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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

Meredith Langridge
Signature

Date