

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

THE APPLICATION What authority are you applying for? Include any amendments.
A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.

SUPPORT STATEMENT

(To be completed by the individual or business/organization 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/organization if this request for operating authority is granted. We need access to a faster boat than what is currently offered, with more convenient travel times so that we do not have to travel home at night over mountain passes, or endure the expense of a hotel room so that we can avoid driving at night. Having an option to use a service originating in Stehekin will allow us to travel earlier in the day and save money plus travel during daylight hours thus better ensuring our safety.

Are your transportation needs being met now? Yes ___ No x If not, explain problems you have experienced. Because the Lady of the Lake only runs its slow boat during the fall when we go to Stehekin each year, we are forced to do the 4 hour trip. When we leave we either have to drive home at night over mountain passes, or we get a hotel room which is an added expense. Additionally, the Lady of the Lake frequently picks up large groups of children at Holden causing overcrowding and uncomfortable conditions. Or will be taking a large group to drop off at Holden, again causing overcrowding and uncomfortable conditions.

If the request is denied, would it have any affect on you or your business/organization:
Yes x No ___ If yes, please explain. The very long boat ride from Chelan to Stehekin and back with the restricted times based on leaving from Chelan would make us consider not continuing to vacation in Stehekin because of impact to returning home over the passes in the dark. The times the boat travels are not convenient and there are currently no other options as the plane service has been discontinued.

RECEIVED
PROCESSED
2018 SEP -5 AM 8:30
STATE OF WASH
JULIA AND TRACY
COMMISSIONER

TS-180677

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Cynthia Martin, private citizen

Business/Organization: N/A

Street/Mailing Address: 2540 20th Ave. NE

City, State, Zip Code: Olympia, WA 98506

Telephone Number: (360) 943-3288

Fax Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. 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.

CYNTHIA MARTIN

PRINT NAME

Cynthia Martin

SIGNATURE

8/20/18

DATE

IMPORTANT!!!

PLEASE READ THIS NOTICE AND FOLLOW INSTRUCTIONS SO YOUR APPLICATION MAY BE PROCESSED

Washington law allows the Washington Utilities and Transportation Commission (WUTC) to grant operating authority only when it is required by the present or future public convenience and necessity. Even though your application is not protested, you need one or more statements from persons proving that your services are needed, otherwise your application will be denied.

When the form is completed by a person supporting your application, send it to the WUTC at the address below. If you desire, a hearing can be scheduled for your witness to appear in support of your application.

Support statements should reach the WUTC **WITHIN 30 DAYS** or the APPLICATION MAY BE DISMISSED. We also suggest that you keep a copy of each statement.

If you have questions or need additional assistance, contact Licensing Services (360) 664-1222.

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

Licensing Services

PO Box 47250

Olympia, WA 98504-7250

Note: Please be sure to write your application/docket number on all forms.

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Backcountry Travels LLC

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SUPPORT STATEMENT

(To be completed by the individual or business/organization 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/organization if this request for operating authority is granted. ~~We need access to a faster boat than what is currently offered, with more convenient travel times so that we do not have to travel home at night over mountain passes, or endure the expense of a hotel room so that we can avoid driving at night. Having this new boat will allow us to save money and travel during daylight hours thus better ensuring our safety.~~

Are your transportation needs being met now? Yes ___ No x If not, explain problems you have experienced. ~~Because the Lady of the Lake only runs its slow boat during the fall when we go to Stehekin each year, we are forced to do the 4 hour trip. When we leave we either have to drive home at night over mountain passes, or we get a hotel room which is an added expense. Additionally, the Lady of the Lake frequently picks up large groups of children at Holden causing overcrowding and uncomfortable conditions.~~

If the request is denied, would it have any affect on you or your business/organization: Yes x No ___ If yes, please explain. We have grown tired of the very long boat ride from Chelan to Stehekin and back and are considering not continuing to vacation in Stehekin because of this. The times the boat travels are not convenient and there are currently no other options.

STATE OF WA
UTL AND TRAVEL
COMMERCIAL
2018 SEP -5 AM 8:30
RECEIVED
FERRY MANAGEMENT

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

TS-1806??

Name and Title: Laura Foltz, private citizen

Business/Organization: N/A

Street/Mailing Address: 2540 20th Ave. NE

City, State, Zip Code: Olympia, WA 98506

Telephone Number: (360) 943-3288 Fax

Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. 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.

