

621 Woodland Square Loop SE Lacey, WA 98503 P.O. Box 47250 Olympia, WA 98504-7250 Phone: 360-664-1222

Email: transportation@utc.wa.gov

HOUSEHOLD GOODS MOVING COMPANY – NAME CHANGE (WAC 480-15-400)

FILING YOUR APPLICATION

This application is for name change only and **does not** involve a change in ownership, management, or control of the household goods operating authority. You **may not** 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 a sole proprietor or individual in a partnership)
- Change or add a trade name (d/b/a)

For timely processing of this application, the following should be complete prior to applying:

Update desired change with the **Department of Revenue**

Update desired change with the Office of the Secretary of the State

Update desired change with the FMCSA

The commission has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1243 or The Washington Relay Service at 7-1-1 or 1-800-833-8384.

Select one of the following:

- Scan/PDF your application to efileapp.utc.wa.gov and pay online at payments.utc.wa.gov
- Mail your application with your check or money order to the following address: UTC, PO Box 47250, Olympia, WA 98504-7250

ACH on-line (no service fee) or credit card on-line at **payments.utc.wa.gov** (2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing).

DO NOT EMAIL YOUR CREDIT CARD INFORMATION

FOR OFFICAL USE ONLY								
Date Filed:	Company:		Docket #:					
Receipt ID:		Payment ID:		Amount	Paid:			
111-0268-207-02	111-0268-	032-20						

Name Change or Addition of d/b/a – Complete this application.

Fee

Type of Household Goods Name Change Requested

\$35

Change of Legal Name

Change or Addition of Trade Name(s)

Change of Legal and Trade Name(s)

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Section 1 - BUSINESS INFORMATION

Current Legal Na	ime on Permit:								
Current Trade Name, (d/b/a) if Applicable:									
Household Goods Permit #: (T)HG -									
Physical Address	: :								
Mailing Address	:								
Telephone Number:			Email:						
Current Contact	Name:								
USDOT#:									
Business License	/UBI#:								
Type of Business									
Individual	Partnership	Corporation	Other (LP, LLP, LLC)	State of Incorporation					
List the name, ti	tle and percenta	ge of all partner'	s share or stock distrib	ution for major stockholders:					
Name		Title		Stock Distribution/% of Shares					
I request that th	ne name on hous	sehold goods pei	rmit (T)HG -	be changed to:					
New Company N			. ,	ū					
New Trade Nam									
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 o	of Applicant	Date							

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