



1300 S. Evergreen Park D  
 P.O. Box 47250  
 Olympia, WA 98504-7250  
 Phone: 360-664-1222  
 Fax: 360-586-1181  
 TTY: 360-586-8203

or  
 1-800-416-5289  
 email: transportation@utc.wa.gov

## HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

FOR OFFICIAL USE ONLY			
Date Filed: 11/22/11	DOL/SOS:	ID:	Docket #:-
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception # <b>U.S. 336</b>	11-0268-207-02	Receipt ID <b>111-0268-013-20</b>	111-0268-013-20

**Type of Household Goods Authority Requested – check one** **Fee Required**

- Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. – Complete pages 3-8 and Attachment A \$ 550
- Permanent authority to transfer resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 3-8 and Attachment B \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187 – Complete pages 3-8 and Attachments B & C \$ 250
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450) – Complete pages 3-4 and include a statement justifying the reinstatement \$ 250
- Name Change – Complete pages 3-4 and Attachment D \$ 35

**BUSINESS INFORMATION**

Legal Name: CrateAway LLC  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable CrateAway or Crate Away

Physical Address 4832 40<sup>th</sup> Avenue SW, Seattle 98115

Mailing Address same as above

Telephone Number (425) 243-3409 Fax Number ( ) n/a

**TYPE OF PAYMENT**

Check     Money Order

Amount \$\_550\_\_\_\_\_

Amex     Discover     Mastercard     Visa

Expiration Date \_

Credit Card number:

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

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

Name (printed): \_\_\_\_\_Ben Dehghan\_\_\_\_\_ Date: \_\_\_\_\_10/24/14\_\_\_\_\_

Signature: \_\_\_\_\_*Ben Dehghan*\_\_\_\_\_ Title: \_\_\_\_\_Founder/Owner\_\_\_\_\_

If paying by credit card, you may fax your application to 360-586-1181 or scan and email to [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov)

WASHINGTON



UTILITIES AND TRANSPORTATION  
COMMISSION



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250  
(360) 664-1160 • TTY (360) 586-8203

CrateAway, LLC  
4832 40th Ave SW  
Seattle WA 98116

November 3, 2014

**Notice of Deficient Application – TV-143771**

The following items either need to be completed and/or corrected for prompt processing of your application for operating authority:

- X A copy of your driver's license or government issued photo identification card.
- X The Labor & Industries account 253,108-00 is currently closed. Please contact their office to get this account opened. Their office number is 1-800-987-0145.

If you have any questions or concerns, feel free to contact me at 360-664-1170 or email at [tleipski@utc.wa.gov](mailto:tleipski@utc.wa.gov).

Sincerely,

Tina Leipski  
Licensing Services

TV-143771



1300 S. Evergreen Park D  
P.O. Box 47250  
Olympia, WA 98504-7250  
Phone: 360-664-1222  
Fax: 360-586-1181  
TTY: 360-586-8203

or  
1-800-416-5289  
email: transportation@utc.wa.gov

**HOUSEHOLD GOODS MOVING COMPANY  
PERMIT APPLICATION**

#06807C

FOR OFFICIAL USE ONLY			
Date Filed: 10/29/14	DOL/SOS: ok/ok	ID: 7945	Docket #:- TV-143771
Staff Assigned: [Signature]	Insurance: on file	Inspection	Permit Issued THG- 65653
Reception #	111-0268-207-02	Receipt ID: 52336	111-0268-013-20

**Type of Household Goods Authority Requested – check one** **Fee Required**

- Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. – Complete pages 3-8 and Attachment A \$ 550
- Permanent authority to transfer resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 3-8 and Attachment B \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187 – Complete pages 3-8 and Attachments B & C \$ 250
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450) – Complete pages 3-4 and include a statement justifying the reinstatement \$ 250
- Name Change – Complete pages 3-4 and Attachment D \$ 35

**BUSINESS INFORMATION**

Legal Name: CrateAway LLC  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable CrateAway or Crate Away

Physical Address 4832 40<sup>th</sup> Avenue SW, Seattle 98116

Mailing Address same as above

Telephone Number (425) 243-3409 Fax Number ( ) n/a

**Posted**  
3

**BUSINESS INFORMATION - continued**

UBI #: 60325885 2 OK Email: admin@crateaway.com

USDOT #: 2553124 OK (If you currently don't have one, go online at [www.fmcsca.dot.gov/online-registration](http://www.fmcsca.dot.gov/online-registration) to apply or call 360-596-3812 for assistance.)

<sup>a</sup> Department of Labor & Industries Worker's Comp Acct? Account # 253, 108-00 OK

Employment Security Department registration number? ESD # 472658-00-1

Is your business registered with the Department of Revenue?  No  Yes OK

**TYPE OF BUSINESS STRUCTURE**

Individual  Partnership  Corporation  Other (LP, LLP, LLC) State of Incorporation WA

List the name, title and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or % of Shares
Ben Dehghan	Founder	100% <u>OK</u>

**\*Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.**

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: CrateAway provides microstorage with delivery service filling a need for those who want storage, but don't want the hassle of shuttling back and forth from their storage unit and residence. We also offer an option for those who don't have enough items for a whole storage unit because we allow people to store and pay by the box - thus having to pay for just what they store.

Briefly describe your experience in the transportation/household goods moving industry: Ben has experience managing operations for both Amazon and Zulily helping customers process their orders through the warehouse to their doors.

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?  No  Yes

Yes If yes, please indicate your permit number CC65473

Have you ever applied for and been denied a permit to operate as a motor carrier of property in Washington?  No  Yes OK If yes, please explain \_\_\_\_\_



Do you currently operate interstate? X No  Yes If yes, please indicate your MC# \_\_\_\_\_

Do you operate interstate as an agent of another company? X No  Yes

If yes, what is the name of the company? \_\_\_\_\_

Do you have, or have you ever had a business related legal proceeding against you in Washington, or in any other state? X No  Yes If yes, please explain: \_\_\_\_\_

Has any person named in this application, within the past five years, been convicted of any crime involving theft, burglary, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance? X No  Yes If yes, please explain: \_\_\_\_\_

Has any person named in this application, been cited for violation of state laws or Commission rules? X No  Yes If yes, please explain: \_\_\_\_\_

FINANCIAL STATEMENT			
You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.			
Assets		Liabilities	
Cash in Bank	\$5,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$800
Investments	\$	Notes Payable	\$
Other Current Assets	\$1,000	Mortgages Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$15,000	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$4,000	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	<b>\$25,000</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$</b>

EQUIPMENT LIST				
Describe the equipment you will own or lease to provide moving services (attach additional sheets if necessary).				
Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
2004	Honda	AGF2567	1HGCM56314A024048	4080

**SAFETY AND OPERATIONS**

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program. **\*\*Please attach evidence of your enrollment in a drug and alcohol testing program.**

N/A

**SAFETY RESPONSIBILITIES**

List the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and commission rules (WAC) as described below. Please refer to the WAC rules, Fact Sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations

COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENT AND PENALTIES (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.

DRIVER QUALIFICATION REQUIREMENTS: (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.

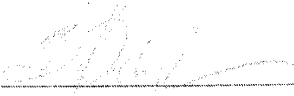
INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.

PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.

LIABILITY INSURANCE REQUIREMENTS (WAC 480-15-530). You must file and maintain proof of public liability and proper damage insurance (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

CARGO INSURANCE REQUIREMENTS (WAC 480-15-550). You must maintain cargo insurance coverage (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more).

Name: Ben Dehghan	Position: Founder/Owner
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<b>OPERATIONAL RESPONSIBILITIES</b>		
Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.		
Name: Ben Dehghan	Position: Founder/Owner	
STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing business in the State of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the State of Washington, such as, but not limited to the Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax; Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue, Internal Revenue Service (taxes); and Employment Security.		
Name: Ben Dehghan	Position: Founder/Owner	
<b>DECLARATION OF APPLICANT</b>		
I understand that filing this application <b>does not</b> in itself constitute authority to operate as a household goods mover.		
As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.		
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.		
My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.		
I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.		
_____ Ben Dehghan Print name of applicant	 _____ Signature of Applicant	10/24/14 Seattle _____ Date and Location






**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

**Applicant Name:** CrateAway

<b>The following must be completed by the Supporter of the applicant</b>
Name, Title, and Business Name: Friendly VangJohnson, Homeowner
Address (Include street address, mailing address, city, state, zip, and county): 11711 35 <sup>th</sup> Ave NE, Seattle, WA 98125
Phone Number: (206) 276-2284
Do you currently need the services of a residential household goods moving company? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your current moving needs:
Do you anticipate a future need for the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe your future moving needs: With having a second child on the way, we anticipate that they will take up more space as we try to meet their growing needs. Being busy and tired parents, having someone pickup right at our door and take away our extra items for storage would be perfect for our family needs.
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: Great for busy parents and a growing family!
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? No.
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;">   <hr/>                 Signature of Person Completing Form             </div> <div style="width: 45%; text-align: right;">                 10/22/14 Seattle  <hr/>                 Date and Location             </div> </div>

