



UTILITIES AND TRANSPORTATION COMMISSION

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MAY 20 2016

WASH. UT. & TP COMM

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MAY 19 2016

WASH. UT. & TP COMM

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

Table with 4 columns: Date Filed, DOL/SOS, ID, Docket #; Staff Assigned, Insurance, Inspection, Permit Issued THG; Reception #, 111-0268-207-02, 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... \$ 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 3-5 and include a statement justifying the reinstatement. \$ 250
Name Change - Complete pages 3-5 and Attachment D. \$ 35

BUSINESS INFORMATION

Legal Name: HOMESTEAD MOVE AND ESTATE SERVICES LLC
(must be individual, partners of a partnership or corporation)

Trade Name, if applicable

Physical Address 6101 N. 35TH ST, TACOMA, WA 98407

Mailing Address 6101 N. 35TH ST, TACOMA, WA 98407

Telephone Number 253 906-9696 Fax Number ( )

Posted
Case # 3

**BUSINESS INFORMATION - continued**

UBI #: 603.408.392 Email: rlclausen@comcast.net

USDOT #: 2811502 (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 account # \_\_\_\_\_ na-LLC

Employment Security Department registration number 000.575468.00.7 na-LLC

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 \_\_\_\_\_

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>
<u>ROBIN CLAUSEN</u>	<u>MANAGER</u>	<u>34%</u>
<u>RANDY CLAUSEN</u>	<u>MANAGER</u>	<u>33%</u>
<u>RYAN CLAUSEN</u>	<u>MANAGER</u>	<u>33%</u>

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

1. 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 SENIOR MOVE MANAGERS WHO WOULD LIKE TO ADD HOUSEHOLD GOODS MOVING SERVICES TO OUR BUSINESS - VERY FEW SENIOR MOVE MANAGERS OFFER ACTUAL MOVING SERVICES

2. Briefly describe your experience in the transportation/household goods moving industry: TWO YEARS EXPERIENCE IN THE OVERSIGHT OF TRANSITIONING SENIORS, ORGANIZING, PACKING AND UNPACKING, STAGING AND CLEANING

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 \_\_\_\_\_

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# \_\_\_\_\_

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, 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	\$ 11500.00	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Investments	\$	Notes Payable	\$ 6000.00
Other Current Assets	\$	Mortgages Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	NET WORTH	25500.00
Trucks and Trailers	\$ 18000.00	Preferred Stock	\$
Office Furniture	\$ 2000.00	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$ 31500.00	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	\$ 31500.00

### 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
2005	ISUZU	C22307B	JALB4B16957003326	12,000

### 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.** *-na*

### 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. *- not applicable*

**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: <i>ROBIN CLAUSEN</i>	Position: <i>MANAGER</i>
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**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: *ROBIN CLAUSEN*

Position: *MANAGER*

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: *ROBIN CLAUSEN*

Position: *MANAGER*

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.

*ROBIN CLAUSEN*

*Robin Clausen*

*5-1-16 TACOMA*

Print name of applicant

Signature of Applicant

Date and Location

WA USA **WASHINGTON** DRIVER LICENSE

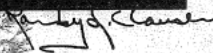

4d LIC# [REDACTED] DONOR ♥

1 **CLAUSEN**  
2 **RANDY LEE**

3 DOB [REDACTED] 4a Iss **12-02-2012**

15 Sex M 16 Hgt 6-03  
17 Wgt 200 18 Eyes GRY  
9 Class 9a End 3  
12 Restrictions NONE 4b Exp **12-04-2017**

5 DD [REDACTED] Rev 09-16-2009



WA USA **WASHINGTON** DRIVER LICENSE

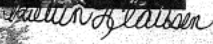

4d LIC# [REDACTED] DONOR ♥

1 **CLAUSEN**  
2 **ROBIN LOUISE**

3 DOB [REDACTED] 4a Iss **07-19-2012**

15 Sex F 16 Hgt 5-04  
17 Wgt 140 18 Eyes BRN  
9 Class 9a End NONE  
12 Restrictions C 4b Exp **07-14-2017**

5 DD [REDACTED] Rev 09-16-2009



WA USA **WASHINGTON** DRIVER LICENSE


4d LIC# [REDACTED] DONOR ♥

1 **CLAUSEN**  
2 **RYAN LANCE**

3 DOB [REDACTED] 4a Iss **02-07-2013**

15 Sex M 16 Hgt 5-10  
17 Wgt 185 18 Eyes BRN  
9 Class 9a End NONE  
12 Restrictions \*F 4b Exp **06-25-2017**

5 DD [REDACTED] Rev 09-16-2009



Progressive  
P.O. Box 94739  
Cleveland, OH 44101  
1-800-895-2886



**Policy number: 01472256-2**

Underwritten by:  
United Financial Casualty Company  
May 8, 2016  
Page 1 of 1

## Certificate of Insurance

Certificate Holder	Insured	Agent
ROBIN CLAUSEN 6101 N 35TH ST TACOMA, WA 98407	ROBIN CLAUSEN 6101 N 35TH ST TACOMA, WA 98407	PROG COMMERCIAL PO BOX 94739 CLEVELAND, OH 44101

