



NON-PUBLIC PER RCW 42.56.230

Rec'd 9/9  
TU-143356

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

REDACTED PER RCW 42.56.230

## HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

FOR OFFICIAL USE ONLY			
Date Filed: <u>9/11/14</u>	DOL/SOS: <u>afol</u>	ID: <u>16,636</u>	Docket #: <u>TU-143356</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>border</u>	Inspection	Permit Issued THG- <u>65593</u>
Reception #	111-0268-207-02	Receipt ID	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: Gigantic Moving & Storage LLC  
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable: Gigantic Moving & Storage

Physical Address: 8633 S. 208<sup>th</sup> Ave Kent WA 98031

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

Telephone Number (206) 414-3200 Fax Number ( ) \_\_\_\_\_

REDACTED PER RCW 42.56.230

3  
**Posted**  
*case JS*

**TYPE OF PAYMENT**

Check     Money Order

Amount \$ 550.00

Amex     Discover     Mastercard     Visa

Expiration Da \_\_\_\_\_

Credit Card number: \_\_\_\_\_

--	--	--	--	--

*approval # 032293*

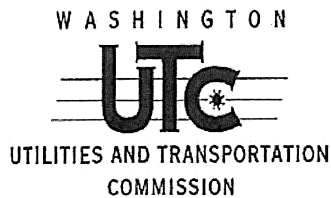
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

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

Name (printed): Timothy Roberts      Date: 8/13/14

Signature: *[Handwritten Signature]*      Title: \_\_\_\_\_

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)



*2014*  
*batch*

**BUSINESS INFORMATION - continued**

UBI #: 603-426-921 Email: info@giganticmoving.com

USDOT #: 2533684 (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.)

Department of Labor & Industries Worker's Comp Acct? Account # 329-562-00

Employment Security Department registration number? ESD # 0411-91-00

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

**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
<u>Pacific Relocation Group LLC</u>	<u>Member</u>	<u>75%</u>
<u>Neil Boden</u>	<u>Member</u>	<u>25%</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: Quality household moving services at affordable rates. PRG owns one the highest rated moving companies in Portland OR and would like to offer those high quality services to the residents of WA State.

Briefly describe your experience in the transportation/household goods moving industry: PRG Pacific Relocation Group owns a highly successful local moving company (Bridgetown Moving & Storage) in the Portland OR metro area and has partnered with Neil Boden who has over 8 years household goods experience.

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?  No  Yes If yes, please indicate your permit number \_\_\_\_\_

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

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

Do you operate interstate as an agent of another company?  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?  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?  No  Yes If yes, please explain: \_\_\_\_\_

Has any person named in this application, been cited for violation of state laws or Commission rules?  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	\$ 20,000	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$ 600	Common Stock	\$
Other Equipment	\$ 1900	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	<b>\$ 22,400<sup>00</sup></b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ 0<sup>-</sup></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
2011	International	T581121	3HAMMAAL3BL42d02	26,000

## 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.**

## 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:

Neil Boden

Position:

Director

## OPERATIONAL RESPONSIBILITIES

Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

Name:

Neil Boden

Position:

Director

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:

Neil Boden

Position:

Director

### DECLARATION OF APPLICANT

I understand that filing this application does not 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.

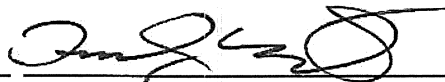
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 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.

Timothy Roberts

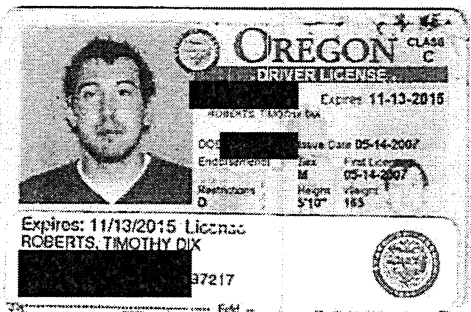
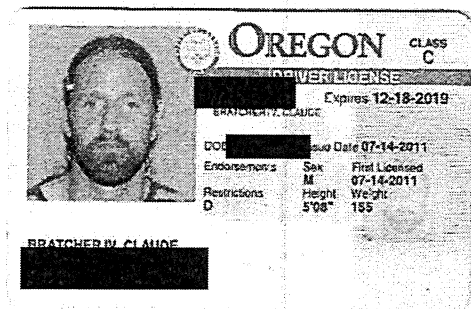
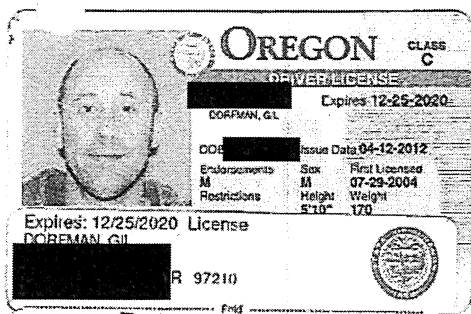
Print name of applicant



Signature of Applicant

8/27/14 Portland, OR


Date and Location



Pacific Relocation Group LLC members.

