

621 Woodland Square Loop SE  
Lacey, WA 98503  
P.O. Box 47250  
Olympia, WA 98504-7250  
Phone: 360-664-1222  
Email: [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov)

### **Addendum to Application**

Docket

Company

**This is to document completion of missing or incomplete items in the initial application.**



# 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:** Team Brown Senior Movers

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

Name, Title, and Business Name: Mrs. Julianne Thal

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

828 Puget Way, Edmonds, WA 98020 Snohomish

Phone Number: 425 744 7222 Email: julianne.thal@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:

help with moving my parents

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:

help with moving my parents

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'm not able to move things myself & I don't own a truck

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.

Julianne Thal  
Printed Name of Person Completing Form

Julianne Thal  
Signature

3/1/23  
Date



# ATTACHMENT A

## HOUSEHOLD GOODS STATEMENT OF SUPPORT

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**Applicant Name: Team Brown Senior Movers**

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

Name, Title, and Business Name:

RICHARD B. MATHER

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

26505 161ST AVE SE  
COVINGTON WA 98042

KING Co.

Phone Number: 206-947-4816

Email: rmatherb8vr@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:

WHEN WE DOWNSIZE.

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:

THIS IS A WONDERFUL IDEA, AND MY FRIENDS WOULD DEFINITELY BENEFIT FROM A BUSINESS LIKE THIS.

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

THIS COMPANY WOULD BE A GREAT RESOURCE FOR THE SENIOR COMMUNITY.

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

RICHARD B. MATHER

3-6-23

Printed Name of Person Completing Form

Signature

Date