TV-091786-AN



## HOUSEHOLD GOODS MOVING COMPANY 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
<u> </u>	Temporary authority (to meet a short-term need) - Complete pages 2 - 6 and Attachment A	\$ 250
0	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
ū	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	S 250
友	Name Change - Complete pages 2 - 3 and Attachment Dadding Trade Name	\$ 35
a	Extension of authority - Complete pages 2 - 6 and Attachment A	\$ 550

TYPE OF PAYMENT								
☐ Check	☐ Money Order	☐ Amex	☐ Mastercard	🏿 Visa				
Amount: 35.	Cu	_			Expiration Dat.			
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): Bas Sasa Company Name: Reliable moutes LLC								
Cardholder's Sign	atur		Date: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
FOR OFFICIAL USE ONLY								
Date Filed \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DOL/SOS:	ID		Permit Is	ssued: THG-			
Staff Assigned:	Insurance:	Ins	pection:	T	<del></del>			
$X_{-}$				Docket #	ŧ			
Reception #: 111-0268-207-02 0019540 111-0268-202-01 111-0268-013-20								

435.00

Page 2 of 12

## **BUSINESS INFORMATION** Name of Applicant (must be individual, partners of a partnership or corporation) Trade Name, if applicable Raise Physical Address 40 Lole Bellever Sate 100 Ballowe, us 9800T Mailing Address Som 3 Telephone Number (26) 443 - 0210 Fax Number (25) 369 - 1053 USDOT #: USDOT #: Email: Nookaliobemosin. Com USDOT #: [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 YYes L&I Account No. 964852-0\ (required if you have employees.) Have you registered with the Employment Security Department? ☐ No ☑ Yes ESD No. \\5947 (required if you have employees) Have you registered your business with the Department of Revenue? ☐ No YYes 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 Title Stock Distribution or Percentage of Shares 10070 much

Revised 07-09

Page 11 of 12

## 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: Reliable movers LLC Current Trade Name on Permit: Reliable movers The Address: 40 Lake Bellauna Suite 100 Balloune wa 98005 Fax Number: 425-369-1053 Phone Number: 206-443-0210 Email Address: in Foo Reliable maring. com If a corporation, list names, titles, stock distribution or major stockholders under the current name: 8 cm Sava owner 10090 I request the name on household goods permit HG- 6/449 be changed to: UBI Number: 602037 881 New Name: New Trade Name (if applicable): Reliable moving ( DO: No Trade Name Address (if changed) If a corporation, list names, titles, stock distribution or major stockholders under the current name: 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.