## RECEIVED

SEP 29 2009



## HOUSEHOLD GOODS MOVING COMPANY 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 2 - 6 and Attachment E  | \$ 50         |
| ū          | Temporary authority (to meet a short-term need) - Complete pages 2 - 6 and Attachment A   | <b>\$ 250</b> |
| ם          | Permanent authority (at least six months must be served on a temporary provisional basis) — Complete pages 2 - 6 and Attachment A   | \$ 550        |
| ū          | 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        |
| a          | Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-335 – Complete pages 2 - 6 and Attachments B & C  | \$ 250        |
| <b>-</b>   | Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-450) - Complete pages 2 - 3 and include a statement justifying the reinstatement                 | \$ 250        |
| $\swarrow$ | Name Change - Complete pages 2 - 3 and Attachment D (Add Trade Name)  | · \$ 35       |
|            | Extension of authority – Complete pages 2 - 6 and Attachment A  | <b>\$ 550</b> |

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|--|---|----------------|-----------------|--------------|---|--------------|--------|--------|--------------|---------|--------|--------|---------|--------|---------|--------|---------|--------------------------------------|--|--------|
| Check  |   |                | ☐ Money Order   |              |   | □ <b>A</b> : | □ Атех |        | ☐ Mastercard |         |        | □ Visa |         |        |         |        |         |                                      |  |        |
|  |   |                |                 |              |   |              |        |        |              |         |        |        |         | l      |         |        |         |                                      |  |        |
| Amount:  | 35  | 5. (           | 00              |              |   | _            |        |        |              |         |        | ·      |         | Expir  | ation I | Date:_ |         |                                      |  | _      |
| CERTIFICA<br>that I am au  | thorize   | d to e         | xecute          | and f        | ile thi   | s docu       |        |        | alf of       | the app | licant | and tl | nat all | infort | nation  | on fil | e is cu | urrent a                             |  |        |
| Name (printed): Arch Williams Company Name: All Star Transfer  Cardholder's Signature: Date: |   |                |                 |              |   |              |        |        |              |         |        |        |         |        |         |        |         |                                      |  |        |
|  | ا<br>المراد المراد المرا | , ,<br>white , | و - پروټر د ، : | gayer of the | ή<br>1 <sub>9</sub> α <sub>1</sub> ς, , , , , , , , , , , , , , , , , , , | , , <b></b>  | OR     | OFF    | ICIA         | L US    | Edi    | LY.    |         |        |         |        | 4.7.47  | رايليد بإثرانيوي<br>رايليد بإثرانيوي | , 14, 14, 14, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15 | richt) |
| Date filed   | 9/0   | 29             |                 | L/SO:        |   |              | П      | M      | 346          | ldo     | I      | ermi   | t Issu  | ied: T | ΉĢ-     |        |         |                                      |  |        |
| Staff Assign   | E-07  |                | Inst            | ırance       | :   |              | In     | specti | ion:         |         | ]-     |        |         |        |         |        |         |                                      |  |        |
|  |   |                |                 |              |   |              |        |        |              |         | I      | Docke  | et #    |        |         |        |         |                                      |  |        |
| Reception #<br>111-0268-20   | :<br>07-0 <b>Ω</b>  | 01             | 94              | 29           | 11  | 1-026        | 8-202  | -01    |              |         |        | 111-02 | 68-01   | 3-20_  |         |        |         |                                      |  |        |

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All Star Movers

| BUSINESS INFORMATION   |
|--|
| Name of Applicant Star Transfer Nw Cartage Transfer (must be individual, partners of a partnership or corporation)   |
| Trade Name, if applicable All Star Transfer  |
| Physical Address 24111 Hwy 99  Mailing Address Edmands, WA 98026   |
| Mailing Address Edmands, WA 98026  |
| Telephone Number (425) 774-8128 Fax Number (425) 774-0984  |
| UBI#: 034003849 Email: AllStartvanster@msn.com   |
| USDOT #: 533989 (If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3816 or 360-596-3803 for assistance.) |
| Have you established a Worker's Compensation Account with the Department of Labor & Industries?  □ No XYes L & I Account No. 828,157-02 (required if you have employees.)            |
| Have you registered with the Employment Security Department? ☐ No 《Yes ESD No. 328555013 (required if you have employees)  |
| Have you registered your business with the Department of Revenue? ☐ No ∠Yes  |
| TYPE OF BUSINESS STRUCTURE   |
|  |
| ☐ Individual ☐ Partnership   |
| List the name, title and percentage of partner's share or stock distribution for major stockholders:   |
| Name Stock Distribution or Percentage of Shares  Gran Williams Pres. 1005  |
|  |
|  |
|  |

## **ATTACHMENT D**

## CHANGE OF CORPORATE/INDIVIDUAL NAME (WAC 480-15-400)

This application is for name change only and <u>must not</u> 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.

| Current Name on Permit: All Star Transfer   |
|---|
| Current Trade Name on Permit: All Star Transfer / All Star Movers   |
| Address: 24111 Hwg 99 Edman WA 98026  Phone Number: 425774-8128 Fax Number: 425-774-0984  |
| Phone Number: 425 774-8128 Fax Number: 425-774-0984   |
| Email Address: All Startransfer & MSn. com  |
| If a corporation, list names, titles, stock distribution or major stockholders under the current name:  |
| I request the name on household goods permit HG- 11846 be changed to:   |
| New Name: UBI Number:   |
| New Trade Name (if applicable): Careful Masers  |
| Address (if changed) N/4  |
| If a corporation, list names, titles, stock distribution or major stockholders under the current name:  |
| Same  |
| 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. |
| Jalletin 09-28-09   |
| Signature and Title of Applicant Date and Location  |
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Revised 07-09