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

ATTACHMENT D

**CHANGE OF CORPORATE/INDIVIDUAL NAME
(WAC 480-15-400)**

This application is for name change only and must not involve a change in ownership, management, or control of the household goods operating authority.

A company must file a name change application to:

- Change a corporation's name
- Change an individual's name
(may be sole proprietor or individual in a partnership)
- Change or add a trade name

NOTE: You may not advertise to operate under the changed name until a permit is issued in the new name.

Current Name on Permit: Chipman Moving & Storage, Inc.
 Current Trade Name on Permit: Chipman Relocations and Rainier Relocations
 Address: 8439 South 190th St. Kent, WA 98031
 Phone Number: (425) 251-0562 Fax Number: (425) 251-9437
 Email Address: chipman@chipmancorp.com

If a corporation, list names, titles, stock distribution or major stockholders under the current name:

Tom Chipman President 60%
Justin Chipman Vice President 30%

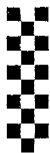
I request the name on household goods permit HG- 006985 be changed to:

Change
 New Name: Chipman Moving & Storage, Inc. UBI Number: 600 354 852
dd New Trade Name (if applicable): Chipman Relocation & Logistics
(and also Chipman Relocations)
 Address (if changed) No Change

If a corporation, list names, titles, stock distribution or major stockholders under the current name:
Same as above

I certify that this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information is current and valid.

Tom Chipman President 2/25/14 Alameda, CA
 Signature and Title of Applicant Date and Location

**Fax Cover Sheet**

From:

Debbie Sparks
Chipman Corporation
1040 Marina Village Pkwy
Suite 100
Alameda, CA 94501
Phone: 510 748 8709
Fax: 510 521 7684

Date: 2/26/14

No. of Pages: 7

To: Washington Utilities and Transportation Commission
Fax No: 360-586-1181

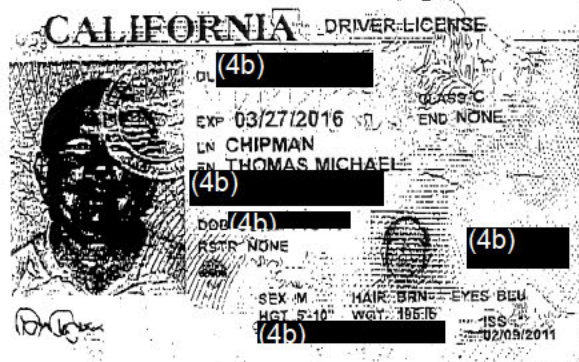
Please see the attached application to add a new dba to HG-006985.

We wish to add dba Chipman Relocation & Logistics.


To clarify we wish to leave Chipman Relocations in place as an additional dba.

We are no longer using Rainier Relocations and that dba can be removed.

If you need any further information to process this request, please do not hesitate to contact me. Thank you!



CALIFORNIA DRIVER LICENSE



(4b)

EXP 02/27/2015 CLASS C
END NONE

LN CHIPMAN
FN JUSTIN PIERSON

(4b)

DOB (4b) (4b)

RSTR NONE

SEX M HAIR BRN EYES BRN
HGT 6'00" WGT 170 lb ISS 12/12/2013

(4b)

