

HOUSEHOLD GOODS CARRIER PERMIT APPLICATION

RECEIVED 9 2006

WASH. UT. & TR. COMM.

		9 6 0 0 1 W
	Type of Household Goods Authority Requested – Check one	Fee Required
	Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment E	\$ 50
	Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachment A	\$ 250
	Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 1 - 5 and Attachment A	\$ 550
	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
۵	Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 1 - 5 and Attachments B & C	\$ 250
٥	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 _.
_	Name Change – Complete page 1 and Attachment D	\$ 35
	Extension of authority – Complete pages 1 - 5 and Attachment A	\$ 550

TYPE OF PAYMENT					
☐ Check	☐ Money Order	☐ Amex	Mastercard	Visa)
- Comme					Т
•		• • •	+ <u> </u>		. 1
Expiration Date: $\underline{\mathcal{C}}$	14/07		Amount:	35.00	
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): KeRMTI ESCRIBAND Date: 1/17/06 VU 1510					
Signature:					
			LUSEONLY		
Date Niled!	Apalication#: (and the second section of the section of the second section of the section of the second section of the section of th		1.116	
119100	100944	Motcar: 3	1583 Permit	ssued: HG-	3846
Staff Assigned:	Insurance:	Inspection:	DOL/SO	os: U8	W
Reception #: 111-0268-207-02	35.00	111-0268-202-01_		111-0268-013-20	

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BUSINESS INFORMATION							
Name of Applicant(must be individual, partners of a partnership, or corporation)							
Trade Name, if applicable							
Physical Address							
Mailing Address							
Telephone Number () Fax Number ()							
UBI # Email:							
TYPE OF BUSINESS STRUCTURE							
☐ Individual ☐ Partnership ☐ Corporation ☐ Other(LP, LLC)							
List the name, title, and percentage of partner's share or stock distribution for major stockholders:							
Name Stock Distribution or Percentage of Shares							
Choose one of the following for the territory in which you wish to operate:							
□ All counties in the State of Washington □ The following named counties only:							
Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service:							
Briefly describe your experience in the transportation/household goods moving industry:							

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 househld 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. All My Sens Hovens Solve of Scattle, INC Current Name on Permit All My Sens Hovens Solve of Scattle, INC Current flade Name on Permit Also O6 86 TM Avc S Kant, wh TBo 3/ Address 253 437 - 1275 Phone Number Fax Number Fa	NOTE V
All My Sens Hovens Storage of Scattle, TNC Current Name on Permit All My Sens Hovens Storage of Scattle, TNC Current Trade Name on Permit Als O6 8674 Avc S Kont wa 9803/ Address 253 437 - 1275 Phone Number RelMET @ All My Sons Com KoscRibano @ Quest Net Email Address If a corporation, list names, titles, stock distribution, or major stockholders under the current name: Kelmet Food All My Sons Com KoscRibano @ Duest Net I request the name on household goods permit HG- New Name HIM Sons Moscoc Solade All My Sons Movers New Trade(Name (if applicable) Address (if changed) If a corporation, list names, titles, stock distribution, or major stockholders under the new name: HO CHANGES I certify that this information is true and correct, that I am authorized to execute and file this	
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Current Trade Name on Pérmit 215 06 86 74 AVC 5 KoNT, WA 780 3/ Address 253 437 - 1275	
Current Tade Name on Permit 215 06 86 74 Avc 5 Low 7803/ Address 253 437 - 1275 Phone Number Fax Num	
Address 253 H37 - 1275 Phone Number HERMET @ All My SONS. Com KescRThans @ Quest-Net Email Address If a corporation, list names, titles, stock distribution, or major stockholders under the current name: Lectify Lectify Lectify	
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Email Address If a corporation, list names, titles, stock distribution, or major stockholders under the current name: Keknt Eschiband	253-437-1215
If a corporation, list names, titles, stock distribution, or major stockholders under the current name: Self	
If a corporation, list names, titles, stock distribution, or major stockholders under the current name: Color Color Color	
I request the name on household goods permit HG	Email Address
I request the name on household goods permit HG	If a corporation, list names, titles, stock distribution, or major stockholders under the current name:
I request the name on household goods permit HG	
New Name H. M. Sons Mossing Stocke All My Sons Moving Stockholders (if applicable) Address (if changed) If a corporation, list names, titles, stock distribution, or major stockholders under the new name: **No CHANGES** I certify that this information is true and correct, that I am authorized to execute and file this	Polone General
New Name H. M. Sons Mossing Stocke All My Sons Moving Stockholders (if applicable) Address (if changed) If a corporation, list names, titles, stock distribution, or major stockholders under the new name: **No CHANGES** I certify that this information is true and correct, that I am authorized to execute and file this	RUISCAL VALUE IN THE
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Address (if changed) If a corporation, list names, titles, stock distribution, or major stockholders under the new name: **No CHANGES** I certify that this information is true and correct, that I am authorized to execute and file this	I request the name on household goods permit HG- 58846 be changed to:
New Trade Name (if applicable) Address (if changed) If a corporation, list names, titles, stock distribution, or major stockholders under the new name: **D CHANGES** I certify that this information is true and correct, that I am authorized to execute and file this	
New Trade Name (if applicable) Address (if changed) If a corporation, list names, titles, stock distribution, or major stockholders under the new name: **D CHANGES** I certify that this information is true and correct, that I am authorized to execute and file this	HI/ My SONS MOJENG & STORAGE / All MY SONS MOVENTG
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document on behalf of the applicant, and that all information is current and valid.	· · · · · · · · · · · · · · · · · · ·
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Signature & Title of Applicant Date & Location	Signature & Title of Applicant Date & Location

Revised 07/03

FROM: Washington Utilities and Transportation Commission

Permits & Insurance

PO Box 47250 Phone: (360) 664-1222 Olympia, WA 98504-7250 Fax: (360) 586-1181

Date: 10-05-2005 Staff: Tina Leipski

HG058846

ALL MY SONS MOVING & STORAGE OF SEATTLE INC

8637 S 212TH ST KENT, WA 98031

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 I received the Attachment D (copy enclosed) from your company and I'm not sure what it's for. If you are wanting to add a trade name, there is a \$35.00 charge. If it's for something other, please let me know. I am enclosing a blank copy of the application so the proper paperwork can be completed. Any questions, give me a call at 360-664-1170. Thanks! Tina

1/12-emailed Corlene-to she working w/ them

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NOTE: You <u>may not</u> advertise to operate under the chan	ged name until a permit is issued in the new
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Current Trade Name on Permit	0
8637 S. 210th St., MULL WA	
Address - /// / - 9000	253-437-1228
Phone Number	Fax Number
Slattle @ allmysons. Com	
Email Address	: **:
If a corporation, list names, titles, stock distribution, or ma	gior stockholders under the current name:
I request the name on household goods permit HG-	58844 be changed to:
all My Sons Moring &	orage
New Name	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
New Trade Name (if applicable)	
New Trade Name (ii approapro)	
Address (if changed)	
If a corporation, list names, titles, stock distribution, or m	aior stockholders under the new name:
If a corporation, has harnes, theo, stock clothes then	
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 info	ormation is current and valid.
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mer Fresident	9/6/05/a/sca , WH
Signature & Title of Applicant	Pate & Location Raylsed 07/03