

TV-011550

**HOUSEHOLD GOODS CARRIER
PERMIT APPLICATION**



Type of Household Goods Authority Requested – Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 2 - 6 and Attachment E	\$ 50
<input type="checkbox"/> Temporary authority (to meet a short-term need) – Complete pages 2 - 6 and Attachment A	\$ 250
<input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 6 and Attachment A	\$ 550 <i>\$350</i>
<input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 2 - 6 and Attachment B	\$ 550 <i>PAID 250.00 PREVIOUSLY</i>
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 – Complete pages 2 - 6 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-460) – Complete pages 2 - 3 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change – Complete pages 2 - 3 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority – Complete pages 2 - 6 and Attachment A	\$ 550

TYPE OF PAYMENT			
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Mastercard
			<input checked="" type="checkbox"/> Visa
<i>M003761</i>			
Amount: <u>300.00</u>		Expiration Date: _____	
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information on file is current and valid.			
Name (printed): <u>ALEX WHITE</u>		Date: <u>8-1-07</u>	
Signature: <u><i>Alex White</i></u>		Title: <u>OWNER</u>	
(ARAYS MOVING SERVICE LLC)			
4251231-6247			
FOR OFFICIAL USE ONLY			
Date Filed:	DOL/SOS:	ID:	Permit Issued: HG-
Staff Assigned:	Insurance:	Inspection:	Docket #
Reception #: 111-0268-207-02 <u>300.00</u>		111-0268-202-01 111-0268-013-20	

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WASH. UT. & TP. COMM

BUSINESS INFORMATION

Name of Applicant Arayo Moving Service LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable _____

Physical Address _____

Mailing Address _____

Telephone Number () _____ Fax Number () _____

UBI # 002-691-560 Email: _____

TYPE OF BUSINESS STRUCTURE

- Individual
- Partnership
- Corporation
- Other _____
(LP, LLP, LLC)

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 Percentage of Shares</u>

Choose one of the following for the territory in which you wish to operate:

- All counties in the State of Washington
- The following named counties only: _____

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: _____

Briefly describe your experience in the transportation/household goods moving industry:

