



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: Industry Movers

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Michelle McCord LLC

Address (include street address, mailing address, city, state, zip, and county): 19202 26th Ave Ct E Spanaway WA 98387

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: I am a Realtor and my clients often need moving services.

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 will continue to have buyers & sellers needing assistance 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. As a Real estate professional it's my job to help clients solve problems: moving personal belongs, staging homes for sale and delivering appliances are all potential services I can provide through this company.

Is there anything else the commission should consider when making a determination about this company's application for a household goods permit? They are reliable, professional and efficient.

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

Michelle McCord Signature Date 8/13/21





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### HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: Industry Movers Inc.

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

Name, Title, and Business Name:

**Willie Blackburn, Mortgage Advisor, Absolute Mortgage**

Address (include street address, mailing address, city, state, zip, and county):

**402 E. Main St. Suite 140  
Auburn, WA 98002**

Phone Number: **509-979-8198**

Email: **wblackburn@absolutemortgage.com**

Do you currently need the services of a residential household goods moving company?

No  Yes If yes, please describe your current moving needs:

**Current clients that are selling their home and needing a moving company**

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 a large referral base that consistently needs 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:

**I have a large referral base that consistently needs a moving company and having one of quality service will aid in this area. Being able to help clients get into their new home, stress free, allows them to focus on more important things with their new purchase.**

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 the owners of this company for over 15 years and their commitment to quality and customer service, along with their involvement in the community, will make them a valuable addition to the state economy.**

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

**Willie Blackburn**

*Willie Blackburn*

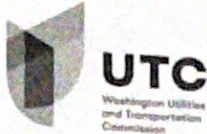
**08/11/2021**

Printed Name of Person Completing Form

Signature

Date





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## HOUSEHOLD GOODS STATEMENT OF SUPPORT

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**Applicant Name: David Lundy**

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

Name, Title, and Business Name:  
**Corey Peterson**

Address (include street address, mailing address, city, state, zip, and county):  
**5608 112th ST E, APT B, Puyallup, WA, 98373**

Phone Number: **253-576-4727** Email: **seaypiidesign@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:  
**I am planning on moving soon, and I will definitely be in need of a truck and crew to help with the move.**

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 believe this company will be a benefit to me personally because they are local, so they will have a better understanding of transportation and delivery obstacles that might occur and I know my items will be delivered safely, where I need them.**

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.*

**Corey Peterson**

**8/12/2021**

Printed Name of Person Completing Form

Signature

Date