

## **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:  |
| Address (include street address, mailing address, city, state, zip, and county):   |
| 8301 St + th ave S. Seattle WA 99118   |
| Phone Number: (26) 519.230   |
| Do you currently need the services of a residential household goods moving company?  |
| □ No ¥Yes If yes, please describe your current moving needs:   |
| Into It yes, please describe your current moving needs:  In the first was to fortland or.  |
| Do you anticipate a future need for the services of a residential household goods moving company?  |
| E No. E Vos. If you please describe your future moving peeds:  |
| 3 months through with + OR   |
| move every 3 months through wA + OR for business and I use this ampany.  |
| Briefly describe how granting this company a permit to provide household goods moving services in Washington   |
| Control 11 to 12 to 12 to 14 t |
| Office dayle of Sorvices for the community.  |
| disandelle   |
|  |
| Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?   |
| application for a household goods permit?  Small bulleness + minimity drived.  |
| Strong Transfer of the   |
|  |
| I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.  |
|  |
| Cithale 11/18 South WA   |
| Signature of Person Completing Form Date and Location  |



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| Applicant Name:  |
|--|
|  |
| The following must be completed by the Supporter of the applicant  |
| Name, Title, and Business Name: Licica Benefield Team Benefield Brokers  |
| Address (include street address, mailing address, city, state, zip, and county):                                     |
| 1200 Westber are N. Suite 406 Sentle, WA 98109   |
| Phone Number: (266) 802. 8411  |
| Do you currently need the services of a residential household goods moving company?                                  |
| □ No □ Yes If yes, please describe your current moving needs:  |
| We are a team of agents that utilize this company to move our staying furniture.                                     |
| 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:   |
| They provide moving services to our clients  |
| They pronde moving services to our clients moving into their 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: Trustworthy Service at reasonable pures. Reliable t    |
| aftention to detail.   |
| Is there anything else the Commission should consider when making a determination about this company's               |
|  |
| Were had several successful moves with   |
| This bendore.  |
| I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true |
| and correct.   |
| Herea Benfeld 3/26/18 Seather WA   |
| Signature of Person Completing Form Date and Location  |