

TV-100548



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 B	\$ 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 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 checked="" 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: 3500 Expiration Date:

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): Cesar Bermudez Company Name: CBC Trucking LLC

Cardholder's Signature: _____ Date: 4-2-10

FOR OFFICIAL USE ONLY

Date Filed: <u>4/5/10</u>	DOL/SOS: <u>AD</u>	ID: <u>5515</u>	Permit Issued: THG- <u>63596</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>on file</u>	Inspection: _____	Docket # _____

Reception #: 111-0268-207-02 0020057 111-0268-202-01 111-0268-013-20

35.00

BUSINESS INFORMATION

Name of Applicant CBC Trucking LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable CBC MOVING

Physical Address 3822 Se 189th AVE Vancouver WA 98683

Mailing Address 3822 Se 189th AVE Vancouver WA 98683

Telephone Number (360) 852-0620 Fax Number (360) 597-3880

UBI #: 602-679-884 Email: Cesar Bermudez@cbcTrucking.com

USDOT #: 1598972 (If you currently don't have one, you can go online at [www.fmcsa dot gov/online-registration](http://www.fmcsa.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. 109,691,02 (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
ESD No. 592833-001 (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
Cesar Bermudez	owner	100% <u>1</u>

ATTACHMENT D

**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 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: CBC TRUCKING LLC
 Current Trade Name on Permit: ~~CBC TRUCKING LLC~~ N/A
 Address: 3822 SE 189TH AVE
 Phone Number: 360-852-0620 Fax Number: 360-597-3880
 Email Address: CesarBermudez@CBCTRUCKING.COM

If a corporation, list names, titles, stock distribution or major stockholders under the current name:
Cesar Bermudez owner

I request the name on household goods permit HG- 063596 be changed to:

New Name: CBC TRUCKING LLC UBI Number: 602 679 884
 New Trade Name (if applicable): CBC MOVING

Address (if changed) _____

If a corporation, list names, titles, stock distribution or major stockholders under the current name:
Cesar Bermudez owner

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.

[Signature] owner _____ 4-2-10 Vancouver WA
 Signature and Title of Applicant Date and Location