



WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

RECEIVED

SEP 08 2010

WASH. UT. & TP. COMM

1300 South Evergreen Park Drive SW
PO Box 47250
Olympia, WA 98504-7250
Phone (360) 864-1222
Fax (360) 566-1181
Web Site: www.wutc.wa.gov

COMMON CARRIER OF PROPERTY
(excluding Household Goods carriers and Brokers)

TY-101495

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE
FEE: \$50.00

Application for Change of Name or Business Structure may be used **ONLY** in the following circumstances:

- Changes of carrier's name, with no change in ownership or business structure.
- Change of business structure from individual to corporation to incorporate an individual's business when the individual is the majority stockholder or, by an individual to a partnership, when the individual is the majority partner or, from a corporation to a proprietorship of the majority shareholder or, by a partnership to a proprietorship of the majority partner.
- Change of name resulting from a change in business structure from a partnership to a corporation established to incorporate the partnership business, when the partners are the majority stockholders in the same proportionate ownership.
- Change of name resulting from a change in business structure from a corporation to another corporation where both corporations are wholly owned by the same stockholders in the same proportions.

TYPE OF PAYMENT

Cash Check Money Order AMEX MasterCard Visa
Exp Date
Credit Card Information (if applicable) Month/Year

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Amount \$ _____ COMPANY NAME: *Brian Van Laar trucking*

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.

Cardholder's signature: _____ Date _____

For Commission Use Only

111-2068-200-02 <i>50.00</i>	Received date:	ID:
		Insurance: <i>10-5-10</i>

0025982
CK # 16281

TV-101495

6143

Holder of Permit CC- 60579 asks the UTC for authority to change the name of or the business structure of the carrier named below under 81.80 RCW and WAC 480-14 to:

NEW BUSINESS INFORMATION

New Name: <u>BRIAN VAN HAAR Trucking Inc.</u>	Phone #: <u>360-403-8561</u>
Trade Name:	Fax #: <u>360 403-8558</u>
Mailing Address: <u>P.O. Box 867</u>	Physical Address: (if different)
Street/P.O. Box	Street <u>14221 77th AVE N.E.</u>
City, State Zip <u>Marysville, WA 98270</u>	City, State Zip <u>Arlington, WA 98223</u>

USDOT # 530782 (If you don't have one, you can apply online at www.fmcsa.dot.gov/online-registration or contact 360-596-3816 or 360-596-3803 for assistance.)

Unified Business Identifier Number (UBI): 602-254-518 10-5-10 *Per call*

Individual Partnership Corporation - State of Incorporation WA
(LP, LLP, LLC)

NAME	TITLE	PERCENTAGE OF SHARES
<u>Brian Van Haar</u>	<u>President</u>	<u>100</u>

CURRENT BUSINESS INFORMATION

m39944

Current Name: <u>BRIAN VAN HAAR</u>	Phone #: <u>360-403-8561</u>
Trade Name: <u>BRIAN VAN HAAR Trucking</u>	Fax #: <u>360-403-8558</u>
Mailing Address: <u>P.O. Box 867</u>	Physical Address: <u>10508 64th St, N.E.</u>
Street/P.O. Box	Street
City, State Zip <u>Marysville, WA 98270</u>	City, State Zip <u>Marysville, WA 98270</u>

Individual Partnership Corporation - State of Incorporation _____

NAME	TITLE	PERCENTAGE OF SHARES
<u>Prior - Brian</u>		

CERTIFICATION: Carrier affirms that the change of name or business structure does not involve a change in ownership, management, or control of the operating authority. The undersigned applicant requests that the Commission enter an order granting its petition as provided in 81.80 RCW.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

[Signature]

Signature(s)

9-3-10

Date

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)

Filed with WASHINGTON Utility & Trans Commission (hereinafter called Commission)
(Name of Commission)

This is to certify, that the NORTHLAND INSURANCE COMPANY
(Name of Company)

(hereinafter called Company) of 385 WASHINGTON STREET - SAINT PAUL MN 55102
(Home Office Address of Company)

has issued to BRIAN VAN LAAR TRUCKING INC
(Name of Motor Carrier)

of 6508 64TH STREET NE PO BOX 867 - MARYSVILLE WA 98270
(Address of Motor Carrier)

a policy or policies of insurance effective from 09/29/2010 12:01 A.M. standard time at the address of the insured stated in said

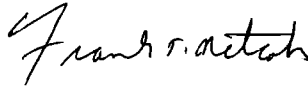
policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the state in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days' notice in writing to the State commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 385 WASHINGTON STREET - SAINT PAUL MN 55102 this 29th day of September 2010

Insurance Company File No WN037487



(Policy Number)

(Authorized Company Representative)