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Lacey, WA 98503
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Olympia, WA 98504-7250
Phone: 360-664-1222
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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: BRAVO MOVING AND STORAGE LLC

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): 2133 BEXTER AVE. N. SEATTLE, WA 98109		
Phone Number: 425 958 236 2860 Email: pnswhite@me.com		
Do you currently need the services of a residential household goods moving company? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please describe your future moving needs: IF WE SELL OUR HOME WE WILL NEED THE SERVICES OF A MOVING COMPANY.		
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: HAVING ADDITIONAL MOVING COMPANY OPTIONS WILL BENEFIT ME WHEN I MOVE, THESE SERVICES ARE BENEFICIAL TO THE COMMUNITY OFFERING ADDITIONAL EMPLOYMENT.		
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.		
SARAH WHITE		12/30/24
Printed Name of Person Completing Form	Signature	Date