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Apr 2, 2016	Policy Expiration Date: Apr 2, 2017
<b>Insurance coverage(s)</b>	<b>Limits</b>
Bodily Injury/Property Damage	\$750,000 Combined Single Limit
Underinsured Motorist Bodily Injury	\$25,000/\$50,000
Underinsured Motorist Property Damage	\$25,000 w/\$100 Ded (\$300 if Hit & Run)

### Description of Location/Vehicles/Special Items

#### Scheduled autos only

2005 ISU NPR JALB4B16957003326	
Comprehensive	\$500 Ded
Collision	\$500 Ded

#### Certificate number

12916A10256

# CONFIRMATION OF BINDING

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED. THIS CONFIRMATION IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) OR CERTIFICATE(S) IN CURRENT USE BY THE INSURER.

In accordance with your instructions, and in reliance upon the statements made by the retail producer in the insured's application/submission, we have bound insurance at your request as follows:

**Date Issued:** May 19, 2016

**Producer:** AGT2452  
C Don Filer Agency AGT2452  
4201 Roosevelt Way NE  
Seattle, WA 98105

**Insured:**  
Homestead Move and Estate Services LLC  
6101 N 35th St  
Tacoma, WA 98407

**Description of Risk:** HOUSEHOLD GOODS MOVER

**Insurer:** National Indemnity Company [70]

**Assigned Policy or Certificate Number:** **70MTS016035**

**Effective Period:** 5/18/2016 to 5/18/2017

**Term:** 365 days

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS CONFIRMATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

**Coverage:** MOTOR TRUCK CARGO

**Limits:** Per the attached \$20,000

**Deductible:** Per the attached

**Exposures:** 1 box truck / 50 mile radius

**Terms/Conditions:** Endorsements / Notable Exclusions:

Schedule auto coverage only

**Binding Requirements / Subject To:**

Fully completed and signed application

3 year currently valued loss runs

No federal authority

Intrastate ops only

Must be a box truck-only

No affiliation with any nationwide moving company.

All other terms and conditions apply per policy forms.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/5/2016

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).

<b>PRODUCER</b> C Don Filer Agency 4201 Roosevelt Way NE  Seattle WA 98105-6608		<b>CONTACT NAME:</b> Shari Lofquist <b>PHONE (A/C, No, Ext):</b> (206) 545-4800 <b>FAX (A/C, No):</b> (206) 545-4849 <b>E-MAIL ADDRESS:</b> slofquist@filerinsurance.com	
		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Ohio Security Ins Co	<b>NAIC #</b> 24082
<b>INSURED</b> Homestead Move And Estate Services LLC 6101 N 35th St  Tacoma WA 98407		<b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: Ntl Assoc Sr Move

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BKS56410700	11/7/2015	11/7/2016	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 15,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMPI/OF AGG \$ 2,000,000
							Expense Mod Factor 1 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER \$
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Inland Marine			BMO56410700	5/5/2016	5/5/2017	Deductible \$500 \$10,000

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

**CERTIFICATE HOLDER****CANCELLATION**

National Association of Senior Move Managers	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  Shari Lofquist/MARQUI

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**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:

*René Sarro, LLC*

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

Name, Title, and Business Name:

*RENE SARRO*

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

*2324 41st Ave SW  
Seattle, WA 98116*

Phone Number:

*206-948-1382*

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 another household move 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:

*There is a special need for Senior Moving Services. Transition from the family home requires experience combined with a caring and patient approach.*

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

*There experience working with seniors and their families is a key consideration.*

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

*René Sarro*

*April 27, 2016, Seattle*

Signature of Person Completing Form

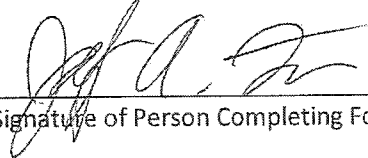
Date and Location

**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:** *Homestead Move and Estate Services*

The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: <i>Jeffrey Forshee, Pastor/Chaplain</i>
Address (include street address, mailing address, city, state, zip, and county): <i>1108 E. Central Ave., Spokane WA 99208 USA</i>
Phone Number: <i>(509) 413-6690</i>
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: <i>My parents may need assistance moving into assisted living soon. They reside in Kent WA.</i>
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: <i>Approval will benefit the community because the applicant has been in the estate sale business for many years and now will be able to provide the additional service of helping seniors move into assisted living facilities.</i>
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? <i>I am familiar with the services provided by the applicant and would hire them to help me move if I needed assistance moving, I would also refer them to others.</i>
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;"> <div style="width: 45%;">             Signature of Person Completing Form         </div> <div style="width: 45%; text-align: right;"> <i>29 April 2016 Spokane, WA</i>            Date and Location         </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:** *HOMESTEAD MOVE AND ESTATE SERVICES LLC*

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

Name, Title, and Business Name:

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

Phone Number:

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:

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?

*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

Date and Location