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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	Receipt ID	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) –	\$ 550
Complete pages 3-8 and Attachment B	\$ 250
Permanent authority to transfer under the exceptions in <u>WAC 480-15-187</u> — 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 <u>WAC 480-15-450</u>) – Complete pages 3-4 and include a statement justifying the reinstatement	\$ 35
Name Change – Complete pages 3-4 and Attachment D	
BUSINESS INFORMATION	
Legal Name: Move for Less LLG Two Man + a Moving Van LLC	
Physical Address: 240 sw 325th pl Federal way	
WA	
98023	
Mailing Address: 240 sw 325th pl Federal way	
NA .	

Telephone Number: 2068222612

98023_

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BUSINESS INFORMATION - continued

UBI#: 603615985 602 173351 USDOT#: 2910237 3013714

Department of <u>Labor & Industries</u> Worker's Comp Acct? Account #

Employment Security Department registration number? ESD #

Is your business registered with the <u>Department of Revenue</u> ? \(\psi\) No XYes							
TYPE OF BUSINESS STRUCTURE							
₡ Individual ₡	Partnership & Corpo	ration X Ot	her (LP, LLP, LLC)	State of Incorporation: <u>WA</u>			
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 Share</u>		Stock Distribution or % of Shares			
Yuriy Deyneka		Owner		100 %			
*Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.							
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 will provide better than exceptional service with an experienced work force and be as competitive as we can.							
Briefly describe your experience in the transportation/household goods moving industry: My workforce that I plan to hire and I have all worked in the moving industry for 8 years, and know all the aspects of it.							
Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property? No X Yes If yes, please indicate your permit numberTHG067981							
Have you ever applied for and been denied a permit to operate as a motor carrier of property in Washington? X No ★ Yes If yes, please explain							
Do you currently operate interstate? X No							
Do you operate interstate as an agent of another company? X No							



ATTACHMENT D

ONLY FILL OUT IF CHANGING NAME 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: TWO MEN AND AMOVING	VAN LLC		
Current Trade Name, d/b/a: MOVE FOR LESS LEC			
Address: 240 sw 325th pl Federal way WA 98023			
Phone Number: 2068222512 Fax Number	. 8885038568		
Email Address: tmaamv@gmail.com USDOT #: 3073774			
If a corporation, list names, titles, stock distribution or ma	ajor stockholders under t	the current name:	
/2001			
I request the name on household goods permit 67081	be changed to:		
New Name:			
New Trade Name, d/b/a (if applicable): i want to add DB	A MOVE FOR LESS		
Address (if changed)			
If a corporation, list names, titles, stock distribution or m		the current name:	
I certify that this information is true and correct, that I a behalf of the applicant and that all information is curren		e and file this document on	
G Deynska Signature and Title of Applicant	Federal way	03/20/19	
Signature and Title of Applicant	Date and Location		