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 P.O. Box 47250  
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 or  
 1-800-416-5289  
 email: transportation@utc.wa.gov

**HOUSEHOLD GOODS MOVING COMPANY  
 PERMIT APPLICATION**

FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID:	Docket #
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	111-0268-013-20	

**Type of Household Goods Authority Requested – check one**      **Fee Required**

- Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A.      \$ 550
- 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, Attachment B as well as a closing annual report      \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187. Complete pages 3-8 and Attachments B & C.      \$ 250
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450). 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: Seattle's Best Moving and Delivery LLC  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable \_\_\_\_\_

Physical Address 28350 46th AVE S, AUBURN, WA 98001

Mailing Address 227 BELLEVUE WAY NE SUITE 269, BELLEVUE, WA 98004

Telephone Number (206) 613-9559 Fax Number ( ) \_\_\_\_\_

**BUSINESS INFORMATION - continued**

UBI #: 603129858 Email: BESTMOVINGANDDELIVERY@GMAIL.COM

USDOT #: 2174950 (If you currently don't have one, go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.dot.gov/online-registration) to apply or call 360-596-3812 for assistance.)

Department of Labor & Industries Worker's Comp account # on file

Employment Security Department registration number on file

Is your business registered with the Department of Revenue?  No  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:

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or % of Shares</u>

Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.

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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: \_\_\_\_\_

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  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? \_\_\_\_\_

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

Current Name on Permit: Best moving and Delivery LLC

Current Trade Name, d/b/a: \_\_\_\_\_

Address: 227 Bellevue Way NE, Suite 269, Bellevue, WA 98004

Phone Number: 206-613-9559 Fax Number: \_\_\_\_\_

Email Address: bestmovinganddelivery@gmail.com USDOT#: 2174950

If a corporation, list names, titles, stock distribution or major stockholders under the current name:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request the name on household goods permit HG- \_\_\_\_\_ be changed to:

New Name: Seattle's Best moving and Delivery LLC

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

Address (if changed) Same

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 behalf of the applicant and that all information is current and valid.*

[Signature]  
Signature and Title of Applicant

6/7/17 Puyallup WA  
Date and Location