Laura Foltz
PRINT NAME

Laura Foltz
SIGNATURE

8/19/2018
DATE

IMPORTANT!!!

PLEASE READ THIS NOTICE AND FOLLOW INSTRUCTIONS SO YOUR APPLICATION MAY BE PROCESSED

Washington law allows the Washington Utilities and Transportation Commission (WUTC) to grant operating authority only when it is required by the present or future public convenience and necessity. Even though your application is not protested, you need one or more statements from persons proving that your services are needed, otherwise your application will be denied.

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Support statements should reach the WUTC **WITHIN 30 DAYS** or the APPLICATION MAY BE DISMISSED. We also suggest that you keep a copy of each statement.

If you have questions or need additional assistance, contact Licensing Services (360) 664-1222.

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
Licensing Services
PO Box 47250
Olympia, WA 98504-7250

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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SUPPORT STATEMENT

(To be completed by the individual or business/organization 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/organization if this request for operating authority is granted. I have a rental cabin in Stehekin. If this application is granted it would give my guest much more flexibility. There has been a time when both boats were full and out friends that were all packed for their weekend got turned around ^{with no other} options.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. Currently there is 1 departure time per day in Chelan. If you're unable to make that time you're out of luck. My husband gets off work in the morning, not early enough to catch the boat. If this service is granted we would frequent Stehekin much more.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. Currently there's no way to rent our cabin in the off season. There's no way we can coordinate the boat schedule (3 days per week), and shipping our laundry back and forth. On a personal level, because I work full time it's almost impossible to visit Stehekin in the off season with the current boat schedule.

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Mistaya Johnston
Business/Organization: _____
Street/Mailing Address: P.O. Box 55
City, State, Zip Code: Chelan, WA 98816
Telephone Number: 509-699-0274 Fax Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. 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.

Mistaya Johnston
PRINT NAME

Mistaya Johnston
SIGNATURE

8/22/18
DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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SUPPORT STATEMENT

(To be completed by the individual or business/organization 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/organization if this request for operating authority is granted. We would like to have a daily scheduled transportation available year-round, especially one that would take us down lake in the morning and back up lake in the afternoon.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. We must take extra travel days (days off of work and/or school) to make it to appointments in Wenatchee, often having to pay to stay in a hotel when down lake. Often in the summer now the Lady Express is full, requiring us to take the slow boat.

If the request is denied, would it have any affect on you or your business/organization? Yes No If yes, please explain. If the request is denied, it would have an effect on our school teachers & students' attendance. It would make it more costly for my husband and I to travel to/from our rental properties down lake.

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Laura Getchell

Business/Organization: _____

Street/Mailing Address: PO Box 2

City, State, Zip Code: Stehekin WA 98852

Telephone Number: (509) 699-2019 Fax Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. 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.

Laura J. Getchell
PRINT NAME

Laura J. Getchell
SIGNATURE

8/16/2018
DATE

Applicant Name: 
Backcountry Travels LLC

Application Docket No.:
TS-180677

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SUPPORT STATEMENT

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THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. It would be beneficial for me, my family, and the whole community of Stehekin to have a daily ferry running year round. One leaving Stehekin in the morning and returning that afternoon would be ideal, especially during the tourist season, to provide locals a way out.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. In order to go down lake for even the briefest appointment/shopping trip/etc., currently locals must take a full two days off work just to adapt to the Lady of the Lake schedule. This is inconvenient and time-consuming, no matter the season.

If the request is denied, would it have any affect on you or your business/organization:

Yes No If yes, please explain. If the state of Washington denies this request, the locals in Stehekin and our economy will suffer. With a more accomadating, quick boat trip available, we would be able to manage our errands much more easily.

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Jennifer Getchell

Business/Organization: n/a

Street/Mailing Address: P.O Box 2

City, State, Zip Code: Stehekin, WA 98852

Telephone Number: (509) 699-2010 Fax Number: n/a

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. 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.

Jennifer Getchell
PRINT NAME

Jennifer L. Getchell
SIGNATURE

8-16-2018
DATE

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
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SUPPORT STATEMENT
 (To be completed by the individual or business/organization 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/organization if this request for operating authority is granted.
A transportation system that enables valley residents to make better use of their time and money by allowing them to take their trips down in the mornings and back up in the afternoons

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced.
The current ferry system makes traveling inefficient and too time-consuming for valley residents

If the request is denied, would it have any affect on you or your business/organization:
 Yes ___ No If yes, please explain.

