

DOL/SOS:

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MAY 26 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

Docket #

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

ID: Check # 1517

				T T T T T T T T T T T T T T T T T T T	1	
Staff Assigned		Insurance	Inspection	Permit Issue	Permit Issued THG-	
Reception #	06232	111-0268-207-02	111-0268-013-20		1	
Type o	f Househ	old Goods Autho	rity Requested – che	eck one	Fee Required	
			e fee for provisional, and thomplete pages 3-8 and Atta		\$ 550	
intere	est (at least si	ix months must be serv	; in a change in ownership o ed on a temporary provisio II as a closing annual report	nal basis).	\$ 550	
Permanent authority to transfer under the exceptions in <u>WAC 480-15-187.</u> Complete pages 3-8 and Attachments B & C.					\$ 250	
Reins on cri	\$ 250					
Name Change – Co		omplete pages 3-5 and Attachment D.		\$ 35		
		BUSINES	S INFORMATION			
		Moving (must be individual, par	and Storage thers of a partnership or corpora	ation)		
Physical Add	ress 1492	3 Ne 95 5+	Sulfett C.	Redmond	W grosa	
Mailing Addr	ess_14920	Ne 95 St	Sultet C.	Redmon	M 9 8053	

Telephone Number (415) 761-8500 Fax Number (-) - NIA

FILING YOUR APPLICATION

Select one of the following:
☐ File and pay electronically at efileapp.utc.wa.gov ☐ Scan/PDF to transportation@utc.wa.gov and call us at 360-664-1222 to arrange payment ☐ Fax to 360-586-1181 and call us at 360-664-1222 to arrange payment ☐ Mail your application with your check or money order to the following address: ☐ UTC ☐ PO Box 47250 ☐ Olympia, WA 98504-7250
PAYING FOR YOUR APPLICATION
Select one of the following:
☐ ACH online (no service fee) at <u>payments.utc.wa.gov</u> ☐ Credit Card online at <u>payments.utc.wa.gov</u> (2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing)

UTC PO Box 47250 Olympia, WA 98504-7250

You may also fax your application to 360-586-1181 or scan to $\underline{transportation@utc.wa.gov}$ and call us with your credit card number. DO NOT EMAIL OR FAX YOUR CREDIT CARD INFORMATION.

Check or Money Order. Mail your check or money order with your application to the following:

BUSINESS INFORMATION - continued
UBI#: 603-061-859 Email: Jason @onthego Movins. Com
USDOT #: 2120054 (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 # 190 242 0
Employment Security Department registration number 425 980 002
Is your business registered with the <u>Department of Revenue</u> ? ☐ No Д 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:
Jasen Sexten Stock Distribution or % of Shares
1. Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: We flounde a movins services that will transfert your worked good's locals.
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 XYes If yes, please indicate your permit number #9 ~ 064150
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 ☐ Yes If yes, what is the name of the company?

4-2017



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 changed name until a permit is issued in the new name.

Current Name on Permit: ON the go moving L.C.C.
Current Trade Name, d/b/a: On the go movins and storage
Address: 14920 NE 95 St Suit C. Rechand Wt 98052
Phone Number: 425-761-8500 Fax Number:
Email Address: Jason @ On the go MOUN CON USDOT #: 2120054
If a corporation, list names, titles, stock distribution or major stockholders under the current name:
I request the name on household goods permit HG- 064180 be changed to:
New Name: On the go MOVINS and Storage
New Trade Name, d/b/a (if applicable): On the go Mounts and Sterese
Address (if changed) 14920 NE 95 Street Soite C. Redward W 98052
If a corporation, list names, titles, stock distribution or major stockholders under the current name:
Jasen Sexten
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.
(Am 5/22/2017 Redword W 9803
Signature and Title of Applicant Date and Location