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: ASAP MOVERS LLC		
	completed by the Supporter of the applica	nt
Name, Title, and Business Name:  Ardak Moldash		
Address (include street address, mailing address, ci 3720 Wildspitz Ln Se Unit D Lacey. Wa 9850	ity, state, zip, and county): 3	
Phone Number: <b>360-800-7331</b>	Email: manipura8921@gmail.com	
Do you currently need the services of a residential No Ves If yes, please describe your current		
At the moment, I do not require the services be interested in exploring options in the future.	of a residential household goods movin ure	g company, but I may
Do you anticipate a future need for the services of a No Yes If yes, please describe your future		?
Yes, I do anticipate a future need for the ser currently considering options and would like	vices of a residential household goods me to gather more information to prepare f	noving company. I m or when the time comes
Briefly describe how granting this company a permi		n Washington State will
benefit you, your business, and/or your community		
"Granting this permit will benefit me by pro making future relocations easier and more e	viding access to dependable and profess efficient.	sional moving services,
Is there anything else the commission should consider	der when making a determination about this co	mpany's
application for a household goods permit?		
The commission should consider the compand compliance with state regulations. Thes provide reliable, high-quality moving service upholds industry standards.	se factors are essential for ensuring that t	the company can
I certify (or declare) under penalty of perjury unand correct.		at the foregoing is true
Ardak Moldash	Aprece of )	08/28/2024
Printed Name of Person Completing Form	Signature	Date



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Applicant Name: ASAP MOVERS LLC		
	completed by the Supporter of the applicant	
Name, Title, and Business Name:  Oleksiy Horetskyy		
Address (include street address, mailing address, ci 403 Field RD E Ap A Spanaway WA 98387	ty, state, zip, and county):	
Phone Number: <b>253-226-1804</b>	Email: R2DLLC1@gmail.com	CONTO CONTO DE CONTO DA SER SE LA CONTO DE CONT
Do you currently need the services of a residential half. No very Yes If yes, please describe your current		
assistance with packing, transporting, and u	bedroom apartment to a larger home across to inpacking all of my belongings, including some isassembling and reassembling furniture as we	heavy furniture
Do you anticipate a future need for the services of a		
No ✓Yes If yes, please describe your future	moving needs:	
Yes, I anticipate needing a residential movin relocation.	g company's services in the near future for an	upcoming
	t to provide household goods moving services in Washi	ington State will
benefit you, your business, and/or your community		
offer more competitive pricing and reliable of	household goods moving services in Washing options for my community. It will enhance conversional, local moving services, potentially creations.	enience for
	der when making a determination about this company's	5
application for a household goods permit?		
safety, and its contribution to the local econ	any's track record for customer satisfaction, its omy. Additionally, ensuring that the company a maintaining trust and reliability in the moving	adheres to state
I certify (or declare) under penalty of perjury ur and correct.	nder the laws of the state of Washington that the f	oregoing is true
Oleksiy Horetskyy	Hopet	08/26/2024
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: ASAP MOVERS LLC				
	completed by the Supporter of the applicant			
Name, Title, and Business Name: Fredy Ochoa				
Address (include street address, mailing address, o 5001 College St G-102 Lacey. Wa 98503	city, state, zip, and county):			
Phone Number: <b>206-593-8320</b>	Email: fredyochoa@gmail.com			
Do you currently need the services of a residential				
No ✓ Yes If yes, please describe your curren				
Yes, I currently need the services of a resid	ential household goods moving company.			
Do you anticipate a future need for the services of No Vers If yes, please describe your future Yes, I expect to need the services of a residual to the serv		he future		
benefit you, your business, and/or your communit "Granting this company a permit will provi	nit to provide household goods moving services in Was y: de me with more options for reliable and profe fordable moving experience in Washington St	essional moving		
le the are anothing also the array in its about				
application for a household goods permit?	ider when making a determination about this compan	iy's		
The commission should consider the compadherence to safety and regulatory standar	pany s reputation for reliability and customer s rds, and its potential impact on local job creati aintain high standards in the moving industry	ervice, its on and economic		
I certify (or declare) under penalty of perjury u and correct.	under the laws of the state of Washington that the	e foregoing is true		
Fredy Ochoa	Heat	08/27/2024		
Printed Name of Person Completing Form	Signature	Date		