

ATTACHMENT A



HOUSEHOLD GOODS STATEMENT OF SUPPORT WASH. UT. & TP

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 regulations permit to provide those services. These forms may be copied by you as needed.

JUL - 7 2019 **Applicant Name:** WASH. UT. & TP. COMM The following must be completed by the Supporter of the applicant Name, Title, and Business Name: alStal Hernandez Address (include street address, mailing address, city, state, zip, and county): 12303 harbour pointe blvd N108 Mukilten WA 98275 Phone Number: Do you currently need the services of a residential household goods moving company? □ No XYes If yes, please describe your current moving needs: Moving, adresser and bookshelf. Do you anticipate a future need for the services of a residential household goods moving company? □ No X Yes If yes, please describe your future moving needs: absolutely, moving boxes, when moving out. 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: helps because I have alpad knee, absolutely Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? Juan is a friendly responsible person, trust worthy I would haply recommend him, for anything I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature of Person Completing Form



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HOUSEHOLD GOODS STATEMENT OF SUPPORT

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Applicant Name: + Local Mover; Juan Gubierrez.
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: Elizabeth Sanz
Address (include street address, mailing address, city, state, zip, and county):
11812 E Gibson RD D 223 Everett, WA 98204
Phone Number:
266 59 6 59 47 Do you currently need the services of a residential household goods moving company?
No. The place describe your current moving needs:
I need to get rid of an old bed and a couple
Chairs.
Do you anticipate a future need for the services of a residential household goods moving company? □ No IVes If yes, please describe your future moving needs: Twill propably weed more moving Services.
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 a person with reduced mobility, so I'm able to move anything more floar 5 lbs. Is there anything else the Commission should consider when making a determination about this company's
Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit? This there anything else the Commission should consider when making a determination about this company's application for a household goods permit? This there anything else the Commission should consider when making a determination about this company's application for a household goods permit? This there anything else the Commission should consider when making a determination about this company's application for a household goods permit? This there are the Commission should consider when making a determination about this company's application for a household goods permit? This there are the Commission should consider when making a determination about this company's application for a household goods permit? This there are the Commission should consider when making a determination about this company's application for a household goods permit? This there are the commission should consider when making a determination about this company's application for a household goods permit the company application for a household good good good good good good good g
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. Signature of Person Completing Form Date and Location



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Applicant Name:
Tran Guherrez
The following must be completed by the Supporter of the applicant
Name, Title, and Business Name: Herb Sylwester
Address (include street address, mailing address, city, state, zip, and county):
Phone Number: 425-626-8726
Do you currently need the services of a residential household goods moving company?
□ No Yes If yes, please describe your current moving needs: Theed to get some old clothing to Goodwill.
Do you anticipate a future need for the services of a residential household goods moving company?
□ No tryes If yes, please describe your future moving needs: TII Probably held to get some more stuff Out.
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 a busy person, and I m always in heed of
this service.
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.
Herb Sylwester Signature of Person Completing Form 06/28/19 Home Date and Location