

FOR OFFICIAL USE ONLY

1300 S. Evergreen Park Drive SW P.O. Box 47250 Olympia, WA 98504-7250 Phone: 360-664-1222 email: transportation@utc.wa.gov

HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

Date Filed:	DOL/SOS:	ID:	Docket#	
	Insurance:		THG-	
Payment #	111-0268-207-02	111-0268-013-20		
Type of Househ	old Goods Auth	ority Requested – chec	k one	Fee Required
		The fee for provisional, and the Complete pages 3-8 and Attac		\$ 550
interest (at least s	ix months must be se	ng in a change in ownership or rved on a temporary provision vell as a closing annual report	controlling al basis).	\$ 550
	rity to transfer under -8 and Attachments B	the exceptions in <u>WAC 480-15-</u> & C.	·187.	\$ 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 3-5 and include a statement justifying the reinstatement.			\$ 250	
Name Change or A	Addition of d/b/a – Co	mplete pages 3-5 and Attachm	ent D.	\$ 35
	BUSINE	SS INFORMATION		
Legal Name:	T DENER			
Trade Name, if applicable	Speedy 1	Movers		
Physical Address 190	24 BUTUER	loop Richard	\ Mas "	992ers

Telephone Number (589) 531-2800 Email: OFFICE @ CAUSPEED Y. COM

Contact Name:

Mailing Address SAME

	BUSINESS INFORMATIO	N - continued
USDOT #: 245 9380 www.fmcsca.dot.gov/online-reg	lf you do not have gistration to apply or call 360	e a USDOT number, go online at 0-596-3812 for assistance.
Is your business registered with Business License/UBI #: 602 Worker's Comp account # 02	the <u>Department of Revenue</u> -349-178 -2, 142-01	? □ No ☑Yes Department of <u>Labor & Industries</u> (L&I)
Employment Security Departme	nt (ESD) registration #0	00-292580-00-9
explain how you plan to obtain v	workers. Per <u>WAC 480-15-55</u> ntend to hire. If you intend t	use you do not have employees, please <u>5</u> , a criminal background check must be o hire day labor from a temp agency, they <u>VAC 480-15-302</u> and <u>305</u> .
	TYPE OF BUSINESS ST	RUCTURE
☐ Individual ☐ Partnership	☐ Corporation 💢	ther (LP, LLP, LLC) State of Incorporation WA
List the name, title and percenta	ge of partner's share or stoc	k distribution for major stockholders:
Name MAT DETER	Title OWNER	Stock Distribution or % of Shares
named in the application. 1. Describe the services you wis	sh to provide. Explain how yo an unmet need for service:_	d photo identification card for each person our services will enhance customer choice, SAME AS BEFARE, ANY
2. Briefly describe your experien	nce in the transportation/ho	usehold goods moving industry:

10.		P No □ Yes If yes, plea Date n cited for violation of state	se list below: City/State			
10.	*attach additional pages if necessary Has any person named in this application, bee rules?	Date Date n cited for violation of state	City/State City/State			
10.	*attach additional pages if necessary Has any person named in this application, bee	P No □ Yes If yes, plea Date n cited for violation of state	se list below: City/State			
	sale, or distribution of a controlled substance? Type of Conviction	? ✓No ☐ Yes If yes, plea	se list below:			
	sale, or distribution of a controlled substance? Type of Conviction	? ✓No ☐ Yes If yes, plea	se list below:			
	sale, or distribution of a controlled substance	? ✓No ☐ Yes If yes, plea	se list below:			
9.	*attach additional pages if necessary Has any person named in this application ever been convicted of any crime involving theft, burglary, assault, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance? No Yes If yes, please list below:					
	Type of Legal Proceeding	Date	State			
8.	Do you have, or have you ever had a business or in any other state? ➤ No ☐ Yes If yes, plo		gainst you in Washington,			
7.	Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company?					
6.	If you have interstate authority, have you registered for Unified Carrier Registration No XX es					
5.	Do you currently operate interstate? □ No 文Yes If yes, please indicate your MC#_ 多ちらり					
*********	Have you ever applied for and been denied a Washington? ➤No ☐ Yes If yes, please ex	permit to operate as a mot plain	or carrier of property in			
4.		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 <u>%<55542</u>				

3-2019



ATTACHMENT D

CHANGE OF CORPORATE/INDIVIDUAL NAME (WAC 480-15-400)

This application is for name change only and <u>does not</u> involve a change in ownership, management, or control of the household goods operating authority. You <u>may not</u> advertise to operate under the changed name until a permit is issued in the new name. 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

Current Name on
Permit: SPEEDT DELIVERT MC
Current Trade Name,
d/b/a: SPEEDY MOVERS
Address: 1924 BUTLER LOOP
Phone Number: (509) 531-2800 USDOT#: 245 9380 (NEW)
Email Address: Office @ caresteray.com
If a corporation, list names, titles, stock distribution or major stockholders under the current name: MAT DETER, OWNER, 100%
I request the name on household goods permit (T)HG-061514 be changed to: New Name: Mart Descer
New Trade Name, d/b/a (if applicable):
Address (if changed) N/A (SAME ADDRESS)
If a corporation, list names, titles, stock distribution or major stockholders under the new 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.
Name and Title of Applicant Date
Name and Title of Applicant Date