



ATTACHMENT A

AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT

Auto Transportation certificate applications must include more than one signed and sworn support statements 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: Tim MATTS

Address: 20503 NE 123rd St Redmond WA

Phone Number: 425-865-2300 Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Describe the need for the requested service:

There is no service at the point

If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable) There is no other alternative

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.

TIM MATTS  
Print Name

[Signature]  
Signature

11-19-18 King WA  
Date, County, State