

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.

JUE M ROMANS BEST CHOICE PIANO MOVE		
The following must be completed by the Supporter of the applicant		
Name, Title, and Business Name:		
VINCENT CARROLL		
Address (include street address, mailing address, city, state, zip, and county):		
8451 35th Ave SW SPATTLE 98126 KING COUNTY		
Phone Number: 206 - 617 - 1712		
Do you currently need the services of a residential household goods moving company?		
□ No Yes If yes, please describe your current moving needs: I CUTTENTLY ASSIST VARIOUS		
COMPRNIES IN MOVING HOUSEHOLD FURNISHINGS FOR THE STREING OF		
MODEL Homes		
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: The SeatTie Moving MARKET		
IS GrOWING, I aNTICIPATE THE NEED FOR MORE HELP IN THE FIELD OF		
MOVING HOUSEHOLD GOODS AS WELL as STAGING MUDEL HOMES,		
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: Because of The RAPIN GrOWTH IN THE KING COUNTY OVER, IT IS SOMETIMES DIFFICULT TO FIND RELIABLE		
IN The KING COUNTY WEST, IT IS SOMETIMES DIFFICULT TO FIND RELIABLE		
MoveRs. This company would Be a welcomen Appition.		
Is there anything else the Commission should consider when making a determination about this company's		
application for a household goods permit? This applicant has demonstrated to me		
INTEGRITY and a SOLID WORK ETHIC		
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true		
and correct.		
$1 \cdot 1 \cdot$		
10-26-2017		
Signature of Person Completing Form Date and Location		



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Applicant Name:	A STATE OF THE STA	
JOE M ROMANS - 1	BettcHoice PiANO Move	
The following must be completed by the Supporter of the applicant		
Name, Title, and Business Name:		
NeTanya Khosrovani		
Address (include street address, mailing address, city, state, zip, and county):		
703 184th ST SW BOTHELL WA 92	8012 SNOHOMISH COUNTY	
Phone Number:		
954-854-9939		
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 a 2 BedRown		
House That I will have to he	we moved from	
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: Due two the		
nature of my work I Relocate bairly often.		
μωσι	we barred office.	
Briefly describe how granting this company a permit to provide hous	shold goods maying sanges in Washington	
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: JM My Expersione		
Man doe mat eman Pan I de my expersione		
There are not enoug Properly licensed houshold		
movers in Snohowish wing		
Is there anything else the Commission should consider when making	a determination about this company's	
application for a household goods permit? I have known This Person bor Deveal Glass and They would provide a great Devoice		
Seven glass and They would provide a prest Dervine		
To The comunity in my opinion		
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true		
and correct.		
A .		
Netavja Khosrovari	10-111 2017	
Signature of Person Completing Form	10-14-2017	
alguature of Leison Combiening Louin	Date and Location	



Applicant Name:

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JOSEPH RUMANS - BEST CHOICE PIANO MOVE
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name:
James DEPASQUALE
Address (include street address, mailing address, city, state, zip, and county):
Flot hadded
EVERETT, LEDA
Phone Number:
425-224-0506
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?
INO A YES IT VES, please describe your future moving pools.
entire household in storage while looking the
entre household in storage while looking for a home. I will need the services of a reliable household.
mover when the time comes to move me to a house.
Briefly describe how granting this
Briefly describe how granting this company a permit to provide household goods moving services in Washington
E PERC WILL DELICITE VOID, VOID DISINESS AND/OF VOID COMMINGENT R. L. M. A.
areas are growing rapidly and it is sometimes difficult to since a retable household goods mover with the proper
is the contraction to the proper
INSURANCES. THIS COMPANY WOULD BE a welcome addition.
is the differential end of the commission should consider whom making a data and the
and was a first known this applicant for
solid workethic. I have knownthus applicant for several years and find him to be a number interest.
to a state of Washington that the foresting in the state of Washington that the foresting is
and correct.
Signature of Person Completing Form Date and location
Date and Location