## **STATEMENT OF SUPPORT**

APPLICANT STATEMENT
(To be completed by the individual requesting operating authority)

Applicant Name:	Application Docket No.
Sean McNamara/DBA-Bellingham Water Taxi	TS-121253 RECEIVED
THE APPLICATION – What authority are you applying for? Include any amendments.	
PASSENGER AND FREIGHT SERVICE Between Bellingham and Friday Harbor, with flag stops at Vendovi, Cypress WASH. UT. & TP. COMM	
SUPPORT STATEMENT	
(To be completed by the individual or business/organization supporting the request for operating authority)	
<u>The Transportation Need</u> : Briefly descirbe the transportation service that you need and that the	
application could provide to you or your business/organization if this request for operating authority is	
granted: <u>Living on an island, community transportation services to and from the mainland are crucial.</u> Washington State Ferries is our primary option but many people do not wish to use their vehicle	
because of the expense. During the winter of 2006 the community enthusiastically supported an	
experimental passenger ferry service between Friday Harbor and Bellingham. However this service	
has since discontinued.	
Are your transportation needs being met now? Yes_X_ No If not, explain problems you have	
experienced: Our ferry transportation needs are met but on a limited basis with only one destination	
to the mainland (Anacortes). Bellingham is an international transportation hub with direct connection	
opportunities and the community would find value in a year-round pedestrian connection to	
Bellingham.  If the request is denied, would it have any affect on you or your business/organization: Yes	
No. X If yes, please explain:	
Tro II you, ploude explain	
VERIFICATION	
Name and Title: Marilyn O'Connor, Port Director	
Business/Organization: Port of Friday Harbor	
Street/Mailing Address: 204 Front Street	
City, State, Zip Code Friday Harbor, WA. 98250	
	Al (000) 070 0444
Telephone Number: (360) 378-2688 Fax I	Number: (360) 378-6114
I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilitities	
& Transportation Commission, and agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.	
The laws of the state of Mashington that the information contained in this statement is true and correct.	
Mail Millon Comment	
PRINT NAME SIGNATURE EXCUTIVE DIRECTOR	8.22-12
PRINT NAME SIGNATURE DATE	
Exelective Breeter	