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HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



TV-111921-AN

	Type of Household Goods Authority Requested – Check one	Fee Required
	Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 7 and Attachment E	\$ 50
۵	Temporary authority (to meet a short-term need) – Complete pages 2 - 7 and Attachment A	\$ 250
۵	Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 7 and Attachment A	\$ 550
	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
a	Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-335 – Complete pages 2 - 7 and Attachments B & C	\$ 250
	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.	NO \$ 250
À	Name Change Complete pages 2 - 3 and Attachment D Add a DBR	\$ 35
٥	Extension of authority – Complete pages 2 - 7 and Attachment A	\$ 550

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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 RELO COM Have you established a Worker's Compensation Account with the Department of Labor & Industries? □ No XYes L&I Account No. 436,078 00 Have you registered with the Employment Security Department? ☐ No 「※Yes ESD No. <u>43721-00-4</u> Have you registered your business with the Department of Revenue? ☐ No XYes TYPE OF BUSINESS STRUCTURE □ Individual ☐ Partnership (LP, LLP, LLC) List the name, title and percentage of partner's share or stock distribution for major stockholders: Stock Distribution or Percentage of Shares Name Title John H Chipman CE CIPRESIDENT / SECRETARY 56% Tom Chipman 45% Exec VP (Treasurer John & Chipman Tr Asst Secretary

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:

- 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 Trade Name on Perm	Chipman Moving & Storage, I nit: Chipman Relocations	
	n 190th St. Kent WA 986	
Phone Number: (425) 25	Fax Number:	(425) 251-9437
Email Address: CHIPMAN	@CHIPMANRELO.COM	_
•	itles, stock distribution or major stockholders u	
John H Chipman	CEUPPRESIDENT SECRETARY	50%
• • • • • • • • • • • • • • • • • • •	Exec VP/Treasurer	
John H Chipman ir	Asst Secretary	5 %
Arge New Name: Chipman M New Trade Name (if applical	oving & Storage, Inc. UI (Please add a 2nd DBA ar ble): Rainier Relocations	BI Number: 600 354 852 nd don't remove current DBA) 2
New Name: Chipman M New Trade Name (if applicate the Chic Address (if changed) 7116	ole): Rainier Relocations case note this is a 2nd location 5 132ND Place SE, Newcastle	and doesn't replace current local
New Name: Chipman M New Trade Name (if applicate the Chic Address (if changed) 7116 If a corporation, list names, to	ole): Rainier Relocations case note this is a 2nd location 5 132ND Place SE, Newcastle itles, stock distribution or major stockholders u	and doesn't replace current local WA 98059-3151 Under the current name:
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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) VANLINER INSURANCE COMPANY This is to certify, that the (Name of Company) (hereinafter called Company) of ONE PREMIER DRIVE; ST LOUIS, MO 63026 (Home Office Address of Company) CHIPMAN MOVING & STORAGE INC has issued to .______(Name 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) 12TH day of FEBRUARY 20,10 ... Insurance Company File No. .TRT3007000 (Policy Number)

IRB 3539B

AGENCY CUSTOMER ID:

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