

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION



Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. – 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 480-15-186 and 480-15-187 – Complete pages 2 - 7 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 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	\$ 35

HG-64232

TYPE OF PAYMENT	
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Amex <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa	05937B

Amount: <u>35.00</u>	Expiration Date: _____
<p>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.</p>	
Name (printed): <u>Jonathon Sheridan</u> Company Name: <u>JFS Transport Inc.</u>	
Cardholder's Signature: <u>Jonathon Sheridan</u> Date: <u>03-19-2014</u>	

FOR OFFICIAL USE ONLY			
Date Filed: <u>3/24/14</u>	DOL/SOS: <u>ok ok</u>	ID: <u>7029</u>	Permit Issued: <u>THG- HG 64232</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>binds on file</u>	Inspection: _____	Docket # _____
Reception #: <u>045679</u>			
111-0268-207-02 <u>35.00</u>	111-0268-207-01	111-0268-013-20	

BUSINESS INFORMATION

Name of Applicant JFS Transport Inc
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable Coast Movers *AS*

Physical Address 14840 Hwy 106 Belfair, Wa 98528

Mailing Address Po Box 1940 Belfair, Wa 98528

Telephone Number (253) 961-4163 Fax Number () _____

UBI #: 603-232-330 *AS* Email: jfsmoving@yahoo.com

USDOT #: 208-11-48 *AS* (If you currently don't have one, you can go online at www.fmcsa.dot.gov/online-registration to apply for one or call 360-596-3812 for assistance.)

Department of Labor & Industries-Worker's Comp Acct? Account # 210-492-01

Employment Security Department registration number? ESD # 464-241-000

Is your business registered with the Department of Revenue? No Yes *AS*

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation (LP, LLP, LLC) Other _____

List the name, title and percentage of partner's share or stock distribution for major stockholders:

<u>*Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
Jonathon Sheridan	Owner	0

***Must provide a copy of a valid Washington state driver's license for each person listed above.**

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: JFS Transport Inc

Current Trade Name on Permit: N/A

Address: Po Box 1940 Belfair, Wa 98528

Phone Number: 253-961-4163 Fax Number: _____

Email Address: jfsmoving@yahoo.com

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

Jonathan Sheridan - 100%
per file

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

New Name: JFS Transport Inc UBI Number: 603-232-330

New Trade Name (if applicable): Coast Movers

Address (if changed) _____

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

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.

Jonathon Sheridan 03-19-2014 Belfair, Wa
Signature and Title of Applicant Date and Location