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WASH. UT. & TP. COMM

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## HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

Date Filed:	DOL/SOS:	ID: 14-3806	Docket # (6122)	
Staff Assigned	Insurance	Inspection	Permit Issued THG-	
Reception #060178	111-0268-207-02	111-0268-013-20		
Type of Househo	ತ್ತು ನಿಳು old Goods Author	rity Requested – chec	<u>k one</u> <u>Fee</u>	Required
	manent authority. The fe me fee. Complete pages 3	e for provisional, and then perr 3-8 and Attachment A.	nanent	\$ 550
interest (at least six	months must be served of	a change in ownership or contro on a temporary provisional basi al report from current company	s). Complete	\$ 550
Permanent authority to transfer under the exceptions in <u>WAC 480-15-187</u> . Complete pages 3-8, Attachments B & C, and a closing annual report from current company				\$ 250
Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in <u>WAC 480-15-450</u> ). Complete pages 3-5 and include a statement justifying the reinstatement.				\$ 250
Name Change – Complete pages 3-5 and Attachment D.				\$ 35
BUSINESS INFORMATION				
Legal Name:	<u> </u>	ING LLC tners of a partnership or corporati Rendy Moving +	on) Storage	
Physical Address 2505 2154 N/e SW Tumwater, W				98512
Mailing Address	hme		-	
Telephone Number (366)_	507-2447	Fax Number (	(	

BUSINESS INFORMATION - continued
USDOT #: 2083124 (If you currently don't have one, go online at
USDOT #: 2083124 (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 Labor & Industries Worker's Comp account #
Employment Security Department registration number
Is your business registered with the <u>Department of Revenue</u> ?   No  Yes
TYPE OF BUSINESS STRUCTURE
☐ Individual ☐ Partnership ☐ Corporation ☐ Other (LP, LLP, (LC)) State of Incorporation ☐ MA
List the name, title and percentage of partner's share or stock distribution for major stockholders:
Name Title Stock Distribution or % of Shares  MAH Collins Owner 100%
<ul> <li>Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.</li> <li>Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Moving &amp; Stornge</li> </ul>
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 H6064314
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 ☐ Yes If yes, please indicate your MC#
6. Do you operate interstate as an agent of another company? □ No 中Yes  If yes, what is the name of the company? Na trong Van Lines



## 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)

NOTE: You may not advertise to operate under the changed name until a permit is issued in the new name.

Change or add a trade name

Current Name on Permit: NI Rendy Moving LLC
Current Trade Name, d/b/a: 11 Nendy Moving + Storage
Current Trade Name, d/b/a: <u>All Rendy Moving + Storage</u> Address: 2505 2181 NV= SW TEMENTER, UN 98812
Phone Number: 36°-5°7-2447 Fax Number:
Email Address: Contact Colland America, USDOT #: 2083/24
If a corporation, list names, titles, stock distribution or major stockholders under the current name:
<del></del>
Leasuest the name on household goods normit HG 264214 he shanged to:

New Name: New Trade Name, (d/b/a) (if applicable): New Trade Name, (d/b/a) (if

Matt Cullins 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

Date and Location