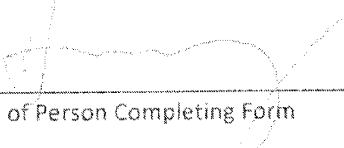


**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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<b>Applicant Name:</b>	CrateAway
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<b>The following must be completed by the Supporter of the applicant</b>	
Name, Title, and Business Name: Jacqueline Tong, Household Owner	
Address (include street address, mailing address, city, state, zip, and county): 10615 10 <sup>th</sup> Place NE, Seattle WA 98125	
Phone Number: (703) 606-8276	
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe your current moving needs:  We moved to Seattle a little less than a year ago. We like to have an uncluttered and organized home, so it's nice to have a service that will come to pickup and store our extra items. Since we don't have enough items to rent a storage unit, being able to pay for just what we store is is great for us as well as not having to take our few boxes back and forth from a storage facility. As the years go by living in our Seattle home, we anticipate we may accumulate a few more items as well.	
Do you anticipate a future need for the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: see above	
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:  CrateAway provides a great option for people who need storage, but wouldn't be the kind of people who would want to use traditional storage.	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Nothing I can think of.	
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
 _____ Signature of Person Completing Form	10/12/2017 Seattle, WA _____ Date and Location



**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

<b>Applicant Name:</b>	CrateAway
------------------------	-----------

<b>The following must be completed by the Supporter of the applicant</b>	
Name, Title, and Business Name: Joseph Head, Owner, Headquarters Gym	
Address (include street address, mailing address, city, state, zip, and county): 2110 Airport Way S, Seattle, WA 98134	
Phone Number: (206) 851-2861	
Do you currently need the services of a residential household goods moving company? X No <input checked="" type="radio"/> Yes   If yes, please describe your current moving needs:	
Do you anticipate a future need for the services of a residential household goods moving company? <input checked="" type="radio"/> No   X Yes   If yes, please describe your future moving needs: I own my own gym and train clients. The gym currently has lots of equipment and my storage space at the gym is minimal. Some of the sports equipment and gear that are needed only in cycles. Being able to have someone just drop off what I need when I need it allows me to focus on my clients and business.	
Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community: For small business owners, especially those working in small spaces or have their office in the home, having not only delivery, but also having an organizing tool, so people know exactly what they are storing and can get it right back when they need it is a great resource to maximize productivity.	
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? None.	
<i>I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>	
 _____ Signature of Person Completing Form	10/22/2014 _____ Date and Location

**Form E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504


This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to CRATEWAY LLC of 4832 40TH AVE SW, SEATTLE, WA 98116-0000 a policy or policies of insurance effective from 10/21/2014 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Counter-signed at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143  
this 22nd day of October, 2014

Insurance Company File No. CA 03336831  
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

18835398





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/23/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>The Douglas Group, Inc</b> 5508 RAINIER AVE S  SEATTLE WA 98118-		CONTACT NAME: PHONE (A/C, No, Ext): (206) 324-7400 FAX (A/C, No): (206) 324-7406 E-MAIL ADDRESS: DOUGLASINSURANCE@COMCAST.NET	
INSURED <b>CRATEWAY LLC</b> 4832 40TH AVE SW  SEATTLE WA 98116-		INSURER(S) AFFORDING COVERAGE INSURER A: <b>Progressive</b> NAIC # 11770 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				/ /	/ /	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			03336831-0	10/21/2014	10/21/2015	COMBINED SINGLE LIMIT (Ea accident) \$ <b>300,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$				/ /	/ /	EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A		/ /	/ /	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	CARGO			03336831-0	10/21/2014	10/21/2015	10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER ( ) - ( ) -	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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USA WASHINGTON DRIVER LICENSE

DOB: (4b)

DEGHAN BEHRANG BEN

DOB: (4b)

DOB: (4b)


15 Sex: M 16 Hgt: 5-06  
 17 Wgt: 175 18 Eyes: BLU  
 19 Class: 4a End: NONE  
 12 Restrictions: NONE

9 000 (4b)

05-21-2014

05-23-2019

Exp 05-15-2019



USA WASHINGTON DRIVER LICENSE

DOB: (4b)

NGO LINH PHUNG

DOB: (4b)

DOB: (4b)


15 Sex: F 16 Hgt: 5-61  
 17 Wgt: 126 18 Eyes: BRN  
 19 Class: 4a End: NONE  
 12 Restrictions: C

9 000 (4b)