PRG owns 75% of the shares of Gigantic Moving & Storage LLC

**OREGON** CLASS C  
DRIVER LICENSE




Expires: 01-10-2022  
RODEN, NEIL CHRISTOPHER

DOB: [REDACTED] Issue Date: 04-07-2014

Endorsements: [REDACTED] Sex: M Exp. Lapsed: 04-09-2008

Restrictions: D Height: 6'00" Weight: 200



RODEN, NEIL CHRISTOPHER  
[REDACTED]



**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: Gigantic Moving & Storage LLC

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name:

Alicia Waag

Address (include street address, mailing address, city, state, zip, and county):

1609 Pierce Ave. SE Renton WA 98058

Phone Number:

503.707.1184

Do you currently need the services of a residential household goods moving company?

No  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?

No  Yes If yes, please describe your future moving needs:

Relocating in the Future


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:

Trustworthy, local, small business.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

Small businesses build community & trust  
nice to support those jobs.

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

8.22.14  
Date and Location

**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:** Gigantic Moving & Storage LLC

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	Amanda Eric Gutierrez, Owner Amabels Attic
Address (include street address, mailing address, city, state, zip, and county):	15721 SE 143 <sup>rd</sup> St Renton WA 98059
Phone Number:	206-619-4230
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:	
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:	
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:	This is a trustworthy business that can help families and businesses in our community.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	This company has proven to be honest and I hope to see it granted the license.
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	8/25/14 Renton 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.

**Applicant Name:** Gigantic Moving & Storage LLC

**The following must be completed by the Supporter of the applicant**

Name, Title, and Business Name:

Marc Boman Partner, Perkins Coie LLP

Address (include street address, mailing address, city, state, zip, and county):

1201 Third Avenue, Suite 4900, Seattle, WA 98101 (OFFICE)  
 8530 SW 82nd ST, Mercer Island, WA 98040 (HOME)

Phone Number:

(206) 359-8509 (OFFICE); (206) 232-0179 (HOME)

Do you currently need the services of a residential household goods moving company?

No  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?

No  Yes If yes, please describe your future moving needs:

our law firm hires new attorneys from outside Washington. When they relocate to Washington they will need the services of a moving company. Also, I'm 65 and some point may wish to change my residence and would need a mover.

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:

As indicated above granting this company a permit <sup>may</sup> benefit new attorneys moving to Washington and may benefit me and my wife if we move from our current residence.

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

Nothing other than ability to perform services in a professional manner.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Marc Boman

8/25/14, Mercer Island, WA.

Signature of Person Completing Form

Date and Location



Friday, September 19, 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 09/19/2014 at 14:20  
 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:

**BODEN, NEIL CHRISTOPHER DOB [REDACTED] SEX U 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.

Friday, September 19, 2014



### Web Search Transcript

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

This report was generated from a transaction run on 09/19/2014 at 14:20  
Conviction Criminal History RCW 10.97.050(1)

Pursuant to the purpose of inquiry, A possible match was found in the Washington

State Criminal History Repository based on the descriptors provided:  
**DORFMAN,GIL DOB [REDACTED] SEX U RAC U**

WASHINGTON STATE CRIMINAL HISTORY RECORD FOR SID/WA24718403  
WASHINGTON STATE PATROL  
IDENTIFICATION AND CRIMINAL HISTORY SECTION  
P.O. BOX 42633  
OLYMPIA, WASHINGTON 98504-2633

\*\*\*\*\*  
CRIMINAL HISTORY INFORMATION AS OF 09/19/2014  
\*\*\*\*\*

NOTICE

THE FOLLOWING TRANSCRIPT OF RECORD IS FURNISHED FOR OFFICIAL USE ONLY.  
SECONDARY DISSEMINATION OF THIS CRIMINAL HISTORY RECORD INFORMATION IS  
PROHIBITED UNLESS IN COMPLIANCE WITH THE WASHINGTON STATE CRIMINAL RECORDS  
PRIVACY ACT, CHAPTER 10.97 RCW.

POSITIVE IDENTIFICATION CAN ONLY BE BASED UPON FINGERPRINT COMPARISON. BECAUSE  
ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED  
FOR SUBSEQUENT USE. WHEN EXPLANATION OF A CHARGE OR DISPOSITION IS NEEDED,  
COMMUNICATE DIRECTLY WITH THE AGENCY THAT SUPPLIED THE INFORMATION TO THE  
WASHINGTON STATE PATROL.

