

TV-120153-A



**HOUSEHOLD GOODS MOVING COMPANY
PERMIT APPLICATION**



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>Best Moving & Delivery / Seattle's Best Moving</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: 35

Expiration Date: 10/16

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): JUAN RATKO Company Name: Best Moving & Delivery

Cardholder's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Date Filed: 9/1/12 DOL/SOS: [Signature] ID: 6547 Permit Issued: XHG-

Staff Assigned: [Signature] Insurance: _____ Inspection: _____ Docket # _____

Reception #: 111-0268-207-02 037604 111-0268-207-01 111-0268-013-20

VI 105407

\$ 35.00

BUSINESS INFORMATION

Name of Applicant Best Moving & Delivery LLC ~~Best Moving & Delivery LLC~~ / Seattle's Best Moving
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Simple Moving & Delivery ~~Simple Moving & Delivery~~

Physical Address _____

Mailing Address P. O. Box 3451 Federal Way 98063

Telephone Number (206) 613-9559 Fax Number () _____

UBI #: 603 129 858 Email: _____

USDOT #: 2774950 (If you currently don't have one, you can go online at www.fmcsca.dot.gov/online-registration to apply for one or call 360-596-3816 or 360-596-3803 for assistance.)

Have you established a Worker's Compensation Account with the Department of Labor & Industries?
 No Yes L & I Account No. _____ (required if you have employees.)

Have you registered with the Employment Security Department? No Yes
ESD No. _____ (required if you have employees)

Have you registered your business with the Department of Revenue? No Yes

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other LLC
(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>Juan A. Ratko</u>	<u>team member</u>	
<u>Leania L. Ratko</u>	<u>team member</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: Best Moving and Delivery LLC
Current Trade Name on Permit: Same
Address: P. O. Box 3451 Federal Way WA 98003
Phone Number: 206 613 9559 Fax Number: _____
Email Address: _____

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

Same as on app

I request the name on household goods permit HG- 63464 be changed to:

New Name: _____ UBI Number: _____

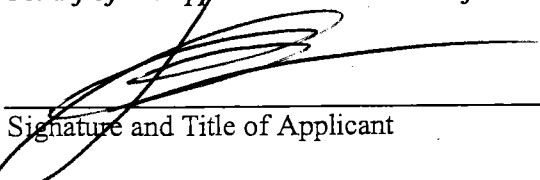
New Trade Name (if applicable): Best Moving & Delivery / Seattle's Best Moving

Address (if changed) _____

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

Same as on app

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

01/31/2012 Olympia
Date and Location