



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 CHANGE OF NAME OR BUSINESS STRUCTURE

[Per WAC 480-14-210](#)

FEE: \$50.00

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

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 and 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: _____

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>% 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>% OF SHARES</u>

CERTIFICATION

I, the applicant, affirms that the change of name or business structure does not involve a change in ownership, management or control of the operating authority. The applicant requests that the Commission transfer CC-_____ as provided in RCW 81.80. I hereby declare and affirm 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.

Applicant Name

Date

FILING YOUR APPLICATION

Select one of the following:

- Upload your application 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