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AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

Auto Transportation certificate applications must include more than one signed and sworn support statement from independent members of the public who need service, or a statement by a representative of a city, county or regional transportation planning organization.

Applicant Name: **Pacific Northwest Transportation Services, Inc. d/b/a Capital Aeroporter**

Customer Sworn Statement Relating to the Need for Service:

Customer Name: **Christina Barte**

Address: **3962 Moonlight Ct, Gig Harbor, WA 98332**

Phone Number: **(360) 451-3049** Email: **tina.barte@yahoo.com**

Fax Number:

Describe the need for the requested service:

Gig Harbor, Bremerton, Port Orchard, Fox Island and the Key Peninsula area needs a high-quality, dependable and cost-efficient door-to-door transportation service to provide our community with service to Sea-Tac International Airport and the Seattle Cruise Ports.

If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): **No other Door-to-Door Service currently exists**

Explain why the current company is not providing adequate service:
No private van service too and from my front door. Shared service during a pandemic is not an option for our family. We always need door to door an Capital Aeroporter is an amazing company that our family trusts everytime we need travel needs.

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.

Christina Barte
 Print Name

Signature

11-23-2020
 Date