

1300 S. Evergreen Park Drive SW  
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

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed:	DOL/SOS:	ID:	Docket #
Staff Assigned	Insurance	Inspection	Permit Issued THG-
Reception #	111-0268-207-02	111-0268-013-20	

- | <b><u>Type of Household Goods Authority Requested – check one</u></b>   | <b><u>Fee Required</u></b> |
|---|----------------------------|
| <input checked="" type="checkbox"/> <u>Provisional and permanent authority.</u> The fee for provisional, and then permanent authority is a one-time fee. Complete pages 3-8 and Attachment A.   | <b>\$ 550</b>              |
| <input type="checkbox"/> <u>Permanent authority to transfer</u> 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, Attachment B as well as a closing annual report | <b>\$ 550</b>              |
| <input type="checkbox"/> <u>Permanent authority to transfer under the exceptions in WAC 480-15-187.</u> Complete pages 3-8 and Attachments B & C.   | <b>\$ 250</b>              |
| <input type="checkbox"/> <u>Reinstatement of permit</u> (must be filed within 30 days of cancellation, depending on criteria set forth in <u>WAC 480-15-450</u> ). Complete pages 3-5 and include a statement justifying the reinstatement.                           | <b>\$ 250</b>              |
| <input type="checkbox"/> <u>Name Change</u> – Complete pages 3-5 and Attachment D.  | <b>\$ 35</b>               |

<b>BUSINESS INFORMATION</b>
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Legal Name: Callbox Storage, LLC

Trade Name, if applicable: N/A

Physical Address: 5835 Segale Park Drive C, Tukwila, WA 98188-2599

Mailing Address: Same as above.

Telephone Number (469) 299-4612 Fax Number (469) 458-2431

Email: tziebarth@callboxstorage.com

**BUSINESS INFORMATION - continued**

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

UBI #: 604 289 189

USDOT #: 2903673

If you currently do not have a USDOT number, 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 (L&I) Worker's Comp account #      Pending   

Employment Security Department (ESD) registration #            Pending   

If you will not be setting up an account with L&I or ESD because you do not have employees, please explain how you plan to obtain workers. Per WAC 480-15-555, a criminal background check must be completed on each person you intend to hire. If you intend to hire day labor from a temp agency, they must perform the criminal background check. Refer also to WAC 480-15-302 and 305.

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**TYPE OF BUSINESS STRUCTURE**

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

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

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or % of Shares</u>
Kyle Bainter	Co-Founder & CEO	27%
Dan Slaven	Co-Founder	27%
All others		46%

**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: *We are a full-service storage solution which includes transportation of consumer household goods that takes the burden of storage off the customer.*
- Briefly describe your experience in the transportation/household goods moving industry: *Established 2016 in Dallas, Texas. Texas DMV # 007019097C.*

3. 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: TX DMV No. 007019097C.
4. 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 \_\_\_\_\_
- 

5. Do you currently operate interstate?  No  Yes If yes, please indicate your MC# 86284
6. Do you operate interstate as an agent of another company?  No  Yes  
 If yes, what is the name of the company? \_\_\_\_\_
7. 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 list below:

Type of Legal Proceeding	Date	State

\*attach additional pages if necessary

8. Has any person named in this application ever been convicted of any crime involving theft, burglary, assault, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance?  No  Yes If yes, please list below:

Type of Conviction	Date	City/State

\*attach additional pages if necessary

9. Has any person named in this application, been cited for violation of state laws or Commission rules?  No  Yes If yes, please list below:

Violation	Date	RCW/WAC

\*attach additional pages if necessary

### FINANCIAL STATEMENT

Complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank	\$4,636,538	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$21,427
Investments	\$	Notes Payable	\$163,441
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$173,899	<b>TOTAL LIABILITIES</b>	<b>\$184,868</b>
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$306,485	Preferred Stock	\$6,690,000
Office Furniture	\$	Common Stock	\$300,000
Other Equipment	\$184,102	Retained Earnings	\$(1,533,933)
Other Assets	\$339,913	Capital	\$
<b>TOTAL ASSETS</b>	<b>\$5,640,935</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$5,640,935</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
We will eventually operate a forklift or two in the warehouse. Initially we will be using pallet jacks.				
2018	Chevrolet Express Cutaway 16 ft Van	Pending	Pending	Pending

## 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:

Luke Collins

Position:

COO

## 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: Johnnie Akin

Position: CFO

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: Tasso Ziebarth

Position: CSO

If you would like to receive information about new household goods carriers, check here

### 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 480-15-305 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 understand the commission will complete a criminal background check on each person named in the application.