THIS CONVICTION RECORD INCLUDES INFORMATION FOR WHICH A PERSON IS CURRENTLY BEING  
PROCESSED BY THE CRIMINAL JUSTICE SYSTEM.

\*\*\*\*\*  
MASTER INFORMATION  
\*\*\*\*\*

NAME: DORFMAN,GIL DOB: 12/25/1973  
SID NUMBER: WA24718403

DOC NUMBER:

\*\*\*\*\*

PERSON INFORMATION

\*\*\*\*\*

SEX RACE HEIGHT WEIGHT EYES HAIR PLACE OF BIRTH CITIZENSHIP
M W 510 170 BRO BRO IS IS

OTHER NAMES USED OTHER DATES OF BIRTH USED SOC SEC NUMBER MISC NUMBER

\*\*\*\*\*

CONVICTION AND/OR ADVERSE FINDING SUMMARY

\*\*\*\*\*

0 FELONY(S) DISPOSITION DATE

1 GROSS MISDEMEANOR(S) DRIVING UNDER THE INFLUENCE 02/24/2009

0 MISDEMEANOR(S)

0 CLASSIFICATION(S) UNKNOWN

\*\*\*\*\*

\*\*\*\* NO KNOWN DOC SUMMARY INFORMATION \*\*\*\*

\*\*\*\*\*

CRIMINAL HISTORY INFORMATION

\*\*\*\*\*

THE ARRESTS LISTED MAY HAVE BEEN BASED ON PROBABLE CAUSE AT THE TIME OF ARREST OR ON A WARRANT. PROBABLE CAUSE ARRESTS MAY OR MAY NOT RESULT IN THE FILING OF CHARGES. CONTACT THE ARRESTING AGENCY FOR INFORMATION ON THE FORMAL CHARGES AND/OR DISPOSITIONS.

AN ARREST IS NOT A CONVICTION OR FINDING OF GUILT.

ARREST 1 DATE OF ARREST: 08/09/2008

NAME USED: DORFMAN, GIL
CONTRIBUTING AGENCY: WA0210001 LEWIS COUNTY SHERIFF
LOCAL ID: 224723 PCN: 905159721 TCN: WA2100000100072411

ARREST OFFENSES | DISPOSITION
| CONTRIBUTOR OR RESPONSIBLE AGENCY:
| WA021013J LEWIS COUNTY DISTRICT
| COURT
| COURT CASE NO: C00711146
| STATUS: GUILTY
| 0764400 DRIVING UNDER THE INFLUENCE
| RCW: 46.61.502(5)
| GROSS MISDEMEANOR

STATUS DATE: 02/24/2009

COUNTS: 1

SENTENCE: JAIL: 365 D,

JAIL SUS.: 364 D

FINE: \$595.50

\*\*\*\*\*

STATE DEPARTMENT OF CORRECTIONS

\*\*\*\*\*

NO KNOWN CUSTODY HISTORY INFORMATION

\*\*\*\*\*

NO KNOWN SEX/KIDNAPPING OFFENDER REGISTRATIONS

\*\*\*\*\*

NO KNOWN APPLICANT DETAILS

\*\*\*\*\*

NO KNOWN MONITORED POPULATION REGISTRATION TRACKING INFORMATION

\*\*\*\*\*

GLOSSARY OF TERMS IS AVAILABLE IN THE CRIMINAL JUSTICE TRAINING MANUAL (CJTM)

LOCATED AT <http://www.wsp.wa.gov/crime/crimhist.htm>

\*\*\*\*\*

RESOURCES

\*\*\*\*\*

ADMINISTRATIVE OFFICE OF

THE COURTS (AOC)-----WWW.COURTS.WA.GOV

WSP CHRU-----CRIMHIS@WSP.WA.GOV OR (360) 534-2000

WSP CRIMINAL HISTORY &

FINGERPRINT TRAINING-----WWW.WSP.WA.GOV/\_SECURED/IDENT/RESOURCE.HTM

DEPARTMENT OF CORRECTIONS (DOC)--WWW.DOC.WA.GOV

WSP SOR UNIT----- (360) 534-2000

WSP CRIME LAB CODIS----- (206) 262-6020

RCW-----HTTP://APPS.LEG.WA.GOV/RCW/

LEGISLATION-----HTTP://APPS.LEG.WA.GOV

END OF RECORD



Friday, September 19, 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 09/19/2014 at 14:20  
 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:

**ROBERTS,TIMOTHY DIX DOB [REDACTED] SEX U 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.

Friday, September 19, 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 09/19/2014 at 14:20  
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:

**BRATCHER, CLAUDE DOB [REDACTED] SEX U RAC U**

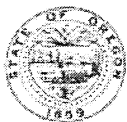
This may mean that the person you searched for has no criminal conviction record OR that your search criteria did not match the spelling of the person's name or date of birth.

