

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](mailto: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: Stephen Berry**

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

Name, Title, and Business Name:  
**Melanie Mahova**

Address (include street address, mailing address, city, state, zip, and county):  
**8710 5th Ave W, Everett, WA 98204, Snohomish County**

Phone Number: **2068177032** Email: **N/A**

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
**I need two people to load restaurant equipment into a truck and do the assembly/ disassembly.**

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:  
**This is not a job I our my husband can do, we need people with equipment to help.**

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:  
**If they get permitted, we would have a company we feel like we can rely on for this move.**

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.*

**Melanie Mahova**

*Melanie Mahova*

**09/04/2024**

Printed Name of Person Completing Form

Signature

Date



**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: Stephen Berry**

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

Name, Title, and Business Name:  
**Melanie Mahova**

Address (include street address, mailing address, city, state, zip, and county):  
**8710 5th Ave W, Everett, WA 98204, Snohomish County**

Phone Number: **2068177032** Email: **N/A**

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
**I need two people to load restaurant equipment into a truck and do the assembly/ disassembly.**

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:  
**This is not a job I our my husband can do, we need people with equipment to help.**

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:  
**If they get permitted, we would have a company we feel like we can rely on for this move.**

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.*

**Melanie Mahova**

*Melanie Mahova*

**09/04/2024**

Printed Name of Person Completing Form

Signature

Date



# 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: Stephen Berry**

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

Name, Title, and Business Name:  
**Paula Wieber**

Address (include street address, mailing address, city, state, zip, and county):  
**2135 112th Ave NE STE 200, Bellevue, WA, 98004, King County**

Phone Number: **2068772541** Email: **N/A**

Do you currently need the services of a residential household goods moving company?  
 No  Yes If yes, please describe your current moving needs:  
**I need some misc office furniture moved into my garage from my current office while we switch Suites.**

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 need someone with power tools, muscle, and a truck to transfer the furniture.**

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:  
**My business and I will benefit from the extra space in the office while renovating.**

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.*

<b>Paula Wieber</b>	<i>Paula Wieber</i>	<b>09/01/2024</b>
Printed Name of Person Completing Form	Signature	Date