

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



	Type of Household Goods Authority Requested – Check one	Fee Required
a	Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 6 and Attachment E	\$ 50
۵	Temporary authority (to meet a short-term need) - Complete pages 2 - 6 and Attachment A	\$ 250
	Permanent authority (at least six months must be served on a temporary provisional basis) — Complete pages 2 - 6 and Attachment A	\$ 550
٥	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
a	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
. 😾	Name Change – Complete pages 2 - 3 and Attachment D Extension of authority – Complete pages 2 - 6 and Attachment A	\$ 35
	Extension of authority – Complete pages 2 - 6 and Attachment A	\$ 550

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Check				Mone	y Orde	er	☐ Amex ☐ Mastercard				□ Visa								
Amo	unt:	ø	35.	80			-	-					•		Expir	ation	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 correct and valid.																			
Name	Name (printed): Katheyn, A. Mitchell Company Name: Sarders Transfer (D.																		
Cardholder's Signature: Katheys (1. 1 Htt) Date: 4/8/10																			
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Date	Filed:	7/1	310) DO	L/SOS	S:		II): 	14	912	$\overline{2}$	Permi	t Issi	ıed: '	THG	-		
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Ch# 37748

BUSINESS INFORMATION					
Name of Applicant Sangers I Rangerer, Company (must be individual, partners of a partnership of corporation)					
Trade Name, if applicable					
Physical Address 2418-A 104th St CtS Lakewood, Wa 98499					
Mailing Address					
Telephone Number (253) 472-2410 Fax Number (253) 472-9425 UBI#: 278 039 97/ Email: Kally Sonders transfer oy choo. Con.					
USDOT #:					
Have you established a Worker's Compensation Account with the Department of Labor & Industries? No Yes L & I Account No. 194, 27/-00 (required if you have employees.)					
Have you registered with the Employment Security Department? ☐ No X Yes ESD No. <u>245519 00 0</u> (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 <u>Title</u> <u>Stock Distribution or Percentage of Shares</u>					
Katheyn A. Mitchell President 100 970					

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:

Revised 07-09

- 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 <u>may not</u> advertise to operate under the changed name until a permit is issued in the new name.
Current Name on Permit: Sanders Transfer Company
Current Trade Name on Permit
Address: 24/8-A 104th 8t. Ct. S. Laxewood, Wa 98499
Phone Number: 253-472-24/0 Fax Number: 253-472-9425
Email Address:
If a corporation, list names, titles, stock distribution or major stockholders under the current name: # a thrum A. Mi tchell
• 0
I request the name on household goods permit HG- 001673 be changed to:
New Name: No Charge UBI Number:
New Trade Name (if applicable): Sandels Moving
Address (if changed) NO Change
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.
Lackey a. Metalell President 4/8/10 Lakewood Wa
Signature and Title of Applicant Date and Location

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