

621 Woodland Square Loop SE
Lacey, WA 98503
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Email: transportation@utc.wa.gov

Addendum to Application

Docket

Company

This is to document completion of missing or incomplete items in the initial application.



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: Formula Global Mobility LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Hans Swenson, Senior Vice President, NAI Puget Sound Properties

Address (include street address, mailing address, city, state, zip, and county):
**10900 NE 8th, Suite 1500
Bellevue, WA 98004 King County**

Phone Number: **360-927-1989** Email: **hswenson@nai-psp.com**

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Relevant services to support our clients in their moves/storage 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:
Our clients very often need support with their move process.

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:
Its always important to have good partners to recomend to our clients to support them in the move process.

Is there anything else the commission should consider when making a determination about this company's application for a household goods permit?
We are pleased to support Formula Global Mobility LLC for this permit.

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

Hans Swenson

Hans Swenson

03/06/2023

Printed Name of Person Completing Form

Signature

Date



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Applicant Name: Formula Global Mobility LLC

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Hyong Gayles - True North Relocation

Address (include street address, mailing address, city, state, zip, and county):
1615 SW Cambridge Street Seattle, WA. 98106

Phone Number: **2062239697** Email: **hyongg@truenorthrelocation.com**

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:

Partners for international relocation and good domestic move services/storage to recommend to our clients.

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:

The same, partners for international relocation and good domestic move services/storage to recommend to our clients.

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:

The partnership with the Formula Global Mobility LLC would help us to provide more positive experiences and more options of good and reliable services to our clients.

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

We are pleased to support Formula Global Mobility LLC for this permit.

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

Hyong Gayles
Printed Name of Person Completing Form

Signature

3/6/23
Date



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Applicant Name:

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:

Email:

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.

Printed Name of Person Completing Form

Signature

Date