

TR-080816

**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: DLK Moving & Storage INC

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

Name, Title, and Business Name:  
Beverly Smith

Address (include street address, mailing address, city, state, zip, and county):  
18419 10th Ave NE Poulsbo, Wa 98370

Phone Number: 360 779 5703

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 will be retiring in a few years and plan on building a home in the Kitsap County area.

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 have had an internal move and feel this company seems to care about good service

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.

Beverly Smith  
Signature of Person Completing Form

3-20-08 Home  
Date and Location

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Applicant Name: DLK Moving & Storage Inc

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

Name, Title, and Business Name: ROSALYNN HOLLIS

Address (include street address, mailing address, city, state, zip, and county):  
7093 UNIVERSITY POINT CIRCLE NE  
BREMERTON, WA 98311

Phone Number: (360) 205-8162

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:  
PLANNING TO PUT MY HOUSE UP FOR SALE AND MOVE WITH IN KITSAP COUNTY.

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 company is owned by a woman and I prefer to patronize woman owned businesses.

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.

Rosalynn Hollis  
 Signature of Person Completing Form

3/21/2008 HOME  
 Date and Location

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Applicant Name: DLK Moving & Storage Inc

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

Name, Title, and Business Name: Karina Ritchey

Address (include street address, mailing address, city, state, zip, and county):  
26007 NW Circle Dr S  
Poulsbo, WA 98370

Phone Number: 360-286-3230

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:  
we are planning on moving my mother-in-law to live near us.

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 prefer doing business w/ a woman owned company - being a small business owner myself.

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.  
Karina Ritchey  
Signature of Person Completing Form  
03/21/08 Poulsbo WA  
Date and Location  
(Home)