

PART A

TV# 132209

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7250

Telephone (360) 664-1222 - Fax (360) 586-1181

Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 048002	Safety: MD	Carrier ID#: 7597
111 0268 200 02 275.00	Insurance:	Employee: M

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number		Extension of Common Carrier Permit Authority	
<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE			
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS			
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE			

<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth # 083231
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TYPE OF PAYMENT

Check  Money Order  Amex  Discover  Mastercard  Visa Expiration Date

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.

Name (printed): STORRAGE, INC Date: 11/25/13  
 Signature: [Signature] Title: DIRECTOR OF OPERATIONS

MOTOR CARRIER IDENTIFICATION

CC#: 65207	US DOT# N/A	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 603 286 273
APPLICANT NAME: STORRAGE, INC		PHONE#: 206 319 5469
d/b/a:		FAX #: 206 319 5468
BUSINESS (MAILING) ADDRESS: 19240 DES MOINES MEMORIAL DR S, SUITE 120, SEATAC, WA 98148		
PHYSICAL ADDRESS: (street address, if different)		

**TYPE OF BUSINESS STRUCTURE**  
 (check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION (LP, LLP, LLC)  
 STATE OF INCORPORATION WASHINGTON

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
TERRY DRAVTON	CEO	227 BELLEVUE WAY NE #121	Bellevue, WA 98004 <del>SEA</del>

100%

**TRANSFER OF PERMIT NUMBER**

Complete this section if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

Signature of current permit holder \_\_\_\_\_ Date \_\_\_\_\_

**INSURANCE REQUIREMENTS (must check one)**  
 A permit will not be issued until acceptable insurance is received

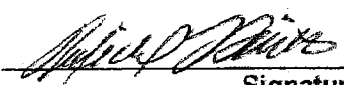
- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B. | <input type="checkbox"/> You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B. | <input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. | <input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. |
|--|--|---|---|

**MOTOR VEHICLE LIST (Attach additional pages if necessary)**

UNIT#	LICENSE#	STATE	VIN#
SEA-01	B 389 43X	WA	WD3PE8CC4D5784142

**Signature**

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 received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

    DIR. OF OPERATIONS    11/25/13  
 Signature(s)    Date

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

(Executed in Triplicate)

RECEIVED

APR 17 2014

WASH. UT. & TP. COMM

Filed with WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the UNIGARD INSURANCE COMPANY  
(Name of Company)

(hereinafter called Company) of 1580 NORTHUP WAY., BELLEVUE, WA 98008  
(Home Office Address of Company)

has issued to STORAGE, INC. of 19240 DES MOINES MEMORIAL DR #120, SEA-TAC, WA  
98148  
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 4/11/2014 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.

\*\*\*NEW FILING\*\*\*

Countersigned at 15800 NORTHUP WAY BELLEVUE WA  
98008  
(Street Address) (City) (State) (Zip Code)  
this 11TH day of APRIL 20 14

Insurance Company File No. CM015617  
(Policy Number)

*Karen Johnston*  
(Authorized company Representative)