

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.**

11. Has any person named in this application ever been convicted of any crime involving theft, burglary, assault, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance? ☐ No ☐ Yes If yes, please list below\*:

Type of Conviction	Date	State

\*attach additional pages if necessary

12. Has any person named in this application been: 1) convicted of a criminal offense in Washington state, 2) found to have committed a civil offense in Washington state, or 3) found to have violated Commission rules?

☐ No ☒ Yes If yes, please list below\*:

Violation	Date of conviction	RCW/WAC
WAC 480-15-560 Equipment safety require ment	1/20/22	WAC 480-15-560

\*attach additional pages if necessary

13. If you would like to receive information about new household goods carriers, check here ☐

### Section 3 - FINANCIAL STATEMENT

Complete the following or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank		Salaries/Wages Payable	
Notes Received		Accounts Payable	
Investments		Notes Payable	
Other Current Assets		Mortgages Payable	
Prepaid Expenses		<b>Total Liabilities</b>	
Land and Buildings		Net Worth	
Trucks and Trailers		Preferred Stock	
Office Furniture		Common Stock	
Other Equipment		Retained Earnings	
Other Assets		Capital	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES AND NET WORTH</b>	

### Section 4 - EQUIPMENT LIST

List the equipment you own or lease to provide moving services (attach additional sheets if necessary). You must own or have a long-term lease for any vehicle you operate, you may not rent vehicles on a job-by-job basis.

Year	Make	License Number	Vehicle ID (VIN)	GVW

\*attach additional pages if necessary

## 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:** Tory Friend

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

Name, Title, and Business Name:

JANE NALUMBWE

Address (include street address, mailing address, city, state, zip, and county):

5702 23RD ST E FIVE WASHINGTON 98424

Phone Number: 2064609655 Email: nalumbwejane@gmail.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:

NEXT YEAR I WILL BE MOVING

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 WILL BE WORKING WITH A HONEST COMPANY

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

N/A

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

JANE NALUMBWE

Printed Name of Person Completing Form



Signature

1/14/25

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:** Tony Friend

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

Name, Title, and Business Name:

AARON BRENDAN / SAESO MALL

Address (include street address, mailing address, city, state, zip, and county):

621 BROOKDALE RD E TACOMA, WA 98445

Phone Number: 253-468-3428

Email: SAESOMALL@GMAIL.COM

Do you currently need the services of a residential household goods moving company?

☒ No ☐ Yes If yes, please describe your current moving needs:

NOT AT THIS TIME, DELIVERIES NEEDED IN THE FUTURE

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:

PICKING UP PACKAGES FROM THE SHIPPING YARD

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 BUSINESS PERMIT BEING GRANTED WILL ALLOW ME TO USE THEIR SERVICES TO HELP BRING IN MY GOODS ON A CONTINUOUS BASIS WITH QUALITY CARE

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

SEEKING THE DEDICATION & PASSION THE APPLICANT HAS TO HAVE A SUCCESSFUL MOVING COMPANY I KNOW I WILL BE IN GOOD HANDS

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

AARON BRENDAN

Printed Name of Person Completing Form



Signature

1/18/25

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:** Tony Friend

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

**Name, Title, and Business Name:** Cher-Michal Dillard

**Address (include street address, mailing address, city, state, zip, and county):**

8203 EST C St  
Tacoma, WA 98404

**Phone Number:** 206-687-0198

**Email:** chermichald@gmail.com

Do you currently need the services of a residential household goods moving company?

☐ No ☒ Yes If yes, please describe your current moving needs:

In the future I will use the service

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 moving

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:

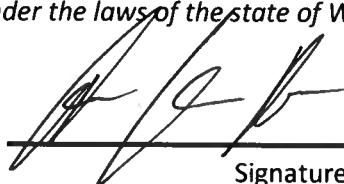
It will benefit our community by providing a diverse company.

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.

Cher-Michal Dillard

Printed Name of Person Completing Form



Signature

1-15-23

Date