

TV-101910

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9W  
PO Box 47250  
Olympia, WA 98504-7250  
Phone (360) 664-1222  
Fax (360) 586-1181  
Web Site: [www.wulcwa.gov](http://www.wulcwa.gov)



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

*done 11/29/10*

**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  
Credit Card Information (if applicable)    Exp Date Month/Year

Amount \$ 50.00    COMPANY NAME: Vander Veen Family Transport Inc

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.

*adding trade name*

Cardholder's signature:

Date 11-24-10

For Commission Use Only

111-2068-200-02

Received date: 11/29/10

ID: M44306

**0028124**

Insurance: on file

*50.00*



VanderVeen Family Transport, Inc.

# Fax Cover Sheet

To: Tina

Dept. \_\_\_\_\_

From: Russ VanderVeen

Date: 11-24-10

Fax Number: 360-586-1181

Total Pages: 3 (Including Cover)