| APPLICANT | STATEMENT |
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| (To be cor "ated by the individual | al requesting operation "thority) |
| Applicant Name: | Application Docke. No.: |
| Mike Lauver and John Solin | |
| dba FEET WET PARTNERS | TS-050443 |
| THE APPLICATION What authority are you app | lying for? Include any amendments. |
| To provide commercial passenger and freight | |
| Coupeville, Coupeville and Madrona Beach, C | ak Harbor and Mukilteo, and intermediate |
| points on those routes. | |
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| SUPPORT S | |
| (To be completed by the individual or business/organ | zation supporting the request for operating authority) |
| THE TRANSPORTATION NEED Briefly describe | the transportation service that you need and that the |
| application could provide to you or your business/orga granted. Llive on Whidbey Island and would use t | anization if this request for operating authority is |
| Island for Recreation, especially golf, and also for | shopping. My wife also commutes to Seattle |
| and if she could get to Camano Island in 10 minut | es it would decrease her commute time by |
| offering connections with the bus service from Ca | umano and Stanwood to Seattle. |
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| Are your transportation needs being met now? | Yes No _X_ If not, explain problems you |
| have experienced. Ferry delays and long lines b | oth in summer and winter. It is a 1 ½ drive to |
| get to Camano Island now and this ferry woul | d reduce that time to only 10 minutes. |
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| If the request is depied, would it have any effect | on you or your husiness/organization: |
| If the request is denied, would it have any affect of | Id deny me the ability to make this fast |
| | u ugily file the ability to make this last |
| commute as mentioned above. | |

| | ICATION | |
|--|----------------------------|-------------------------------------|
| · (To be completed by the indivinal or business/orga | nization supporting the | uest for operating authority) |
| Name and Title: Gary Gordon | | |
| Business/Organization: Retired | | |
| Street/Mailing Address: 3767 S Oceanside DR | | |
| City, State, Zip Code: Greenbank, WA 98253 | | |
| Telephone Number: 360-678-1952 | Fax Number: | |
| I understand that this information is being given as the ba Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the | e state of Washington. I d | certify or declare under penalty of |
| CARY & GORDON G PRINT NAME | SIGNATURE | 8-5-05 DATE |
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| | T STATEMENT dual requesting operating hority) |
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| Applicant Name: | Application Dockeo.: |
| Mike Lauver and John Solin | TS-050443 |
| Dba Fet Wet Partners | 10 000110 |
| THE APPLICATION What authority are you a | pplying for? Include any amendments. |
| Commercial Ferry Service (Passenger and Freight) | |
| Between Oak Harbor and Coupeville; | |
| Between Coupeville and Madrona Beach; | |
| Between Oak Harbor and Mukilteo; and Intermediate points on the above named routes. | |
| intermediate points on the above named routes. | |
| (To be completed by the individual or business/or | STATEMENT canization supporting the request for operating authority) be the transportation service that you need and that the erganization if this request for operating authority is |
| granted The proposed route between Oak Harbor an | d Coupeville would be very convenient when I conduct |
| business with the county. I could leave my car and be i Oak harbor—Mukilteo run is established it will greatly re Summer traffic on the Washington State Ferry makes | n Coupeville in a matter of minutes. Additionally, when the duce the commute time off of the south end of the Island. It un-workable for business or commuting, and with the price |
| to Mukilteo, Lynnwood and Seattle. We are an Island c | passenger ferry will greatly reduce my costs and time to get ommunity and need all of the transportation options possible |
| to relieve traffic congestion getting on to and off of the le | |
| Are your transportation needs being met now? have experienced. | Tes No_A If not, explain problems you |
| During the summer season in particular the WSF f | erry is of little or no use to residents as traffic will cause |
| up to 2 hour wait times for a boat. On the north en | d of the Island Deception Pass bridge is a 2 lane bottle |
| neak alogged with tourist troffic. During the winter | - the building is all too trooutontly ologod duo-to |
