

## HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



	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
٥	Temporary authority (to meet a short-term need) – Complete pages 1 - 5 and Attachment A	\$ 250
٥	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
0	Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 1 - 5 and Attachments B & C	\$ 250
0	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
X	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 A			4mex	mex <sup>1</sup> Mastero			rcard	rd Í Visa					-					
Expi	Expiration Date: 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): Greg W. Haffner  Date: July 10, 2006																				
Signature: Title: Attorney																				
FOR OFFICIAL USE ONLY																				
Date	1112	JOG	P	Apr	ticatio	704	60	Mo	otcar	391	<i>362</i>	) P	ermi	Issu	ed: F	IG-	58	361	160	
	Assit	/ (		Ins	irance O	) ()	P	Ins	specti	on:	·	D	OL/S	SOS:	U	10	$\mathcal{U}$			
Reception/#: 111-0268-202-01 111-0268-013-20																				

True Van Lines

PAGE 1

TV-061154

## 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	e changed name until a permit is issued in the nev
name.	·
All My Sons Moving & Storage of Seattle, Inc.	
Current Name on Permit  none  W W Soms Moving	EStorage 0
Current Trade Name on Permit 21506 86 <sup>th</sup> Ave. South, Kent, WA 98031	0
Address	
253-437-1275	253-437-1280
Phone Number	Fax Number
Kermit@allmysons.com	
Email Address	
If a corporation, list names, titles, stock distribution	, or major stockholders under the current name:
Kermit Escribano, President, 40%; Robert Pete	rson, Vice President, 50%
Spero Georgedakis, Treasurer, 10%	
I request the name on household goods permit HG	i- <b>58846</b> be changed to:
	601 887 180
New Name	UBI Number
True Van Lines	
New Trade Name (if applicable)	
Address (if changed)	
If a corporation, list names, titles, stock distribution	, or major stockholders under the new name:
Kermit Escribano, President, 40%; Robert Peter	son, Vice President, 50%
Spero Georgedakis, Treasurer, 10%	

I certify that this information is true and correct, that I am authorized to execute and file this

Date & Location

document on behalf of the applicant, and that all information is current and valid.

ATTORNEY