



# 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: *JFS Transport Inc*

Address (include street address, mailing address, city, state, zip, and county):  
*Po Box 190 Gig Harbor Wa 98335*

Phone Number: *888 546 6820* Email: *JFSmoving@yahoo.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:

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: *JFS effectively provided these services moving my family punctually according to our specific deadlines. Their professionalism made the whole process an easy transition. I personally feel that this business would be a valuable asset to whatever community it is apart of.*

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.*

*James Wallace*

Printed Name of Person Completing Form

Signature

*2/1/2021*

Date



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Name, Title, and Business Name:

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*Po Box 190 Gig Harbor WA 98335*

Phone Number: *888 546 6820*

Email: *jfsmoving@yahoo.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:

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 had them move me before and they are a great company and a respectful company and do great things in the community as well.*

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

*They have been in business since 2017 and continue supplying great service today.*

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

*RYAN MACDONALD*

Printed Name of Person Completing Form

Signature

*2/1/2021*

Date



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**Applicant Name:** Adam Kable

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

Name, Title, and Business Name: JFS Transport

Address (include street address, mailing address, city, state, zip, and county):  
PO BOX 190 Gig Harbor WA 98335

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:  
JFS Transport is an Honest company that will bring great value 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?

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

Adam Kable  
Printed Name of Person Completing Form

*Adam Kable*  
Signature

2-1-21  
Date