

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



	Fee Required	
	Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 7 and Attachment E	\$ 50
0	Temporary authority (to meet a short-term need) - Complete pages 2 - 7 and Attachment A	\$ 250
_	Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 7 and Attachment A	\$ 550
۵	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
0	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	\$ 250
X	Name Change – Complete pages 2 - 3 and Attachment D Suddath Relocation	mS \$35
ت ت	Extension of authority – Complete pages 2 - 7 and Attachment A	\$ 550

TYPE OF PAYMENT								
☐ Check	☐ Money Order	☐ Amex	☐ Mastercard	≯ Visa	014569			
	-							
Amount: \$3	500		·		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): DONNA HYATT Company Name: C1TY Suddath Reforation Cardholder's Signature: DONNA HYATT Date: 06-02-2012								
Cardholder's Sign	ature: DO MA	a ly.	att	Date:	06-02-2012			
FOR OFFICIAL USE ONLY								
Date	DOI/SOS: () ID	0749	Permit Iss	ued: THG-			
Staff Assigned:	Insurance: L	Le Ins	pection:	Docket #				
Reception #: 111-0268-207-02		11-0268-207-0)1	111-0268-0	13-20			

CWYBUSINESS INFORMATION Name of Applicant City/Sudddath Relocation Systems, LLC (must be individual, partners of a partnership or corporation) Trade Name, if applicable City/ Suddath Relocation Systems Physical Address 7819 South 206th Street, Kent, WA 98032 Mailing Address same Telephone Number (253)518-8800 Fax Number (253) 518-1975 UBI #: __603157439______ Email: _dhyatt@suddath.com____ USDOT #: 2250051 (If you currently don't have one, you can go online at www.fincsca.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 xx Yes L & I Account No. 146,128-01 Have you registered with the Employment Security Department? \square No xx \square Yes ESD No. 444944-006 Have you registered your business with the Department of Revenue? □ No XX Yes TYPE OF BUSINESS STRUCTURE □ Individual ☐ Partnership XX Corporation ☐ Other (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 Suddath Van Lines, Inc Parent Company 100%

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

New Name: UBI Number: 403 15/143

New Trade Name (if applicable): Suddath Relocation Systems

Address (if changed)

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

__Suddath Van Lines, Inc Parent Company 100%

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

06-02-2012 Kent, WA

Date and Location

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May 30, 2012

Tina Leipski Washington Utilities & Transportation Commission 1300 S. Evergreen Park Dr S.W. PO Box 47250 Olympia, WA 98504-7250

Re:

City/Suddath Relocation Systems LLC

Permit No.:

THG064493

Dear Tina.

City/Suddath Relocation Systems, LLC ("City") maintains temporary Household Goods ("HHG") authority, granted December 21, 2011, under the Washington Utilities and Transportation Commission ("UTC").

Allow this letter to serve as a request on behalf of City to remove the existing d/b/a listed on its HHG authority, "City/Suddath Relocation Systems", and to change the listed d/b/a to "Suddath Relocation Systems." Enclosed is a copy of the Washington state business license which indicates that "Suddath Relocation Systems" is a registered City d/b/a.

The requested change to City's federal information was finalized with the US Department of Transportation and the FMCSA on May 5, 2012 and May 21, 2012 respectively.

If you have any questions regarding this request, please contact me directly at 253-518-8800.

Very truly yours,

Donna Hyatt General Manager

DH/cdg





BUSINESS LICENSE

Domestic Limited Liability Company

Unified Business ID #: 603 157 439

Business ID #: 1

Location: 1

Expires: 11-30-2012

CITY/SUDDATH RELOCATION SYSTEMS, LLC 7819 S 206TH ST KENT WA 98032 1354

TAX REGISTRATION INDUSTRIAL INSURANCE SCALE-INTERMEDIATE (1)

UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS:

Not licensed to hire persons under age 18 at this location

REGISTERED TRADE NAMES: CITY/SUDDATH RELOCATION SYSTEMS SUDDATH RELOCATION SYSTEMS

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Virgitor, Department of Revenue

11-30-2012 ·

KENT WA 98032 13
TAX REGISTRATION
INDUSTRIAL INSUR
SCALE-INTERMEDIA





DETACH THIS SECTION FOR YOUR WALLET

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION ACCEPTANCE REPORT

USER ID:

TMMS7

TRANSMISSION NUMBER: WEB75312

TRANSMITTED ON:

05/21/2012 10:07:08

COMPANY NAME:

VANLINER INSURANCE COMPANY

SUMITTED BY:

VANLINER INSURANCE COMPANY (07405-00)

Docket

Form/Type

Policy Number

Effective Date

Action

MC-768408

BMC-91X/BIPD

TRT3044603

12/01/2011

ACCEPTED

Values in FMCSA Licensing & Insurance Database:

Legal Name: CITY/SUDDATH RELOCATION SYSTEMS, LLC

DBA Name:

SUDDATH RELOCATION SYSTEMS

Address:

7819 SOUTH 206TH STREET

KENT WA US 98032

815 SOUTH MAIN STREET JACKSONVILLE FL US 32207

91X Coverage(Type/Max/Underlying):

Primary / \$1,000,000 / \$0

Total: 1

Run Date: 05/21/12 Run Time 10:07

Data Sorce: Licensing & Insurance li accept

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FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION ACCEPTANCE REPORT

Total: 1

Run Date: 05/21/12 Run Time 10:07 Data Sorce: Licensing & Insurance li_accept