



HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachment A	\$ 250
<input type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 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 1 - 5 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 1 - 5 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-460) – Complete pages 1 - 2 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change – Complete page 1 and Attachment D <i>Trade Name Change</i>	\$ 35
<input type="checkbox"/> Extension of authority – Complete pages 1 - 5 and Attachment A	\$ 550

TYPE OF PAYMENT

- Check Money Order Amex Discover Mastercard Visa

Expiration Date: _____ Amount: _____

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): Patricia L. Wagner Date: 7/25/2005

Signature: Patricia L. Wagner Title: CEO

FOR OFFICIAL USE ONLY

Date Filed: <u>7/29/05</u>	Application #: <u>PM391</u>	Motcar: <u>31736</u>	Permit Issued: HG-
Staff Assigned:	Insurance: <u>OK</u>	Inspection:	DOL/SOS:

Reception #: 111-0268-207-02 35.00 111-0268-202-01 111-0268-013-20

0000148

TV-057153

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.

Bill's Transfer, Inc. (Bill's Transfer Inc. is a registered corporation with the State of Washington)

Current Name on Permit

D/B/A: Universal Moving Systems, Inc. (Please remove the Inc. on Universal Moving Systems)

Current Trade Name on Permit

2912 69th Avenue West, Unit D-11 Tacoma WA 98466

Address

(253) 564-7000

Phone Number

Fax Number

Email Address

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

I request the name on household goods permit HG- 006605 be changed to:

Bill's Transfer, Inc.

601 098 124

New Name

D/B/A:

UBI Number

Universal moving systems

New Trade Name (if applicable)

Same Address As Above

Address (if changed)

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

Patricia L. Wagner

Vince A. Wagner

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.

Patricia L. Wagner

Signature & Title of Applicant

7/25/05 2912 69th Ave. West # D-11

Date & Location

Tacoma WA 98466

FROM: Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250 Phone: (360) 664-1222
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 11-01-2005 Staff: Tina Leipski

P079391
BILL'S TRANSFER, INC
UNIVERSAL MOVING SYSTEMS
2912 69TH AVE. W UNIT D-11
TACOMA, WA 98466

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

X FINAL NOTICE! Your application will be dismissed if the items requested in this letter are not satisfied within 30 days.

X Your Trade Name of "Universal Moving Systems" is still not registered with the Department of Licensing under your UBI number. Please take care of this so we can continue to process your application. Any questions, give me a call at 360-664-1170.
Thanks! Tina

2/8 trade name still not registered
2/10 sent email to BP & Leon

TV-051153

FROM: Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250 Phone: (360) 664-1222
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 07-28-2005 Staff: Tina Leipski

P079391
BILL'S TRANSFER, INC
UNIVERSAL MOVING SYSTEMS
2912 69TH AVE. W UNIT D-11
TACOMA, WA 98466

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

X Your Trade Name of Universal Moving Systems needs to be registered with the Department of Licensing under your UBI number. Please let me know when this is complete so I can process your application. Thanks!

9/21 left msg - need to register name

11/10 - left msg

12/20 left msg - need trade name

FROM: Washington Utilities and Transportation Commission
Permits & Insurance
PO Box 47250 Phone: (360) 664-1222
Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 07-15-2005 Staff: Tina Leipski

HG006605
BILL'S TRANSFER, INC
2912 69TH AVE. W UNIT D-11
TACOMA, WA 98466

Return this document with the completed/corrected items listed below for prompt processing of your application.

- X Forms submitted are incomplete. Please complete items marked and return.

- X In order for us to add the trade name of "Universal Moving Systems", you will need to complete the paperwork I'm including and return to our office. This trade name will also need to be registered with the Department of Licensing under your UBI number. Any questions, let me know. Thanks! Tina

Notes: The only change is adding a d/b/a.

Notification of Change of Address

RECEIVED
DISTRIBUTION CENTER

2005 JUN 21 AM 8:48

To: Washington Utilities and Transportation Commission
Regulatory Services - Transportation Operations
P O Box 47250
Olympia, WA 98504-7250

STATE OF WASH.
WUTC

Pursuant to the provisions of WAC 480-15-110, I am notifying the Commission that the physical and/or mailing address for the company noted below has changed to that shown below:

Permit Number: AG/CC 6605 Temporary TCC-_____

Name of Company: Bills Transfer, Inc. d/b/a Universal Moving Systems

Correct Physical Address: 2912 69th Ave. West Unit #D-11 Tacoma, WA 98466
Street or PO Box City State ZipCode

Correct Mailing Address: (Same)
Street or PO Box City State ZipCode

Phone Number: (253) 564-7000

Fax Number: (253) 565-9437

E-mail address: vdawg003@aol.com

Signature of company official submitting change: Patricia L. Wagner

Title of company official submitting change: President

Date submitted: 6/20/05