

TV-100480-CT



**HOUSEHOLD GOODS MOVING COMPANY
PERMIT APPLICATION**



Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 6 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 2 - 6 and Attachment A	\$ 250
<input type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 6 and Attachment A	\$ 550
<input type="checkbox"/> 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
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-335 – Complete pages 2 - 6 and Attachments B & C	\$ 250
<input checked="" type="checkbox"/> 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
<input type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority – Complete pages 2 - 6 and Attachment A	\$ 550

TYPE OF PAYMENT

Check
 Money Order
 Amex
 Mastercard
 Visa # _____

Amount: 250.00 Expiration Date: 05/11

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): RAY TANNER Company Name: T E S TRANSPORTATION AND INSTALLATION

Cardholder's Signature: _____ Date: 3-20-10

FOR OFFICIAL USE ONLY

Date Filed: <u>3/23/10</u>	DOL/SOS:	ID: <u>M24150</u>	Permit Issued: THG-
Staff Assigned:	Insurance:	Inspection:	Docket #
Reception #: <u>1019974</u>		111-0268-202-01	111-0268-013-20

\$ 250.00

BUSINESS INFORMATION

Name of Applicant T.S. TRANSPORTATION AND INSTALLATION
 (must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address 11527 CTRUS WAY #3 MOUNTAIN

Mailing Address P.O. BOX 5644 EVERETT, WA 98206

Telephone Number (425) 349 3922 Fax Number (425) 349 3734

UBI #: _____ Email: RAY@TNSTRANS.NET

USDOT #: APPLIED FOR ID # 157847397 (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. 597,180-00 (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
 ESD No. 716910003 (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	Title	Stock Distribution or Percentage of Shares
<u>RAY TANNER</u>	<u>OWNER</u>	<u>100%</u>

Attn: David W. Danner, Executive Director and Secretary
Washington Utilities and Transportation Commission
PO Box 47250
Olympia, Washington 98504-7250

Request for reinstatement

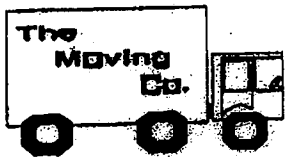
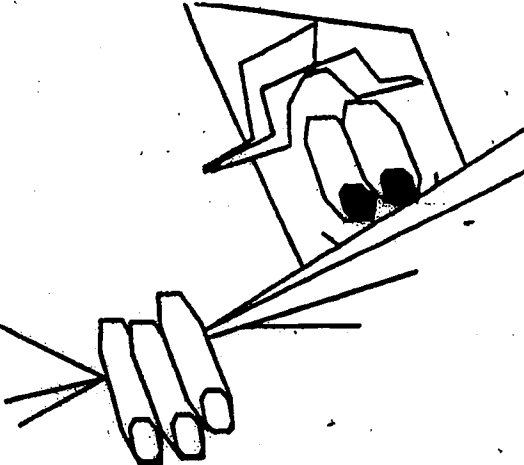
We have operated as a household carrier for many years and have always operated per the tariff. We have operated under our own authority or the carriers we represent. The canceling of our permit was primarily due to oversight and an extremely trim administration due to the economy. We had not received the 12/15/2009 notification to respond to and were unaware of the hearing date we missed until it was too late. We have since filed the missing filing and paid the \$ 200.00 associated fine. The next filing is due 5/1/2010 and will be prompt. Our insurance filing has been continuous and notification to the state was sent prior to the 3/4/2010 annual renewal.

Thank You,



Ray Tanner

T & S Transportation and Installation Inc.
PO Box 5644
Everett, WA 98206



T & S Transportation & Installation Inc.

11527 Cyrus Way #3
P. O. Box 5644
Everett, WA 98206
Fax: (425) 349-3734
Phone: (425) 349-3922

FAX COVER SHEET

To: *WUTC*

Company Name:

Fax Number: *360 586 1181*

From: *RAY TANNER*

Description: *APPLICATION FOR REINSTATEMENT*

Number of pages (including cover): *4*

Date sent: *3-23-10*

If there are any problems receiving this please call (425) 349-3922