| | r, the bridge is all too frequently closed due to |
| accidents on it. | |
| accidents on it. If the request is denied, would it have any affe Yes X No If yes, please explain. | ct on you or your business/organization: |
| accidents on it. If the request is denied, would it have any affe Yes_X No If yes, please explain. As I stated above, it will impact my ability to conductive to conductive the state of the sta | |
| accidents on it. If the request is denied, would it have any affe Yes X No If yes, please explain. | ct on you or your business/organization: |
| accidents on it. If the request is denied, would it have any affe Yes_X No If yes, please explain. As I stated above, it will impact my ability to condulated commuting and travel. | ct on you or your business/organization: |
| accidents on it. If the request is denied, would it have any affe Yes_X No If yes, please explain. As I stated above, it will impact my ability to condulated commuting and travel. | ct on you or your business/organization: uct business in the county seat (Coupeville) and all off |
| accidents on it. If the request is denied, would it have any affe Yes_X No If yes, please explain. As I stated above, it will impact my ability to condulate Island commuting and travel. VER (To be completed by the individual or business/or | ct on you or your business/organization: uct business in the county seat (Coupeville) and all off FICATION panization supporting the request for operating authority) |
| accidents on it. If the request is denied, would it have any affe Yes_X No If yes, please explain. As I stated above, it will impact my ability to condulate Island commuting and travel. VER (To be completed by the individual or business/or Name and Title:_John Kruse | ct on you or your business/organization: uct business in the county seat (Coupeville) and all off FICATION panization supporting the request for operating authority) |
| accidents on it. If the request is denied, would it have any affe Yes_X No If yes, please explain. As I stated above, it will impact my ability to condulate stand commuting and travel. VER (To be completed by the individual or business/or Name and Title:_John Kruse Business/Organization:Financial Soulutions Of | ct on you or your business/organization: uct business in the county seat (Coupeville) and all off FICATION ganization supporting the request for operating authority) |
| accidents on it. If the request is denied, would it have any affer Yes_X No If yes, please explain. As I stated above, it will impact my ability to condustrate to commuting and travel. VER (To be completed by the individual or business/or Name and Title:_John Kruse Business/Organization:Financial Soulutions Constructions of Street/Mailing Address: 316 SE Pioneer City, State, Zip Code: Oak Harbor, Wa 98277 Telephone Number: 360-675-6227 Fax Number | ct on you or your business/organization: uct business in the county seat (Coupeville) and all off IFICATION. ganization supporting the request for operating authority) Group |
| accidents on it. If the request is denied, would it have any affer Yes_X No If yes, please explain. As I stated above, it will impact my ability to conduct Island commuting and travel. VER (To be completed by the individual of business/or Name and Title:_John Kruse Business/Organization:Financial Soulutions of Street/Mailing Address: 316 SE Pioneer City, State, Zip Code: Oak Harbor, Wa 98277 Telephone Number: 360-675-6227 Fax Number I understand that this information is being given as the Utilities and Transportation Commission, an agency of | ct on you or your business/organization: uct business in the county seat (Coupeville) and all off FIGATION. ganization supporting the request for operating authority). Group |
| accidents on it. If the request is denied, would it have any affer Yes_X No If yes, please explain. As I stated above, it will impact my ability to conduct Island commuting and travel. VER (To be completed by the individual of business/or Name and Title:_John Kruse Business/Organization:Financial Soulutions of Street/Mailing Address: 316 SE Pioneer City, State, Zip Code: Oak Harbor, Wa 98277 Telephone Number: 360-675-6227 Fax Number I understand that this information is being given as the Utilities and Transportation Commission, an agency of | ct on you or your business/organization: uct business in the county seat (Coupeville) and all off FICATION. ganization supporting the request for operating authority) er:360-679-1117 basis for a grant of operating authority by the Washington the state of Washington. I certify or declare under penalty of |