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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:

Customer Sworn Statement Relating to the Need for Service:

Customer Name:

Address:

Phone Number:

Email:

Fax Number:

Describe the need for the requested service:

If there is an existing company providing this service in the territory, please list the existing company's name (if applicable):

Explain why the current company is not providing adequate service:

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.

Print Name


Signature

Date