

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

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE

Per WAC 480-14-210

FEE: \$50.00

For Official Use Only		ID: <u>6858</u>
111-0268-200-02	Received Date: <u>2/6/15</u>	Docket TV- <u>150220</u>
Receipt ID:	Payment ID:	Insurance: <u>NA</u>

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- 61995 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: DC TRANSPORT + LEASING INC. Phone: 360-477-2377
Trade Name: SAME AS ABOVE Fax #: _____
Mailing Address: 45717 SE 139th PL Physical address (if different): _____
Street/PO Box: _____ Street: _____
City, State Zip NORTH BEND, WA 98045 City, State, Zip _____
Unified Business Identifier Number (UBI): 603970328
Email address: DCTRANSPORT@LIVE.COM USDOT number: 945008

NAME TITLE ADDRESS PERCENTAGE OF SHARES
DAVID S. CHURCH, PRESIDENT, 45717 SE 139th PL., NORTH BEND, WA. 98045, 51%

JULIE M CHURCH, SEC/TREASURER, SAME →, 49%

Current Business Information

Current Legal Name: DAVID S. CHURCH Phone: 360-477-2377

Trade Name: DC TRANSPORT Fax #: _____

Mailing Address: _____ Physical address: (if different): _____

Street/PO Box: _____ Street: _____


City, State Zip: _____ City, State, Zip: _____

Individual Partnership Limited Liability Company Corporation State of Inc. _____

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>

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- 61995 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.


Signature

2/4/15
Date

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/05/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Propel Insurance Tacoma Commercial Insurance 1201 Pacific Ave, Suite 1000 Tacoma, WA 98402	CONTACT NAME: Linda Campbell
	PHONE (A/C, No, Ext): 800 499-0933 FAX (A/C, No): 866.577.1326 E-MAIL ADDRESS: Isc@propelinsurance.com
INSURED DC Transport & Leasing Inc. 45717 SE 139th Place North Bend, WA 98045	INSURER(S) AFFORDING COVERAGE
	INSURER A: Oregon Mutual Insurance Company
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		SMO5404916570	09/01/2014	09/01/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		SMO5404916570	09/01/2014	09/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10000			SMOULR5404916570	09/01/2014	09/01/2015	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	SMO5404916570 WA Stop Gap	09/01/2014	09/01/2015	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$2,000,000
A	Motor Truck Cargo			SMO5404916570	09/01/2014	09/01/2015	Limit: \$25,000 Deductible: \$500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 RE: CC061995

CERTIFICATE HOLDER Washington Utilities and Transportation Commission(WUTC) 1300 S. Evergreen Park Dr. Olympia, WA 98504	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 