



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:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Bryan Janssen, Janssen Real Estate

Address (include street address, mailing address, city, state, zip, and county):
**PO Box 544
Edmonds, WA 98020**

Phone Number: **206-375-0550** Email: **bfjanssen@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:
As a Real Estate broker I often have clients in need of a mover. This company is a preferred provider.

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:
Dan has decades of experience, trains his people well and has excellent support. Very professional and a great resource for Real Estate Brokers and the community in general.

Is there anything else the commission should consider when making a determination about this company's application for a household goods permit?
They have a long list of strong referrals if needed.

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

Bryan F Janssen

3/18/2021

Printed Name of Person Completing Form

Signature

Date



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Applicant Name:

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: *Anne Kitaeff*

Address (include street address, mailing address, city, state, zip, and county):
750 N. 81st St., Seattle, WA 98103 (King County) - home
23700 Edmonds Way, Edmonds, WA 98026 (Snohomish County) - work

Phone Number: *425-750-5230* Email: *annekitaeff@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:
We will be selling our office building and moving the contents to 2 different locations.

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 have worked with this company before and they are completely reliable, fast, trustworthy, and pleasant to deal with. Any community needs such excellent businesses to provide quality service.*

Is there anything else the commission should consider when making a determination about this company's application for a household goods permit? *In any business relationship, trust is so important. This company treats people the way we would all like to be treated, with respect and with fairness.*

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

Anne Kitaeff

Anne Kitaeff

03-18-21

Printed Name of Person Completing Form

Signature

Date



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Applicant Name:

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):

Phone Number:

Email:

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:

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.

Printed Name of Person Completing Form

Mark Menghi

Signature

Date

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Applicant Name: Sound Moving NW

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:
Benjamin Jablonsky - owner - Pyramid Catering & Event LLC

Address (include street address, mailing address, city, state, zip, and county):
5619 MLK JR WAY S - Seattle, WA 98118 - KING

Phone Number: 206-691-9918 or 206-981-0025

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
 I have to move my house due to COVID

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 have lots of employees that need moving. Also, I need to move things to a new kitchen

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 think DAN is a very honest & fair person and will be a great asset to the community

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
 DAN also does excellent Handy Man work which is sometimes needed by folks moving to a new home

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

Benjamin Jablonsky 9-28-20 Lynnwood
 Signature of Person Completing Form Date and Location



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Applicant Name: **DAN JAMES**

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: **BRYAN JANSSEN - JANSSEN HOME TEAM**

Address (include street address, mailing address, city, state, zip, and county):
P.O. Box 544, Edmonds WA 98020

Phone Number: **206-375-0550**

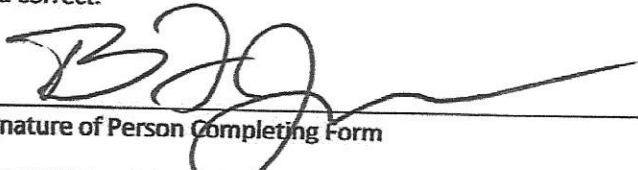
Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
As an agent I often have clients that need moving. I just referred a client.

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:
Steady flow of clients who are 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: **Dan is a pro and a great guy. I trust him w/ my clients and I need good people!**

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
IT'S NOT JUST DAN. HE HAS A GREAT TEAM.

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


Signature of Person Completing Form

9/26/2020 **EDMONDS WA**
Date and Location

From: Michael Jon Torresan <michaeljtorresan@gmail.com>
Sent: Tuesday, September 29, 2020 11:53 AM
To: info@soundmovingnw.com
Subject: Ben: the Support Letter -- at last! Sent 11:53am 9-29-20

Hi Ben,



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Applicant Name: Sound Moving North West

The following must be completed by the Supporter of the applicant	
Name, Title, and Business Name	Michael Torresan. Authentic Living International
Address (include street address, mailing address, city, state, zip, and county):	21303 80th Ave W. Apt 103. Edmonds. WA 98026
Phone Number:	425 931-3217
Do you currently need the services of a residential household goods moving company? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please describe your current moving needs:	No
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:	Yes. In the near future I will be moving to a new dwelling.
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:	Fast, reliable service from a locally owned company. High quality moving. Able to respond quickly to my changing moving needs. Great care with specialty items.
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?	Providing local employment in times of Covid 19 is important. The owner, and operations manager are intimately involved in all aspects of the move. and quick to respond to any need.
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.	
Michael Torresan	9-29-2020 Edmonds, WA
Signature of Person Completing Form	Date and Location