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

Leipski, Tina (UTC)

---

**From:** Open Records Results <open.records@state.or.us>  
**Sent:** Friday, September 19, 2014 2:16 PM  
**To:** Leipski, Tina (UTC)  
**Subject:** BODEN, NEIL CHRISTOPHER - No Record



Oregon

Department of State Police  
Identification Services Section  
3772 Portland Rd NE  
Salem, OR 97301-0312  
(503) 378-3070 (Voice/TTY)  
FAX (503) 378-2121

September 19, 2014

UTILITIES & TRANSPORTATION COMMISSION  
TINA LEIPSKI  
1300 EVERGREEN DRIVE  
OLYMPIA, WA 98504

This letter acknowledges receipt of your request for Oregon criminal offender information on Name: **BODEN, NEIL CHRISTOPHER**  
Date of Birth: [REDACTED]

**No Oregon criminal record was found based upon the information you have provided for the above name.**

*ORS 181.560(2) If the department holds no criminal offender information on an individual, or the department's compiled criminal offender information on the individual consists only of nonconviction data, the department shall respond to a request under this section that the individual has no criminal record and shall release no further information.*

The Open Records Unit provides criminal history information based only on the similarity of names and descriptive information. Results of this request have not been confirmed by fingerprints.

The Identification Services Section of the Department of State Police is designated by law as the central repository for criminal offender information for the State of Oregon.

Open Records Unit  
Identification Services Section  
Oregon State Police

Leipski, Tina (UTC)

---

**From:** Open Records Results <open.records@state.or.us>  
**Sent:** Friday, September 19, 2014 2:13 PM  
**To:** Leipski, Tina (UTC)  
**Subject:** ROBERTS, TIMOTHY DIX - No Record



Oregon

Department of State Police  
Identification Services Section  
3772 Portland Rd NE  
Salem, OR 97301-0312  
(503) 378-3070 (Voice/TTY)  
FAX (503) 378-2121

September 19, 2014

UTILITIES & TRANSPORTATION COMMISSION  
TINA LEIPSKI  
1300 EVERGREEN DRIVE  
OLYMPIA, WA 98504

This letter acknowledges receipt of your request for Oregon criminal offender information on  
Name: **ROBERTS, TIMOTHY DIX**  
Date of Birth: [REDACTED]

**No Oregon criminal record was found based upon the information you have provided for the above name.**

*ORS 181.560(2) If the department holds no criminal offender information on an individual, or the department's compiled criminal offender information on the individual consists only of nonconviction data, the department shall respond to a request under this section that the individual has no criminal record and shall release no further information.*

The Open Records Unit provides criminal history information based only on the similarity of names and descriptive information. Results of this request have not been confirmed by fingerprints.

The Identification Services Section of the Department of State Police is designated by law as the central repository for criminal offender information for the State of Oregon.

Open Records Unit  
Identification Services Section  
Oregon State Police

**Leipski, Tina (UTC)**

---

**From:** Open Records Results <open.records@state.or.us>  
**Sent:** Friday, September 19, 2014 2:15 PM  
**To:** Leipski, Tina (UTC)  
**Subject:** DORFMAN, GIL - No Record



Oregon

Department of State Police  
Identification Services Section  
3772 Portland Rd NE  
Salem, OR 97301-0312  
(503) 378-3070 (Voice/TTY)  
FAX (503) 378-2121

September 19, 2014

UTILITIES & TRANSPORTATION COMMISSION  
TINA LEIPSKI  
1300 EVERGREEN DRIVE  
OLYMPIA, WA 98504

This letter acknowledges receipt of your request for Oregon criminal offender information on  
Name: **DORFMAN, GIL**  
Date of Birth: [REDACTED]

**No Oregon criminal record was found based upon the information you have provided for the above name.**

*ORS 181.560(2) If the department holds no criminal offender information on an individual, or the department's compiled criminal offender information on the individual consists only of nonconviction data, the department shall respond to a request under this section that the individual has no criminal record and shall release no further information.*

The Open Records Unit provides criminal history information based only on the similarity of names and descriptive information. Results of this request have not been confirmed by fingerprints.

The Identification Services Section of the Department of State Police is designated by law as the central repository for criminal offender information for the State of Oregon.

Open Records Unit  
Identification Services Section  
Oregon State Police

