


 UTILITIES AND TRANSPORTATION
COMMISSION

RECEIVED

JUN 20 2014

WASH. UT. & TP. COMM

1300 South Evergreen Park Drive SW

PO Box 47250

Olympia, WA 98504-7250

Phone 360-664-1222

Fax 360-586-1181

Web Site: www.utc.wa.gov

transportation@utc.wa.gov

COMMON CARRIER OF PROPERTY
(Excluding Household Goods Carriers and Brokers)

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE

Per WAC 480-14-210

CK# 3461

FEE: \$50.00

For Official Use Only		ID: 7920
111-0268-200-02 50-	Received Date: 6/20/14	Docket TV-14315
Receipt ID: 050706	Payment ID:	Insurance:

Application for Change of Name or Business Structure may be used ONLY in the following circumstances:

- Carrier changes registered name, with no change in ownership or business structure.
- The carrier changes its business structure:
 - a. From an individual to a corporation or limited liability company (LLC), when the individual is the majority stockholder.
 - b. From an individual to a partnership, when the individual is the majority partner.
 - c. From a corporation or LLC to a sole proprietorship of the majority shareholder.
 - d. From a partnership to a sole proprietorship of the majority partner.
- Carrier changes from partnership to a corporation or LLC when the partners are the majority stockholders in the same proportionate ownership.
- Carrier changes from a corporation or LLC to another corporation or LLC where both corporations or LLC's are wholly owned by the same stockholders in the same proportions.

Holder of Permit CC-64529 asks the UTC for authority to change the name of its business or the business structure of the carrier named below under RCW 81.80 and WAC 480-14 to:

New Business Information

New Legal Name: Dave D Transport LLC Phone: 253-330-1367

Trade Name: _____ Fax #: 509-953-0244

Mailing Address: PO Box 2187 Physical address (if different): _____

Street/PO Box: _____ Street: 316 186th Ave Ct E.

City, State Zip: Yakima, Wa. 98907 City, State, Zip: Yale Tapps, WA. 98391

Unified Business Identifier Number (UBI): 603-393-783

Email address: _____ USDOT number: 2148575

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. _____

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
David Oswalt	Executor 1	316 186 th Ave Ct E.	50%
Suzanne Oswalt	Executor 2	11	50%

Current Business Information

Current Legal Name: David Oswalt Phone: 253-330-1367
Trade Name: Dave O Transport Fax #: 509-453-0244
Mailing Address: PO Box 2187 Physical address: (if different):
Street/PO Box: _____ Street: 316 186th Ave Ct E.
City, State Zip: Yakima WA 98907 City, State, Zip: Lake Tapps, WA 98391
 Individual Partnership Limited Liability Company Corporation State of Inc. _____

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
David Oswalt	owner	316 186 th Ave Ct E.	50%
Suzanne Oswalt	owner	11	50%

Certification: I, the undersigned, affirms that the change of name or business structure does not involve a change in ownership, management, or control of the operating authority. The undersigned applicant requests that the Commission transfer CC-64529 as provided in RCW 81.80.

I, the undersigned, under penalty for false statement, certify that the information contained in this application is true and correct, and that I am authorized to execute and file this document on behalf of the applicant.

Jan Hernal
Signature

Truckers Reporting Co.
PO Box 2187
Yakima, WA 98907-2187

JUN 18 2014
Date

TYPE OF PAYMENT

#3461
 Check Money Order

Amount \$ 50⁰⁰

Amex Discover Mastercard Visa

Expiration Date _____

Credit Card number:

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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.

Truckers Reporting Co.

PO Box 2187

Company Name: Yakima, WA 98907-2187

Name (printed): Julie Hannah

Date: JUN 18 2014

Signature: 

Title: A.C.

If paying by credit card, you may fax your application to 360-586-1181 or scan to transportation@utc.wa.gov

7/20
Pending

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the Victoria Fire and Casualty Insurance Company
(Name of Company)
(herein after called Company) of 22901 Millcreek Blvd, Cleveland, OH, 44122
(Home Address of Company)

has issued to DAVE O TRANSPORT LLC of 316 186TH AVE CT E, BONNEY LAKE, WA 98391
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 06/24/2014 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon. This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 22901 Millcreek Blvd, Suite 400 This 04th day of Aug 20 14
Cleveland OH 44122 (Day) (Month) (Year)
(Address)

Insurance Company File No. 9785736 Debra Seggio
(Policy No) (Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :750,000.00