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# RECEIVED JAN 10 2017

WASH. UT. & TP. COMM

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

1-800-416-5289

email: transportation@utc.wa.gov

### HOUSEHOLD GOODS MOVING COMPANY **PERMIT APPLICATION**

Date Filed:	DOL/SOS:	ID:	Docket # 【700欠る				
Staff Assigned	Insurance	Inspection	Permit Issued THG-				
Reception # 50	111-0268-207-02	111-0268-013-20	102506				
Type of Househo	old Goods Author	rity Requested – chec	ck one <u>Fee Required</u>				
	nanent authority. The fe me fee. Complete pages 3	e for provisional, and then perr 3-8 and Attachment A.	manent <b>\$ 550</b>				
interest (at least six	months must be served o	a change in ownership or contro on a temporary provisional basi al report from current company	is). Complete				
		sceptions in <u>WAC 480-15-187.</u> Cannual report from current com					
	VAC 480-15-450). Comple	n 30 days of cancellation, deper ete pages 3-5 and include a stat					
Name Change – Com	Name Change – Complete pages 3-5 and Attachment D. \$35						
	BUSINES	S INFORMATION					
Legal Name: Sevil &		VING COMPANY tners of a partnership or corporation of Moving + S	(West) LLC orage				
Physical Address 2/0	86 24th Ave	2., South, Ste1	25, SEATAC, WA 9819				
Mailing Address 29	taiding St.	, Somerville, Ma	4 02143				

Telephone Number (206) 512 - 7633 Fax Number (

### **TYPE OF PAYMENT**

Check	☐ Money	y Orde	r							Amo	unt:	\$	35		_		
☐ Amex	Amex CCV# (four digit code on fron				ront of	et of card) Expiration Date:											
☐ Discove	er 🗆 Masto	ercard	□Vis	sa		C	CV #_			(th	ree dig	it code	on ba	ck of ca	ırd)		
Credit Ca	ard numbe	er:					T		1	T		1	T	1	T	1	
												<u></u>					
information applicant,	TION: I, the on is true an and that all	d corre inforn	ect, tha nation (	t I am on file	aut is c	horiz urrer	ed to	exe d vali	cute a d.	and fi	le thi	s doc	umer	nt on	beha	lf of t	
Company	Name:	EVI	He	Sia	N	+1	Mo	VIV	Ny	(o)	nD.	<u>cur</u>	4(	<u>lle</u>	5	), L	<u>LC</u>
Name (pri	nted):	NNC	Pacoc	cha					Dat	e:	J	13	<u>TIL</u>	>			
Signature:	Name:	uf	Puere	lac				7	Γitle:_	<u>V</u> -	P	4 6	en	LTO	I I	Mg	<u>r.</u>

If paying by credit card, you may fax your application to 360-586-1181 or scan and email to <a href="mailto:transportation@utc.wa.gov">transportation@utc.wa.gov</a>



BUSINESS INFORMATION - continued
UBI#: 602828377 Email: Irivardegentlegiant.com
USDOT #: 373544 (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 &amp; Industries</u> Worker's Comp account # <u>157, 121,01</u>
Employment Security Department registration number 911670-004
Is your business registered with the <u>Department of Revenue</u> ? $\Box$ No $\Box$ Yes
TYPE OF BUSINESS STRUCTURE
☐ Individual ☐ Partnership ☐ Corporation ☐ Other (LP, LLP, LLC) State of Incorporation ☐ ☐
List the name, title and percentage of partner's share or stock distribution for major stockholders:
Santa Gant Moving Company LLC Stock Distribution or % of Shares
<ol> <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:</li> </ol>
2. Briefly describe your experience in the transportation/household goods moving industry:
High end HHG mover
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 # ○6000
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 ₹ Ves If yes, please indicate your MC# 218762
6. Do you operate interstate as an agent of another company? ∠No ☐ 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 <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 <u>may not</u> advertise to operate under the changed name until a permit is issued in the new name.
Current Name on Permit: Gentle Grant Moving Company (West), LLC
Current Trade Name, d/b/a: Salta Sant Noving Company (pest), LLC
Address: 6783 E. Marginal Way, Sorth, Geattle, Witt 98/08
Phone Number: <u>206-512-7633</u> Fax Number:
Email Address: 140 gentlagiant. Com USDOT#: 373544
If a corporation, list names, titles, stock distribution or major stockholders under the current name:  100% Owned by i Gentle Grant Moving Guypary Lhl
I request the name on household goods permit HG-
New Name: Garta Grant Moving Company (West), LC
New Trade Name, d/b/a (if applicable): 5012 Gant Worth 4 50 129
Address (if changed) 2108% 24th Ave, South, Ste. 125, SEATAC, WA9814
If a corporation, list names, titles, stock distribution or major stockholders under the current name:
100% owned by Gentle Gant Moving Company, LLC
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.
Jahre Preserva 1/3/17

Date and Location

Signature and Title of Applicant