



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

621 Woodland Square Loop SE
Lacey, WA 98503
PO Box 47250
Olympia, WA 98504-7250
Phone 360-664-1222
Web Site: www.utc.wa.gov
transportation@utc.wa.gov

APPLICATION FOR TRANSFER OF PERMIT
FEE: \$275.00

<i>For Official Use Only</i>	
Receipt Number	Date Received
111-0268-200-02	Payment ID

Application for Transfer should be used in the following circumstances:

- The carrier changes its business structure:
 - a. From an individual to a corporation or limited liability company (LLC) when the individual is no longer the majority stockholder.
 - b. From an individual to a partnership when the individual is no longer the majority partner.
- Carrier changes from partnership to a corporation or LLC when one of the partners is no longer an equal stockholder.
- Carrier changes from a corporation or LLC to another corporation or LLC where the proportion of ownership or stock held by the majority owner causes them to no longer be the majority owner.

Holder of Permit CC-_____ asks the UTC for authority to transfer ownership of its business or to change the business structure of the carrier named below under RCW [81.80](#) and WAC [480-14](#) to:

New Business Information

New Legal Name: _____ Phone: _____

New 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: _____

Have you or your company ever been cited for business-related violations of state law or commission rule or any other federal or state agency?
If yes, please explain

Type of Business Structure:

Individual Partnership Limited Liability Company Corporation State of Inc. ____

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

Previous 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. ____

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

TRANSFER OF PERMIT NUMBER

List the name of the current permit holder and permit number you wish to transfer. The current permit holder must authorize below to authorize the transfer of the permit.

Name on Permit: _____ Permit Number: _____

Authorization of current permit holder _____ Date: _____

CERTIFICATION

I, as applicant, understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a permit is issued by the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

Applicant Name

Date

FILING YOUR APPLICATION

Select one of the following:

- Scan/PDF your application and upload to efileapp.utc.wa.gov and pay online at 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 (2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing).

DO NOT EMAIL YOUR CREDIT CARD INFORMATION