

621 Woodland Square Loop SE Lacey, WA 98503 P.O. Box 47250 Olympia, WA 98504-7250 Phone: 360-664-1222

Email: transportation@utc.wa.gov

## **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.

Annlicant Name: Fagle Town Car	/ Rellevue Airport Shuttle	WELLOW THE			
Applicant Name: Eagle Town Car / Bellevue Airport Shuttle  Customer Sworn Statement Relating to the Need for Service:  Customer Name: Caroline Dermarkarian, Seattle Marriott Bellevue					
			Address: 200 110th Ave NE, Bellevue, WA 98004		
			Phone Number: <b>425-214-8502</b>	Email: caroline.dermarkarian@marriott.con	n .
Fax Number: <b>425-214-8544</b>					
Describe the need for the requested	service:				
and quick transportation option along with four others in Bellev less than half the cost of on-de	specifically our hotel guests, are in need on to/from the airport. The shuttle would sevue, and offer daily transportation for \$30 permand car services. This service is a benew, and will also benefit Bellevue's residents	rvice our hotel per trip. This is fit for visitors to			
If there is an existing company providing this service in the territory, please list the existing company's					
name (if applicable): N/A					
Explain why the current company is not providing adequate service:					
There are no existing companie	es offering daily shuttle service to the airpo	ort			
I certify or declare under penalty of per	rjury under the laws of the state of Washington that	the information			
contained in this statement is true and	correct.				
Caroline Dermarkarian	C. Slav. Ac	09/23/2024			
Print Name	Signature	Date			