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.

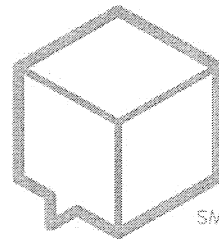
Tasso Ziebarth  
Print name of applicant

  
Signature of Applicant

04/23/18 Dallas Texas  
Date and Location

**CALLBOX**

STORAGE



**EMPLOYEE HANDBOOK, SAFETY POLICY,  
ARBITRATION PLAN AND DRUG/ALCOHOL  
POLICY**

*Effective 1/2017*

## **DRUG AND ALCOHOL POLICY**

### **Purpose of Policy**

Your employer recognizes the problem of substance abuse (including illegal drugs and misuse of alcohol, prescription drugs and over-the-counter drugs) in our society. If unchecked in the workplace, this problem could adversely affect both the productivity and profitability of our business and the professional, personal and family lives of our associates. Your employer will strive to balance respect for individual privacy with the need to keep a safe and productive work environment; however, your employer is committed to and will aggressively pursue the goal of this policy. Your employer INTENDS TO MAINTAIN A SUBSTANCE ABUSE-FREE WORKPLACE. With that basic goal in mind, your employer has established this policy with regard to use, possession and sale of alcohol and drugs.

### **Prohibited Conduct**

#### **Illegal Drugs**

This policy prohibits any employee from bringing onto employer premises or property, having possession of, being under the influence of, or using, consuming, transferring, selling or attempting to sell or transfer any form of illegal drug while on employer business or at any time during the hours between the beginning and ending of the employee's work day, whether on duty or not, and whether on employer property or not.

For purposes of this policy, an "illegal drug" is any drug (a) which is not legally obtainable; (b) which may be legally obtainable but has not been legally obtained by the employee; or (c) which is being used in a manner or for a purpose other than as prescribed for the employee.

#### **Alcohol**

This policy prohibits any employee from being impaired by alcohol while on employer business or at any time during the hours between the beginning and ending of the employee's work day, whether on duty or not, and whether on employer property or not. This policy also prohibits any employee from bringing alcohol onto employer premises or property or using, consuming, transferring, selling or attempting to sell or transfer alcohol while on employer business or at any time during the hours between the beginning and ending of the employee's work day, whether on employer property or not, except as specifically authorized by your employer.

#### **Prescription and Over-the-Counter Drugs**

This policy prohibits any employee from abusing prescription medications or over-the-counter drugs while on employer business or at any time during the hours between the beginning and ending of the employee's work day, whether on duty or not, and whether on employer property or not.

For purposes of this policy, "prescription or over-the-counter drug abuse" means taking medications that were prescribed for someone else; using prescription drugs or over-the-counter drugs for a purpose other than for which they were prescribed or manufactured or other than in accordance with the doctor's instructions or recommended dosages.

Employees are expected to consult with their physicians regarding the effect of medications prescribed for them and to consult any package warnings for over-the-counter drugs. When an employee is taking a prescription or over-the-counter drug that can or will have an effect on the employee's normal mental and/or physical state or interfere with work such as operating vehicles, machinery, equipment, etc., the employee should inform his or her immediate supervisor so that an accommodation may be made to allow the employee to continue job performance without endangering his or her health and safety or the health and safety of others.



### **Substance Screening**

Your employer may require individuals to undergo drug or alcohol screening under the following circumstances:

#### **Applicant Testing**

Your employer may require any job applicant who has received a conditional offer of employment to undergo a drug and/or alcohol test as a condition of commencement of employment. If the job applicant refuses to undergo substance testing or has a confirmed positive test result, the conditional offer of employment will be withdrawn and the individual will not be hired.

#### **Reasonable Suspicion Testing**

Your employer may require any employee to undergo drug and/or alcohol testing if it has a reasonable suspicion that the employee is using or has used drugs or alcohol in violation of this policy.

By way of example only, a "reasonable suspicion" for purposes of this policy may be based upon such circumstances as physical symptoms or manifestations of being under the influence of drugs or alcohol or direct observation of drug or alcohol use while at work or on duty; a reliable, credible and independently corroborated report of drug or alcohol use while at work or on duty; evidence that an individual has tampered with a drug or alcohol test during his or her employment with your employer; or evidence that the employee is involved in the use, possession, sale, solicitation or transfer of drugs while on duty or while on company premises or operating your employer's vehicles, machinery or equipment.

