

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, r	nailing address, city, state,	zip, and county):	
Phone Number:	Emai	il:	
Do you currently need the service No Yes If yes, please des	es of a residential househole cribe your current moving r		
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 commis application for a household goods		n making a determination about this	company's
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 Com	pleting Form	Signature	Date

5-20 Page **1** of **1**