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.

Address (include street address, mailing address, city, state, zip, and county): 6920 Guide Neridian Rd Lynden WA 98264 (office #1) 2119 Lincoln st Bellingham WA 98225 (office #2) Phone Number: 360 - 920 - 1095 Email: Alpine siding Prose out (ook. com 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: This person displays good character and integrity. Their good traits will be reflected in their business to help our Whatcom County community Is there anything else the commission should consider when making a determination about this company's application for a household goods permit?	Applicant Name: David Kravchen to (Mt. Movers)	
Name, Title, and Business Name: Veto Extraction to Owner) Alpine Siding, LLC. Address (include street address, mailing address, city, state, zip, and county): 6920 Quick Meridian Rel Lyndon WA 98264 (office #1) 2119 Lincoln st Bellingham WA 98225 (office #2) Phone Number: 360 - 920 - 1098 Email: Alpine Siding Pas@outlook. com 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: This person displays good character and integrity. Their good traits will be reflected in their business to help our whatcom Country community Is there anything else the commission should considerant making a determination about this company's application for a household goods permit? This company will run a professional outfit with great quality service. I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. Velo Krawkey &b 12-5-23	The following must be completed by the Supporter of the applicant	
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Velo Kravchen 26 12-5-23	Is there anything else the commission should consider when making a determination about this company's application for a household goods permit?	./
	Velo Kravchen 26 12-5-a	

To Whom It May Concern,

This letter is regarding Mt. Movers in Ferndale, Washington. I would like to offer my support in recommending licensing for this moving company. As the retired owner of the former moving company, Iron Man Movers & Storage, I feel well qualified and confident in my referral. Mt. Movers would be an asset to the moving needs of this growing community.

I have known the owner/operators of this company on a personal, as well as a professional level, for many years. They are honest, hardworking people who are eager to learn the requirements put forth by the State, in order to operate safely in compliance with all rules and regulations.

Should you want to discuss this further with me I'm happy to do so. My contact information is below.

Regards,

Eric and S. Kelly Stewart

KELLY STORAGE of Bellingham 360-733-3584

S. Kelly Stewart



ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Address (include street address, ma	ailing address, city, state	e, zip, and county):			
Phone Number:	Em	nail:			
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Do you anticipate a future need for No Yes If yes, please descr	the services of a reside ribe your future moving		pany?		
Briefly describe how granting this cobenefit you, your business, and/or y		vide household goods moving serv	ices in Washington State will		
Is there anything else the commissi application for a household goods p		en making a determination about th	nis company's		
I certify (or declare) under penaland correct.	ty of perjury under the		on that the foregoing is true		
		Leo Kravchenko			
Printed Name of Person Compl	eting Form	Signature	Date		

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