

**MEMO FROM-**

**DATED: November 17, 2015**

**Stephen S. Schwan, President  
Help-U-Move, Inc.  
3412 N. Swallow Ave  
Pasco, WA 99301  
PHONE/ 509-547-2122  
EMAIL info@helpumove.com  
CELL 509-438-5056**

**MEMO TO -**

**Washington Utilities and Transportation Commission  
PO Box 47250  
Olympia, WA 98504-7250  
Attention: Tina Leipski**

**SUBJECT - Revision of Application TV -151976 for transfer under  
exception Household Goods Moving Company Ownership Transfer  
Permit Application**

Tina, per your letter of 11-12-15 we agree with your analysis that our application should be considered under Exceptions.

Attached are revised -

Household Goods Moving Company Permit Application revised for "Permanent authority to transfer under the exceptions in WAC 480-15-187.

Attachment B

Attachment C with item 2 a checked and attachment of 2 letters required. If we need anything else to revise our application please call or email me per the above references.

Best Regards,



Stephen S. Schwan

**Posted**  
Cass  
Y

RECEIVED  
 NOV 23 2015  
 WASH. UT. & TP. COMM

- Copy -  
 1300 S. Evergreen Park Drive SW  
 P.O. Box 47250  
 Olympia, WA 98504-7250  
 Phone: 360-664-1222  
 Fax: 360-586-1181  
 TTY: 360-586-8203  
 or  
 1-800-416-5289  
 email: transportation@utc.wa.gov

**HOUSEHOLD GOODS MOVING COMPANY  
 PERMIT APPLICATION**

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed: 10/31/15	DOL/SOS:	ID: 17288	Docket # TV151976
Staff Assigned	Insurance	Inspection 1026	Permit Issued THG-
Reception #	111-0268-207-02	111-0268-013-20	

**Type of Household Goods Authority Requested – check one      Fee Required**

- Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A. \$ 550
- Permanent authority to transfer resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis). Complete pages 3-8, Attachment B as well as a closing annual report \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete pages 3-8 and Attachments B & C. \$ 250
- \*\*A closing annual report will need to be submitted by the current company before the transfer will be finalized. \$ 250
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450). Complete pages 3-5 and include a statement justifying the reinstatement. \$ 35
- Name Change – Complete pages 3-5 and Attachment D.

**BUSINESS INFORMATION**

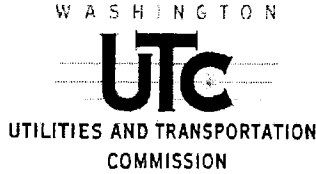
Legal Name: Help-U-Move, Inc  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable HELP-U-MOVE, INC

Physical Address 3412 N. SWALLOW AVE, PASCO, WA 99301

Mailing Address SAME

Telephone Number (609) 531 7712 Fax Number ( ) \_\_\_\_\_



1300 S. Evergreen Park Drive SW  
P.O. Box 47250  
Olympia, WA 98504-7250  
Phone: 360-664-1222  
Fax: 360-586-1181  
TTY: 360-586-8203  
or  
1-800-416-5289  
email: transportation@utc.wa.gov

**HOUSEHOLD GOODS MOVING COMPANY  
PERMIT APPLICATION**

FOR OFFICIAL USE ONLY			
Date Filed: 10/15/15	DOL/SOS: 04/00	ID: 1026	Docket # 17288
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception # 5078	111-0268-207-028550	111-0268-013-20	

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- Name Change – Complete pages 3-5 and Attachment D. \$ 35

**BUSINESS INFORMATION**

Legal Name: HELP-U-MOVE, INC.  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable HELP-U-MOVE

Physical Address 3412 N. SWALLOW AVE., PASCO, WA 99301

Mailing Address SAME

Telephone Number 509 547-2212      Fax Number 509 542-9912