#### **Post-Accident Testing**

Generally, your employer may require an employee to undergo drug and/or alcohol testing if your employer has a reasonable suspicion that the employee or another person has sustained a work-related injury or an accident occurs resulting in company property damage or loss of at least \$500.00 as a direct result of the employee's use of drugs or alcohol.

#### **Random Testing**

Your employer may require any employee to undergo drug and/or alcohol testing on a random selection basis. In selecting employees at random for alcohol or drug testing, all employees will be equally subject to being selected and your employer will not have the discretion to waive the selection of any employee.

#### **Post-Rehabilitation Testing**

Your employer may require any employee to undergo drug and/or alcohol testing without prior notice following a prior confirmed positive test or following the employee's participation in a drug or alcohol dependency treatment program under an employee benefit plan or at the request or requirement of your employer. This post-rehabilitation testing may continue for up to two years.

#### **Scheduled, Periodic Testing**

Your employer may require any employee to undergo drug and/or alcohol testing as part of a routinely scheduled fitness-for-duty medical exam to the extent such an exam is regularly conducted on the employee. Also, any employee may be required to undergo drug and/or alcohol testing which is routinely scheduled for all members of the employee's classification or group. At this time, your employer does not routinely schedule drug or alcohol tests for any of its employee classifications or groups other than as it may be required by federal regulations applicable to commercial drivers. Your employer reserves the option to do so in its discretion in the future, however.

#### **Substance Screening Methods and Limits**

Initial tests for alcohol will almost always be through breath or saliva samples (blood samples may be used in limited situations). Confirmation tests will be through breath or blood samples. Testing of urine samples for alcohol will be done only in connection with post-rehabilitation testing to monitor that an employee continues to be substance free following participation in a treatment program.

Substance screening may also be conducted through urine tests for the following drugs and their metabolites at initial and confirmation levels established by the State Department of Health: (1) marijuana; (2) cocaine metabolites; (3) opiate metabolites, including codeine, hydrocodone, hydromorphone, meperidine, methadone, oxycodone, propoxyphene, morphine, heroin and 6-Acetylmorphine; (4) phencyclidine; (5) amphetamines; (6) barbiturates, including amobarbital, butalbital, pentobarbital and secobarbital; (7) benzodiazepines, including diazepam, chlordiazepam and alprazolam; and (8) methaqualone.

If an applicant or employee has a confirmed positive test result, the individual may at his or her option explain the test results in confidence to your employer's medical review officer. The name of the current medical review officer, who is a medical professional trained and authorized to receive and interpret drug test results, can be obtained from the personnel office. An applicant or employee who has received a positive test result may also request a retest in order to challenge the results of a positive test; however, the individual shall pay all costs of the retest, unless the retest reverses the findings of the challenged positive test, in which case your employer shall reimburse the individual for the costs of the retest.

All samples will be collected in a manner which is designed to protect to the fullest extent possible individual privacy of employees. Employees will not be subject to direct observation while rendering urine samples; however, if there is a valid suspicion that the employee has tampered with a sample, preventive measures will be employed. If an employee provides a sample that contains confirmed evidence of any form of tampering or substitution, this shall constitute a refusal to be tested and the employee shall be subject to discipline in accordance with this policy.

All records and results pertaining to substance screening shall be maintained by your employer as "confidential" in the same manner as medical records. Any applicant or employee who wishes to obtain information or records related to his or her individual drug or alcohol test may, however, have access to those records upon written request to the personnel office.

#### **Employee Notification of Criminal Drug Conviction or License Suspension**

In accordance with the federal Drug Free Workplace Act, any employee who is convicted of a violation of a criminal drug statute involving an on-the-job incident must notify your employer within five days of his or her conviction.

#### **Employee Education and Assistance Program**

Your employer provides drug and alcohol dependency evaluation and referral services for substance abuse counseling, treatment and rehabilitation as part of an Employee Education and Assistance Program. Employees are encouraged to seek assistance through this program and an employee's decision to seek assistance from the Employee Education and Assistance Program will not be used as the basis for disciplinary action prior to a positive alcohol or drug test result or other violation of this policy. On the other hand, using the employee assistance program will not be considered a defense to imposition of disciplinary action when your employer becomes aware of a positive drug test or other violation of this policy outside of the Employee Education and Assistance Program. Depending on the circumstances, your employer may suspend the imposition of disciplinary action subject to an employee's successful participation and completion in an alcohol or drug dependency treatment or rehabilitation program, but such suspension of disciplinary action shall be in the sole discretion of your employer. No employee shall be able to avoid disciplinary action for violation of this Policy if he or she does not meet the standards of job performance established for his or her position even if the individual's lack of performance is due to alcoholism or drug dependency.

