

## 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.FeeType of Household Goods Name Change Requested\$35Change of Logal Name\$35

Change of Legal Name

Change or Addition of Trade Name(s)

Change of Legal and Trade Name(s)



Section 1 - BUSINESS INFORMATION								
Current Legal Na	ime on Permit:							
Current Trade N	ame, (d/b/a) if A	pplicable:						
Household Good	ls Permit #: (T)H	IG -						
Physical Address								
Mailing Address	:							
Telephone Num	ber:		Email:					
Current Contact	Name:							
USDOT#:								
Business License	/UBI#:							
Type of Business								
Individual	Partnership	Corporation	Other (LP, LLP, LLC)	State of Incorporation				
List the name, title and percentage of all partner's share or stock distribution for major stockholders:								
Name Title				Stock Distribution/% of Shares				

I request that the name on household goods permit (T)HG - be changed to:

New Company Name:

New Trade Name(s) (d/b/a):

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