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**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>6097</u>
111-0268-200-02	Received Date: <u>4/27/15</u>	Docket TV- <u>150676</u>
Receipt ID:	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:
  - From an individual to a corporation or limited liability company (LLC), when the individual is the majority stockholder.
  - From an individual to a partnership, when the individual is the majority partner.
  - From a corporation or LLC to a sole proprietorship of the majority shareholder.
  - 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-62678 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: William E Sharpe Phone: 509-894-4286  
 Trade Name: BlueLight Trucking LLC Fax #: 509-894-3493  
 Mailing Address: 8760 Ridge Road Physical address (if different):  
 Street/PO Box: Street: same  
 City, State Zip: Mabton, WA 98935 City, State, Zip:  
 Unified Business Identifier Number (UBI): 603-476-618  
 Email address: Sharpeb4d@gmail.com USDOT number: 1600051

Type of Business Structure:

Individual  Partnership  Limited Liability Company  Corporation State of Inc. WA

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
<u>William E Sharpe</u>	<u>owner</u>	<u>8760 Ridge Road Mabton, WA 98935</u>	<u>100%</u>

Current Business Information

Current Legal Name: William E Sharpe Phone: 509-844-4286  
 Trade Name: Blue Light Trucking LLC Fax #: 509-844-3493  
 Mailing Address: 8760 Ridge Road Physical address: (if different):  
 Street/PO Box: \_\_\_\_\_ Street: same  
 City, State, Zip: Mabton, WA 98935 City, State, Zip: \_\_\_\_\_  
 Individual  Partnership  Limited Liability Company  Corporation State of Inc. WA

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
<u>Same as above</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 62678 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.

William E Sharpe \_\_\_\_\_ 4/27/15  
Signature Date

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to BLUELIGHT TRUCKING LLC of 8760 RIDGE ROAD, MABTON, WA 98935 a policy or policies of insurance effective from 04/27/2015 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 Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission 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 effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 29th day of April, 2015

Insurance Company File No. CA 03656538  
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B