

Paid

**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 ^{add dba} ~~change~~ – Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: Pavel Filon

Trade Name, if applicable Rainier Delivery

Physical Address 35618 52nd Ave S Auburn, WA 98001

Mailing Address same

Telephone Number (253) 335-2537 Fax Number () _____

Email: filonpavel@gmail.com

BUSINESS INFORMATION - continued

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

UBI #: 603 085 972 USDOT #: 2153459

If you currently do not have a USDOT number, go online at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.

Department of Labor & Industries (L&I) Worker's Comp account # 225,903-01

Employment Security Department (ESD) registration # 445124000

If you will not be setting up an account with L&I or ESD because you do not have employees, please explain how you plan to obtain workers. Per WAC 480-15-555, a criminal background check must be completed on each person you intend to hire. If you intend to hire day labor from a temp agency, they must perform the criminal background check. Refer also to WAC 480-15-302 and 305.

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>
<u>Pavel Filon</u>	<u>Owner</u>	<u>100%</u>

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

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: furniture delivery and moving services

2. Briefly describe your experience in the transportation/household goods moving industry: Actively permitted Households Goods carrier since 2012 HG064499

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: Pavel Filon
Current Trade Name, d/b/a: Rainier Delivery
Address: 35618 52nd Ave S Auburn WA 98001
Phone Number: 253-335-2537 Fax Number: _____
Email Address: filonpavel@gmail.com USDOT #: 2153459

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

I request the name on household goods permit HG- 064499 be changed to:

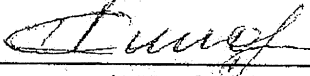
➔ Please do not remove my current dba Rainier Delivery. The purpose of this application is just to add additional trade name.
New Name: _____

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

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


Signature and Title of Applicant

March 11, 2018 Auburn, WA
Date and Location