#### **Consequences of Failure to Comply with this Policy**

Any employee who violates any provision of this policy shall be deemed guilty of misconduct and subject to discipline, up to and including termination from employment, even for the first offense. This shall include any use, possession or sale of illegal drugs as prohibited by this policy; any use or abuse of alcohol as prohibited by this policy; and any prescription or over-the-counter drug abuse as prohibited by this policy.

**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:** Callbox Storage

<b>The following must be completed by the Supporter of the applicant</b>
Name, Title, and Business Name: Kira Cha, Business Operations Manager, Deignable Inc.
Address (include street address, mailing address, city, state, zip, and county): 1601 5th Ave STE 1100, Seattle, WA 98101
Phone Number: 800-273-0881
Do you currently need the services of a residential household goods moving company? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If yes, please describe your current moving needs: We are an interior design company and need short term storage for our clients between the stages of ordering furniture and installing it on the client site.
Do you anticipate a future need for the services of a residential household goods moving company? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If yes, please describe your future moving needs: As our business grows, we need options for storage in a wider geographic range.
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: Granting a permit will benefit my company by providing greater financial, geographic and service options for storage. Our requirements for on-demand storage are unique and we need storage partners who can flexibly meet our needs. Having a range of options allows us to make better decisions for our clients.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? N/A
<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>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;"><i>Kira Cha</i></p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Signature of Person Completing Form</p> </div> <div style="width: 45%;"> <p style="text-align: center;">May 11, 2017, Seattle, WA</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Date and Location</p> </div> </div>

**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: Callbox Storage

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

Name, Title, and Business Name: Anthony Placencio, Senior Manager, RSM US LLP

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

5021 123rd Street SE, Everett, WA 98208

Phone Number: (214) 392-0687

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

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

I am currently preparing to move residence. I could use storage for organization, both for the move as well as when showing the house to sell.

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:

Complete move of residence (i.e., packing and shipping from current location to new).

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:

In addition to above, I would love to be able to utilize a service like this on a frequent basis. Like many houses in the area I don't have an attic or basement, so I either use an extra room or my garage for storage. This service also limits the time to store or retrieve items due to the on call nature.

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

This is a huge need because Washington and the greater Seattle area in particular are growing so fast, both in terms of people coming in as well as new residence. Callbox is a perfect fit for our tech culture here in Seattle.

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

5/18/18 Everett, 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:**

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

Name, Title, and Business Name:  
 GREG MILLER, Director, Custom & Walker Ltd

Address (include street address, mailing address, city, state, zip, and county):  
 1420 F. CHASE AVE # 2600  
 SEATTLE WA 98101 King County

Phone Number:  
 206-521-0237

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
 multiple clients moving in the area, into the area, and also out of state

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:  
 clients will continue to expand and contract so will need services tied to those business changes

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:  
 INCREASED CONVENIENCE, INCREASED COMPETITION WILL IMPROVE SERVICE TO ALL CONSUMERS

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
 VALUE DELIVERED HERE IS THROUGH CONVENIENCE. OVER 10 YEARS 100,000+ PEOPLE HAVE MOVED TO SEATTLE; THAT STUFF HAS TO BE MOVED

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 SEATTLE WA 6-5-18  
 Date and Location



June 13, 2018

32831.0100

WEB PORTAL

Mark Johnson, Executive Secretary  
WUTC  
PO Box 47250  
1300 S. Evergreen Park Dr. SW  
Olympia, WA 98504-7250

Attn: Michael Dotson, Licensing Division

Re: Household Goods Moving Company New Provisional Permit Application for  
Callbox Storage, LLC

Dear Mr. Johnson:

Enclosed please find a Household Goods Authority Application for Callbox Storage, LLC as well as the requisite provisional and permanent authority filing fee of \$550. In addition to the shipper support statements attached as appendices, also included are relevant sections of the "Employee Handbook Safety Policy, Arbitration Plan and Drug and Alcohol Policy." Should you or the staff require additional information regarding this application, please do not hesitate to contact me.

Yours truly,

WILLIAMS, KASTNER & GIBBS PLLC

David W. Wiley  
(206) 233-2895  
dwiley@williamskastner.com

Enclosure

cc: Tasso Ziebarth  
Johnnie Akin

Williams, Kastner & Gibbs PLLC  
Two Union Square  
601 Union Street, Suite 4100  
Seattle, Washington 98101  
main 206.628.6600 fax 206.628.6611  
www.williamskastner.com  
WASHINGTON . OREGON . ALASKA