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TV-150119



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HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

FOR OFFICIAL USE ONLY		10			
Date Filed:	DOL/SOS:	ID: 0 701	Docket #:-		
Staff Assigned	Insurance	Inspection	Permit Issued THG-		
Reception#	111-0268-207-02	Receipt ID	111-0268-013-20		
Type of Household Goods Authority Requested – check one Fee Required					
Provisional and permanent author	n \$ 550 schment A				
Permanent authority to transfer resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) — Complete pages 3-8 and Attachment B					
Permanent autho Complete pages 3	<u>187</u> – \$ 250				
Reinstatement of on criteria set for statement justifyi	depending \$ 250 clude a				
Name Change – Complete pages 3-4 and Attachment D			\$ 35		
PROPERTY OF THE PROPERTY OF TH					
Legal Name:	2 Tach	irtners of a partnership or corporat	UC_		
Trade Name, if applicable 500 King Maring Cu.					
Physical Address 126 182 5/ 5W 4N WA 98037					
Mailing Address // //					
Telephone Number (206) 919 4678 Fax Number ()					



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 may not advertise to operate under the char		
Current Name on Permit:	Maring Cos	_
Current Trade Name, d/b/a:	501 / 11 11 11 CV CV 7	$\overline{\mathcal{A}}$
Address: 1216 182 51 5	, a Lyw W/1 900)	
Phone Number: 206919 4678	Fax Number:	
Email Address: Bus mansour was (Co 1/2	USDOT #:	
If a corporation, list names, titles, stock distribution or r	najor stockholders under the current name:	
•		
		—
	/B? 1041 659	
I request the name on household goods permit HO	be changed to:	
New Name:	Way Co Movin Cls'	
New trade Name, dy by a (ii applicable):		
Address (if changed)		
If a corporation, list names, titles, stock distribution or i	najor stockholders under the current name:	. —.
		—
I certify that this information is true and correct, that is behalf of the applicant and that all information is current.	am authorized to execute and file this document on ent and valid.	
Signature and Title of Applicant	Date and Location	