



## 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):

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:

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.*

Printed Name of Person Completing Form

\_\_\_\_\_

Signature

Date