04-15-2014

04-17-2019

Exp 04-15-2019



**Leipski, Tina (UTC)**

---

**From:** Linh Ngo <linh@crateaway.com>  
**Sent:** Friday, November 14, 2014 3:30 PM  
**To:** Leipski, Tina (UTC)  
**Cc:** Ben Dehghan  
**Subject:** Re: Household Goods Permit Application for CrateAway  
**Attachments:** Driver ID Photos.pdf

Hi Tina,

Our L&I account is now reopened and attached is Mr. Dehghan's driver's license! Please email me back with a quick reply that you can now continue processing the application.

fyi - I also included my driver's license because sometimes I also transport. I'm already on CrateAway auto and cargo insurance. Will I also be able to transport for CrateAway?

Sincerely,  
Linh

On Wed, Nov 5, 2014 at 9:51 AM, Leipski, Tina (UTC) <[tleipski@utc.wa.gov](mailto:tleipski@utc.wa.gov)> wrote:

Hi Linh,

It looks like I'm missing a copy of Mr. Dehghan's driver's license and the Labor and Industries account is currently closed. This account will have to be reopened before I can continue processing the application.

Sincerely,

Tina Leipski

Utilities & Transportation Commission

Licensing Services

360-664-1170

fax 360-586-1181

**From:** Linh Ngo [mailto:[linh@crateaway.com](mailto:linh@crateaway.com)]  
**Sent:** Wednesday, November 05, 2014 9:36 AM  
**To:** Leipski, Tina (UTC)  
**Subject:** Re: Household Goods Permit Application for CrateAway

Morning Tina,

May we ask how long does it usually take for us to find out about the final decision on our application?

Linh

On Wed, Oct 29, 2014 at 7:52 AM, Leipski, Tina (UTC) <[tleipski@utc.wa.gov](mailto:tleipski@utc.wa.gov)> wrote:

Hi Linh,

We have received your household goods application and will be processing. I noticed that you already have a Common Carrier permit. Is that correct?

If you receive a household goods permit, it will automatically cover the general commodities (same thing that the Common Carrier permit does).

Sincerely,

Tina Leipski

Utilities & Transportation Commission

Licensing Services

360-664-1170

fax 360-586-1181



**From:** Linh Ngo [mailto:[linh@crateaway.com](mailto:linh@crateaway.com)]  
**Sent:** Tuesday, October 28, 2014 3:56 PM  
**To:** UTC DL Transportation  
**Subject:** Household Goods Permit Application for CrateAway

Hello UTC Staff,

Attached is the (1) Household Goods Moving Company Permit Application, (2) Form E, and (3) General Certificate of Liability with proof of Cargo Insurance.

Please email us back that you received our application and please let us know if we have missed anything.

Thanks so much,

Linh

--

Linh Ngo  
CrateAway Team

Storage Made Simple

[425.243.3409](tel:425.243.3409) || [www.CrateAway.com](http://www.CrateAway.com)

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Monday, November 17, 2014



## Web Search No Record Found Report

Washington State Patrol  
Identification and Criminal History Section  
P.O. Box 42633  
Olympia, Washington 98504-2633  
Telephone (360) 534-2000

### **THE FOLLOWING WEB SEARCH NO MATCH FOUND REPORT IS FURNISHED FOR OFFICIAL USE ONLY**

This report was generated from a transaction run on 11/17/2014 at 08:31  
Conviction Criminal History RCW 10.97.050(1)

Pursuant to the purpose of inquiry, NO Record was found in the Washington State Criminal History Repository based on the descriptors provided:

**NGO, LINH PHUNG DOE (4b) [REDACTED] SEX F RAC U**

This may mean that the person you searched for has no criminal conviction record OR that your search criteria did not match the spelling of the person's name or date of birth.

Positive identification or non-identification in the Washington State Patrol's database, can only be determined by fingerprint comparison.

Monday, November 17, 2014



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Washington State Patrol  
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This report was generated from a transaction run on 11/17/2014 at 08:31  
Conviction Criminal History RCW 10.97.050(1)

Pursuant to the purpose of inquiry, NO Record was found in the Washington State Criminal  
History Repository based on the descriptors provided:

**DEGHAN,BEHRANG BEN DOE (4b) 7 SEX M RAC U**

This may mean that the person you searched for has no criminal conviction record OR that your  
search criteria did not match the spelling of the person's name or date of birth.

Positive identification or non-identification in the Washington State Patrol's database, can only  
be determined by fingerprint comparison.