



# Tariff 15-C Item 230 - Alternate Time Recording

## When to complete and submit the Alternate Time Recording form

Complete and submit this form to establish any of the following into the carrier’s business practices:

- Record time spent performing the move on the Bill of Lading in 1-minute increments for all customers.
- Charge alternate minimum hours as described in Tariff 15-C, Item 230, for all customers.
- Change previously incorporated alternate options to the standards as described in Tariff 15-C.

## Where to submit the Alternate Time Recording form

Please complete, sign, date, and submit this form to the Commission at <https://www.utc.wa.gov/documents-and-proceedings/electronic-filing> to Docket TV-230500.

## Effective date of carrier’s selections

Carrier selection(s) will become effective five business days after the form is submitted to the Commission.

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### COMPLETE THE INFORMATION BELOW

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**Tariff 15-C Item 230, Section 4, Alternate Minimum Charge for Moves:** Please indicate below the minimum hours the carrier will charge for all local, hourly rated moves in accordance with Tariff 15-C Item 230(4):

- a) The alternate minimum time charged for a shipment moving under hourly rates during regular hours may be up to but must not exceed one hour.

Minimum time the carrier will charge all customers: \_\_\_\_\_

- b) If the customer requests a move Monday through Friday, before 8:00 a.m., after 5:00 p.m., or on a Saturday, Sunday, or state-recognized holiday, the alternate minimum time charged may be up to but not to exceed four hours.

Minimum time the carrier will charge all customers: \_\_\_\_\_

**Tariff 15-C Item 230, Section 5, Alternate Time Recording:** Please select the time recording option the carrier will apply to all local, hourly rated moves in accordance with Tariff 15- C Item 230(2). The carrier will record time in:

- 1-minute increments; or  
 15-minute increments

Registered Name of Business on file with Commission (include each “d/b/a” used): \_\_\_\_\_

Official Physical Address: \_\_\_\_\_

THG/HHG Permit Number: \_\_\_\_\_

Official Telephone Number: \_\_\_\_\_

Official Email Address: \_\_\_\_\_

Company Website: \_\_\_\_\_

Company Representative Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_