



621 Woodland Square Loop SE  
Lacey, WA 98503  
P.O. Box 47250  
Olympia, WA 98504-7250  
Phone: 360-664-1222  
email: transportation@utc.wa.gov

## Common Carrier Broker Registration

Under the provisions of RCW [81.80](#) and WAC [480-12](#), each intrastate or interstate Common Carrier Broker must register with the Washington Utilities and Transportation Commission (UTC) and file a surety bond in the amount of ten thousand dollars conditioned upon the broker making compensation to shippers, consignees, and carriers for all moneys belonging to them and coming into the broker's possession in connection with such transportation services.

**INCOMPLETE OR INCORRECT APPLICATIONS MAY DELAY YOUR REGISTRATION.** Be sure to include the \$25.00 application fee, a copy of your broker bond, and any other required attachments when you file your application for registration. Send your completed application to:

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION  
PO Box 47250  
Olympia, WA 98504-7250

### **INSTRUCTIONS:** make sure everything is complete

- TYPE OF OPERATION:** Check the types of operations you plan to conduct in the state of Washington. Be sure to check all boxes that apply. If you are registering as a broker under authority granted to you by the FMCSA you must include a copy of that authority and bond with your registration. **One person cannot be both a broker, and a freight forwarder.**
- APPLICANT NAME:** Legal name must be an individual, partnership, or corporation. The name on the bond and the name on the registration must match exactly. In the case of a corporation, the name must also agree exactly with how the company is registered with the Secretary of State's office.
- TRADE NAME:** You may list a trade or business name, if different than the legal name of the applicant.
- MAILING ADDRESS:** Provide your complete mailing address, including city, state, and postal zip code.
- PHYSICAL ADDRESS:** Provide a physical address, only if it is different than your mailing address.
- TELEPHONE & FAX NUMBERS:** Be sure to provide your current number(s) including area code.
- EMAIL ADDRESS:** Complete.
- USDOT NUMBER –** (if interstate)
- TYPE OF BUSINESS STRUCTURE:** If Partnership, Corporation, or Limited Liability Company, please list the partners, members or corporate members with their percentages of ownership.
- If you currently hold, or have previously held a permit or registration with the UTC, please indicate the number.
- SIGN AND DATE**

If you are registering operations as a FMCSA authorized broker, indicate your operating authority number. (Remember to include a copy of your bond and operating authority with this application.)

- INSURANCE REQUIREMENTS:** The applicant must file a Surety Bond in the amount of \$10,000 or if they are registering as a FMCSA regulated broker, application may attach a copy of the FMCSA bond and operating authority

**\*\*THE BUSINESS NAME ON THE BOND MUST MATCH THE APPLICANT NAME EXACTLY.**



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## Common Carrier Broker Registration - Application

**Application Fee: \$25.00**

**TYPE OF OPERATION (One person cannot be both a broker and a freight forwarder):**

☐ (Check all that apply) Forwarder  Broker (Intrastate)  Broker (Interstate FMCSA)

***BOND IN THE AMOUNT OF \$10,000 MUST ACCOMPANY THIS REGISTRATION APPLICATION or If you are registering as a FMCSA regulated broker, you may attach a copy of your FMCSA registered bond and operating authority***

Applicant Name: \_\_\_\_\_

Trade Name (if any): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different than mailing address): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

UBI Number: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_ US DOT number: \_\_\_\_\_

**Type of Business Structure:**     Individual     Partnership     Corporation (LP, LLP, LLC)

Name	Title	Stock Distribution or Percentage of Share
_____	_____	_____
_____	_____	_____

Have you held a permit or certificate from this Commission?     No     Yes-If yes, permit number \_\_\_\_\_

Reception #	Received Date:	ID:
111 0268 200 02	Bond	Docket No.
111 0268 032 05	FMCSA	Employee

## FILING YOUR APPLICATION

Select one of the following:

- Scan/PDF your application to [efileapp.utc.wa.gov](http://efileapp.utc.wa.gov) and pay online at [payments.utc.wa.gov](http://payments.utc.wa.gov), or,
- Mail your application **with** your check or money order to the following address:  
UTC, PO Box 47250, Olympia, WA 98504-7250

ACH online (no service fee) or credit card online at [payments.utc.wa.gov](http://payments.utc.wa.gov) (2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing).

**DO NOT EMAIL YOUR CREDIT CARD INFORMATION**

## CERTIFICATION

I, the undersigned, certify that the information in this application is true and correct, and that I am the applicant or I am authorized to execute and file this document on behalf of the applicant.

Company Name: \_\_\_\_\_

Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_