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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**

<i>For Official Use Only</i>		ID: <u>17131</u>
111-0268-200-02	Received Date: <u>7/10/15</u>	Docket TV- <u>151429</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:
  - 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-038423 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: Bruce Hagen Trucking LLC Phone: 253-845-7955  
 Trade Name: \_\_\_\_\_ Fax #: 253-845-7955  
 Mailing Address: 13924 86<sup>th</sup> Ave. E. Physical address (if different): \_\_\_\_\_  
 Street/PO Box: \_\_\_\_\_ Street: \_\_\_\_\_  
 City, State Zip Puyallup, WA 98373 City, State, Zip \_\_\_\_\_  
 Unified Business Identifier Number (UBI): 603-496-575  
 Email address: brucehagen.trucking@gmail.com USDOT number: 431434

Type of Business Structure:

Individual  Partnership  Limited Liability Company  Corporation State of Inc. WA

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>PERCENTAGE OF SHARES</u>
Bruce Hagen	Member	13924 86 <sup>th</sup> Ave. E.	50%
Debra Hagen	Member	Puyallup, WA 98375	50%

Current Business Information

Current Legal Name: Bruce A. Hagen Phone: 253-845-7955

D.B.A. Trade Name: Bruce Hagen Trucking Fax #: 253-845-7955

Mailing Address: 13924 86<sup>th</sup> Ave. E. Physical address: (if different):

Street/PO Box: \_\_\_\_\_ Street: \_\_\_\_\_

City, State, Zip: Puyallup, WA 98373 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-038423 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.

Bruce A. Hagen  
Signature

July 10, 2015  
Date

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 American States Preferred Insurance Company  
(Name of Company)  
(herein after called Company) of 350 E 96th St , Indianapolis , IN , 46240  
(Home Address of Company)

has issued to Bruce Hagen Trucking LLC of 13924 86TH AVE E, PUYALLUP, WA, 98373  
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 03/30/2015 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 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 9450 Seward Rd. Fairfield OH 45014 This 10th day of Jul 20 15  
(Address) (Day) (Month) (Year)

Insurance Company File No. 06CC012067  
(Policy No)

Dana Shutters  
(Authorized Company Representative)

Liability Limit : 1,000,000.00