

**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:
111-0268-200-02	Received Date:	Docket TV-
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-\_\_\_\_\_ 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: \_\_\_\_\_ Phone: \_\_\_\_\_

Trade Name: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical address (if different):

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

City, State Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Unified Business Identifier Number (UBI): \_\_\_\_\_

Email address: \_\_\_\_\_ USDOT number: \_\_\_\_\_

Type of Business Structure:

Individual  Partnership  Limited Liability Company  Corporation State of Inc. \_\_\_\_\_

NAME                      TITLE                      ADDRESS                      PERCENTAGE OF SHARES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Business Information

Current Legal Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Trade Name: \_\_\_\_\_ 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. \_\_\_\_\_

NAME                      TITLE                      ADDRESS                      PERCENTAGE OF SHARES

\_\_\_\_\_  
\_\_\_\_\_

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- \_\_\_\_\_ 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

\_\_\_\_\_  
Date

