

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

WASH. UT. & TP. COMM

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: TS Moving Services

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name:	<u>Kate Arns</u>
Address (include street address, mailing address, city, state, zip, and county):	<u>King County 450 SW 316th St. Federal Way, WA 98023</u>
Phone Number:	<u>253-431-9304</u>
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:	<u>my lease is up soon and i'll be moving to a different city, need assistance transporting home goods.</u>
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:	<u>NOT until the next time I move.</u>
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:	<u>This is a small local business that assists in lending a helping hand with people in need of transporting their belongings.</u>
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	<u>They work locally and gain trust by word of mouth, they are kind and helpful, they make the transition easy.</u>
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
<u>[Signature]</u>	<u>3/24/2017 - Federal Way -</u>
Signature of Person Completing Form	Date and Location

**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

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**Applicant Name:** TS Moving Services

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

Name, Title, and Business Name: Christina Wilson

Address (include street address, mailing address, city, state, zip, and county):  
515 N DIVISION ST #2, AUBURN, WA 98001

Phone Number: 602-882-1858

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:  
I anticipate purchasing a home in the next few months, and will need a mover at that time.

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:

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?  
TS Moving Services is a positive member of the community. Granting this permit will allow the community additional fair resources.

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

[Signature] Auburn, Wa 4-7-17

Signature of Person Completing Form

Date and Location

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**Applicant Name:** TS Moving Services

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

Name, Title, and Business Name: Madysen Simpore

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

515 N. Division St. Auburn, WA 98001

Phone Number: 253-257-9591

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 moving within the next 2 months  
and will use TS Moving Services

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:

Yes I have heavy furniture that I will need  
to be moved

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 moving company will benefit me and the community  
because they are a family owned honest hard working business

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 small, local, family owned business  
we need more businesses like TS Moving Services

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

Madysen Simpore  
Signature of Person Completing Form

4-01-17 Auburn, WA  
Date and Location