

## HOUSEHOLD GOODS CARRIER PERMIT APPLICATION



	Fee Required	
, o	Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 6 and Attachment E	\$ 50
	Temporary authority (to meet a short-term need) – Complete pages 2 - 6 and Attachment A	\$ 250
	Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 6 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 2 - 6 and Attachment B	\$ 550
-	Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 - Complete pages 2 - 6 and Attachments B & C	\$ 250
	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 2 - 3 and include a statement justifying the reinstatement	\$ 250
<u>.</u>	Name Change – Complete pages 2 - 3 and Attachment D	\$ 35
	Extension of authority - Complete pages 2 - 6 and Attachment A	\$ 550

TYPE OF PAYMENT														
Check 🗆	☐ Money Order ☐ Am		mex	ex			□ Visa							
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Amount: 35. 0	0		·	Expiration	Date:_								· .	
CERTIFICATION: I, the correct, that I am author and valid.														urrent
Name (printed):	John	Mu	50		Date	e:		3-1-	-07	7			_	
Name (printed): John Muse Date: S-1-07 Signature: Title: GM														
FOR OFFICIAL USE ONLY														
Date Filed:	DOL/SO	S:	ID:			P	ermit	Issue	ed: H	G-				
Staff Assigned:	aff Assigned: Insurance: Inspe			Inspection:			Docket #							
non.	1919													
Reception #: 111-0268-207-02 35	5,00	111-026	68-202-0	1			111-0	268-0	13-20					

V#2003

MAY 0 2 2007

WASH. UT. & TP. COMM

ID#4522

BUSINESS INFORMATION
Name of Applicant FRIEUDS AND FAMILY MOVING AND STORIGE / W (must be individual, partners of a partnership or corporation)
Trade Name, if applicable
Physical Address 20241 84th AVE S KENT 9803L
Mailing Address 1914 SE 206th ST KENT 98031
Telephone Number (253) 854-6683 Fax Number (253) 854-6684
UBI# 602-525-027 Email: JOHN@FRIENDSANDFAMILYMOVING.COM
TYPE OF BUSINESS STRUCTURE
☐ Individual ☐ Partnership Corporation ☐ Other(LP, LLP, LLC)
List the name, title and percentage of partner's share or stock distribution for major stockholders:
Name Stock Distribution or Percentage of Shares  ROBERT KARUSCHKE OWNER 50%
LEONE KAKUSCHKE OWNER 50%
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:

## RECEIVED

## **ATTACHMENT D**

APR 0 5 2007

## 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.

Current Name on Permit FRIENDS AND FAMILY MOVING AND STORAGE	LLC
Current Trade Name on Permit	
Address 20241 84th AVE S KENT WA 9803	2
Phone Number Fax Number 253-854-6684	
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- 62096 be changed to:	
FRIENDS AND FAMILY MOVING AND STORAGE 1	NC
New Trade Name (if applicable)	
Address (if changed)	
If a corporation, list names, titles, stock distribution or major stockholders under the new name:  ROBERT KAKUSCHKE 50%	
KOBERT KAKUSCHKE 50% LEONE KAKUSCHKE 50%	
I certify that this information is true and correct, that I am authorized to execute and file this document on behathe applicant and that all information is current and valid.	ulf of
ohn Muse (GM) 4-2-07 KFUT	
Signature and Title of Applicant  Date and Location	