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HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



TV-111921-AN

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 - 7 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 2 - 7 and Attachment A	\$ 250
<input type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 7 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 - 7 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 - 7 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 <i>adding trade name of: Rainier Relocations Add a DBA</i>	\$ 35
<input type="checkbox"/> Extension of authority – Complete pages 2 - 7 and Attachment A	\$ 550

**TYPE OF PAYMENT**

Check     Money Order     Amex     Mastercard     Visa

Amount: \_\_\_\_\_ 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): \_\_\_\_\_ Company Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Date Filed: <i>11/4/11</i>	DOB/SOS: <i>aka</i>	ID: <i>415156</i>	Permit Issued: THG-
Staff Assigned: <i>[Signature]</i>	Insurance: <i>on file</i>	Inspection:	Docket #
Reception #: <i>034973</i>	111-0268-207-02 <i>35-</i>	111-0268-207-01	111-0268-013-20

*Check to 280246*

## BUSINESS INFORMATION

Name of Applicant Chipman Moving & Storage, Inc.  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Chipman Relocations

Physical Address 8939 S. 190th, Kent WA 98031

Mailing Address 8939 S. 190th, Kent WA 98031

Telephone Number (425) 251 0562 Fax Number (425) 251-9437

UBI #: 600 354 852 Email: CHIPMAN@CHIPMANRELO.COM

USDOT #: 2014603 (If you currently don't have one, you can go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.dot.gov/online-registration) to apply for one or call 360-596-3810 for assistance.)

Have you established a Worker's Compensation Account with the Department of Labor & Industries?  
 No  Yes L & I Account No. 436,078-00

Have you registered with the Employment Security Department?  No  Yes  
ESD No. 43721-00-4

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>John H Chipman</u>	<u>CEO/PRESIDENT/SECRETARY</u>	<u>50%</u>
<u>Tom Chipman</u>	<u>Exec VP / Treasurer</u>	<u>45%</u>
<u>John H Chipman Jr</u>	<u>Asst Secretary</u>	<u>5%</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: Chipman Moving & Storage, Inc.  
Current Trade Name on Permit: Chipman Relocations  
Address: 8939 South 190th St. Kent WA 98031  
Phone Number: (425) 251-0562 Fax Number: (425) 251-9437  
Email Address: CHIPMAN@CHIPMANRELO.COM

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

<u>John H Chipman</u>	<u>CEO/PRESIDENT/SECRETARY</u>	<u>50%</u>
<u>Tom Chipman</u>	<u>Exec VP/Treasurer</u>	<u>45%</u>
<u>John H Chipman Jr</u>	<u>Asst Secretary</u>	<u>5%</u>

I request the name on household goods permit HG- 006985 be changed to:


No change

↳ New Name: Chipman Moving & Storage, Inc. UBI Number: 600 354 852  
(Please add a 2nd DBA and don't remove current DBA) ↗  
New Trade Name (if applicable): Rainier Relocations  
(Please note this is a 2nd location and doesn't replace current location) ↘  
Address (if changed) 7115 132ND Place SE, Newcastle, WA 98059-3151

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

<u>John H Chipman</u>	<u>CEO/PRESIDENT/SECRETARY</u>	<u>50%</u>
<u>Tom Chipman</u>	<u>Exec VP/Treasurer</u>	<u>45%</u>
<u>John H Chipman Jr</u>	<u>Asst Secretary</u>	<u>5%</u>

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 and Title of Applicant Date and Location

Form E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

HG 006985

Filed with WASHINGTON UTILITIES & TRANSPORTATION COMMISSION (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the VANLINER INSURANCE COMPANY

(hereinafter called Company) of ONE PREMIER DRIVE, ST LOUIS, MO 63026  
(Name of Company)  
(Home Office Address of Company)

has issued to CHIPMAN MOVING & STORAGE INC of 8939 SOUTH 190TH ST; KENT, WA 98031  
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 10/05/2009 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 cancelled 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 ONE PREMIER DRIVE ST LOUIS MO 63026  
(Street Address) (City) (State) (Zip Code)

this 12TH day of FEBRUARY, 2010

Insurance Company File No. TRT3007000  
(Policy Number)

  
(Authorized Company Representative)

IRB 3539B

