

DOL/SOS:

Insurance

FOR OFFICIAL USE ONLY

Date Filed:

Staff Assigned



WASH. UT. & TP. COMM

Inspection

1300 S. Evergreen Park Drive SW

P.O. Box 47250

Olympia, WA 98504-7250 Phone: 360-664-1222

Fax: 360-586-1181 TTY: 360-586-8203

or

1-800-416-5289 email: transportation@utc.wa.gov

Docket#

Permit Issued THG-

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

Reception #	55959	111-0268-207-02 5 25.00111-0268-013-20	
Type	of Househo	old Goods Authority Requested – chec	k one <u>Fee Required</u>
		rmanent authority. The fee for provisional, and the ity is a one-time fee. Complete pages 3-8 and Attac	
inte	rest (at least si	ity to transfer resulting in a change in ownership or x months must be served on a temporary provision	
Pern	nanent author	8, Attachment B as well as a closing annual report ity to transfer under the exceptions in WAC 480-15- 8 and Attachments B & C.	\$250 D LLC
on c	riteria set fort	opermit (must be filed within 30 days of cancellation, in WAC 480-15-450). Complete pages 3-5 and inclined the reinstatement.	
Nam Nam	ne Change – Co	omplete pages 3-5 and Attachment D.	\$ 35
		BUSINESS INFORMATION	
Legal Name	= ARE	B moving & Storage, LLC	
		(must be individual, partners of a partnership or corporati	on)
Trade Name	e, if applicable		· · · · · · · · · · · · · · · · · · ·
Physical Add	dress	22 S 222rd St, Kent	WA 98031
Mailing Ado	dress) Box 58661, Renton WA	98058
Telephone I	Number (253)	210-6838 Fax Number ()

TYPE OF PAYMENT

and the first of the					
NOTE: A convenience fee of 2.5% (minimum fee of \$3.95) is charged by Official Payments for processing credit card payments.					
Check					
☐ Amex CCV# (four digit code on front of card) Expiration Date:					
☐ Discover ☐ Mastercard ☐ Visa CCV # (three digit code on back of card)					
Credit Card number:					
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. Company Name: ADB MOVING & Storage, UC Name (printed): Laurene Hood Date: 8/10/15 Signature: Title: Owner					
Signature:					
If paying by credit card, you may fax your application to 360-586-1181 or scan and email to transportation@utc.wa.gov					



BUSINESS INFORMATION - continued				
UBI#: 603 335 999 P Email: infoc alb moving net				
USDOT #: 1941435 (If you currently don't have one, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.)				
Department of <u>Labor & Industries</u> Worker's Comp account # 185, 478-02				
Employment Security Department registration number 493868-60-7				
Is your business registered with the <u>Department of Revenue</u> ? No Yes				
TYPE OF BUSINESS STRUCTURE				
☐ Individual ☐ Partnership ☐ Corporation ☐ Other (LP, LLP, LLC) State of Incorporation ₩A				
List the name, title and percentage of partner's share or stock distribution for major stockholders:				
Name Christopher Hood Title Owner Stock Distribution or % of Shares 50%				
Laurene Hood owner 50%				
 Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application. Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: 				
2. Briefly describe your experience in the transportation/household goods moving industry:				
3. Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property? ☐ No ☐ Yes If yes, please indicate your permit number				
4. Have you ever applied for and been denied a permit to operate as a motor carrier of property in Washington? № No □ Yes If yes, please explain				
5. Do you currently operate interstate? ☐ No Ø Yes If yes, please indicate your MC# 804 24 ☐				
6. Do you operate interstate as an agent of another company? ☐ Yes If yes, what is the name of the company?				



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 <u>may not</u> advertise to operate under the changed name until a permit is issued in the new name.
Current Name on Permit: Hood, Christopher R.
Current Trade Name, d/b/a: A2B Moving
Current Trade Name, d/b/a: A2B Moving Address: 8622 S 222N St, Kent WA 98031
Phone Number: 253-216-6838 Fax Number:
Email Address: infocaabmoving net uspot #: 1941425
If a corporation, list names, titles, stock distribution or major stockholders under the current name:
I request the name on household goods permit HG- 63783 be changed to:
New Name: A2B Moving & Storage, LLC
New Trade Name, d/b/a (if applicable):
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
Signature and Title of Applicant Signature and Title of Applicant Data and Location
Signature and Title of Applicant Date and Location

Date and Location



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Department of

Mashington State

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If "Non-revenue" appears after Tax Registration Number, the account is not registered with the Department of Revenue. However, it may be registered with other agencies in the state.

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(X)



We need your help.

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Washington State Department of Revenue State Business Records Database Detail

TAX REGISTRATION NO: 603335999 UBI:

603335999

ACCOUNT OPENED:9/1/2013 12:00:00 AM

ACCOUNT CLOSED: OPEN

ENTITY NAME: **BUSINESS NAME:**

A2B MOVING & STORAGE LLC

MAILING ADDRESS: PO BOX 58661

BUSINESS LOCATION: 8622 S 222ND ST KENT, WA 98031-1935

RENTON, WA 98058-1661

NAICS CODE: 484210

RESELLER PERMIT NO: N/A

ENTITY TYPE: LIMITED LIABILITY

PERMIT EFFECTIVE: N/A PERMIT EXPIRES: N/A

NAICS DEFINITION USED HOUSEHOLD AND OFFICE

GOODS HOVING

FOR NON-COMMERCIAL USE ONLY

8/10/2015 6:01 PM

If you are unable to find the reseller permit you are looking for, try searching by tax registration/UBI number.

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Access Washington...

Voter registration assistance (SECRETARY OF STATE)



RECEIVED

AUG 1 4 2015

WASH, UT. & TP. COMM

August 10, 2015

Company:

Hood, Christopher R. A2B Moving & Storage, LLC 8622 S 222nd St Kent WA 98031 HHG: 63783

In response to your letter dated August 7, 2015. I have enclosed our application for a name change with the UTC. Our correct UBI is 603335999

We changed our business structure in 2013 and I thought I had submitted an application for the name change at that time. I did so with all the other WA state agencies (L&I, Employment Security, Dept of Revenue, etc.)

Please let me know if you have any other questions.

Laurene Hood, Owner

A2B Moving & Storage, LLC

206-419-5748

A2B Moving & Storage, LLC 8622 So. 222nd Street, Kent WA 98031 206-419-5748

www.a2bmoving.net, info@a2bmoving.net