

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



	Type of Household Goods Authority Requested - Check one	Fee Required
0	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
0	Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 6 and Attachment A	\$ 550
ם	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
0	Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-335 - Complete pages 2 - 6 and Attachments B & C	\$ 250
Ü	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
G	Name Change - Complete pages 2 - 3 and Attachment D	\$ 35
0	Extension of authority - Complete pages 2 - 6 and Attachment A	\$ 550

		TYPE OF F	PAYMENT
☐ Check	☐ Money Order	☐ Amex ☐ Mas	etercard 🗆 Visa
· ·		-	
ı — — — — — — — — — — — — — — — — — — —			<u> </u>
Amount: # 3	35,00		Expiration Date: 09/10
CERTIFICATION	l: I, the undersigned, u	nder penalty for false state	ement, certify that the following information is true and correct,
that I am authorize	ed to execute and file the	his document on behalf of	the applicant and that all information on file is current and valid
Name (printed):	Michele 1	Marsh	Company Name MOVSTC UNITED EVAL
rianio (printod).			
Cardholder's Sign	atu		Date: 2-17-10
l Galeria de Maria de Maria de Se			
		FOR OFFICIA	
Date Filed:	DOL/SOS:	ID: 560	Permit Issued: THG- 6370
Staff Assigned	Insurance:	Inspection:	
	\		Docket #
D	/ 		DUCKET #
Reception #: 111-0268-207-02	<u> </u>	111-0268-202-01	111-0268-013-20
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Revised 07-09

BUSINESS INFORMATION
Name of Applicant Massestic Moving & Packing Inc. (must be individual, partners of a partnership or corporation)
Trade Name, if applicable NW MOJESTIC WOVETS
Physical Address 6723 16 AUL MW Seattle, WA 98117
Mailing Address 6201 15" AUL NW #560 Seatte, WA 98107
Telephone Number (206) 189-5646 Fax Number () Same
UBI#: 602169776 Email: NWMOJESTIC @ amail. Com
USDOT #: 193/647 (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 Yes L & I Account No. (required if you have employees.)
Have you registered with the Employment Security Department? No Yes ESD No (required if you have employees)
Have you registered your business with the Department of Revenue? ☐ No ☐ Yes
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 <u>Title</u> <u>Stock Distribution or Percentage of Shares</u>
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2881-198-902 68:20 0102/61/20

Revised 07-09

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

Current Name on Permit;	
Address:	
Phone Number:	
Email Address:	
	ution or major stockholders under the current name:
Sept. What was a sept.	
_	ermit HG-THG10(2370) be changed to:
_	· · · · · · · · · · · · · · · · · · ·
New Name: Massestic Mourna	32 Packing Inc UBI Number: 602169776
New Name: Massic Mouina	32 Packing Inc UBI Number: 602169776
New Name: Massic Mouina	32 Packing Inc UBI Number: 6021697716
New Name: Massestic Mourns New Trade Name (if applicable): NW Masses Address (if changed)	32 Packing Inc UBI Number: 602169776 assestic Movers
New Name: Massestic Mouing New Trade Name (if applicable): NW Mo Address (if changed) f a corporation, list names, titles, stock distribution	SESTIC WOVEVS ution or major stockholders under the current name:
New Name: Massestic Mourns New Trade Name (if applicable): NW Mo Address (if changed) f a corporation, list names, titles, stock distribution	32 Packing Inc UBI Number: 6021697716 asestic Movers
New Name: May Estic Moving New Trade Name (if applicable): NW Mo Address (if changed) f a corporation, list names, titles, stock distribution	SESTIC WOVEVS attion or major stockholders under the current name:
New Name: May Estic Moving New Trade Name (if applicable): NW Mo Address (if changed) f a corporation, list names, titles, stock distribution f certify that this information is true and corre	SESTIC WOVEVS ation or major stockholders under the current name:
New Name: Massic Mouins New Trade Name (if applicable): NW Mass Address (if changed) f a corporation, list names, titles, stock distribution f certify that this information is true and correspond to the applicant and that all information	DESTIC WOVEVS ation or major stockholders under the current name: ect, that I am authorized to execute and file this document on is current and valid.
New Name: Massic Mouing New Trade Name (if applicable): NW Mo Address (if changed) If a corporation, list names, titles, stock distribution	SESTIC WOULS ation or major stockholders under the current name: ect, that I am authorized to execute and file this document on is current and valid.

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