VERIFICATION
 (To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Kimberly Getchell
 Business/Organization: _____
 Street/Mailing Address: PO Box 2 Stehekin WA
 City, State, Zip Code: Stehekin, WA 98882
 Telephone Number: (509)-699-2019 Fax Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. 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.

Kimberly Getchell PRINT NAME Kimberly Getchell SIGNATURE 8/16/18 DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
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THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.

I need a transportation service that operates daily even during the winter. Also, a service based out of Stehekin is needed so that a round trip from Stehekin to Chelan and back could be made in one day.

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced.

The current ferry service only offers transportation 3 days out of the week during winter. Also, it is unable to fully accommodate transportation needs during summer holidays.

If the request is denied, would it have any affect on you or your business/organization:

Yes No ___ If yes, please explain. As a college student, it would be impossible for me to meet with my advisors in Wenatchee and return in one day, unless this request is granted.

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Jacob Getchell

Business/Organization: _____

Street/Mailing Address: P.O. Box 2

City, State, Zip Code: Stehekin, WA, 98852

Telephone Number: 509-699-2019 Fax Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. 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.

Jacob Getchell
PRINT NAME

Jacob Getchell
SIGNATURE

8/20/2018
DATE

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
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SUPPORT STATEMENT
(To be completed by the individual or business/organization 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/organization if this request for operating authority is granted. Stehekin residents would greatly appreciate a ferry service all year round.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. Presently it is difficult for school students to take trips in the winter season and get back in time for school.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. I am a school student. Read above ~~answer~~ answer.

VERIFICATION
(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Kiersten Getchell

Business/Organization: _____

Street/Mailing Address: PO Box #2

City, State, Zip Code: Stehekin, WA 98852

Telephone Number: (509)699-2019 Fax Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. 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.

Kiersten Getchell Kiersten Getchell 8/21/2018
PRINT NAME SIGNATURE DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

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A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.

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(To be completed by the individual or business/organization 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/organization if this request for operating authority is granted.

I would like to be able to make it down to see a doctor before they close for the day. At present I need to schedule appointments in the morning and have to go down the day before

Are your transportation needs being met now? Yes No If not, explain problems you have experienced.

At present the schedule does not allow for one day going from Stehekin down to Chelan and back the same day. In the winter it is worse

If the request is denied, would it have any affect on you or your business/organization:

Yes No If yes, please explain. The current schedule reduces my ability to access medical care immediately

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: David Betchell
Business/Organization:
Street/Mailing Address: P.O. Box 2
City, State, Zip Code: Stehekin, WA
Telephone Number: (509) 699-2019 Fax Number:

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David Betchell
PRINT NAME

David Betchell
SIGNATURE

8-21-18
DATE

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
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SUPPORT STATEMENT

(To be completed by the individual or business/organization 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/organization if this request for operating authority is granted.

THERE ARE TIMES IT WOULD BE CONVENIENT TO HAVE ANOTHER OPTION TRAVELING TO AND FROM STEHEKIN. NOT EVERYONE CAN MAKE A EARLY MORNING DEPARTURE.

Are your transportation needs being met now? Yes ___ No ___ If not, explain problems you have experienced.

I WOULD LIKE A MORE CUSTOMER FRIENDLY OPTION. COMFORT BEING A HUGE PRIORITY, CONVENIENCE, RELIABILITY. PRESENT PROVIDER IS LACKING IN THESE AREAS.

If the request is denied, would it have any affect on you or your business/organization:

Yes ___ No ___ If yes, please explain. I WILL ALWAYS TRY TO FIND ANOTHER OPTION BEFORE BEING FORCED TO USE THE PRESENT CARRIER.

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: SCOTTIE CULLNANE

Business/Organization: _____

Street/Mailing Address: 100 LOOKOUT WAY

City, State, Zip Code: CHELAN WASHINGTON 98816

Telephone Number: 509-590-3290 Fax Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. 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.

SCOTTIE CULLNANE

PRINT NAME

Scottie Cullnane

SIGNATURE

8/25/18

DATE

2018 SEP -5 AM 8:25
 UTA
 CHELAN
 COMM

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
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SUPPORT STATEMENT

(To be completed by the individual or business/organization 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/organization if this request for operating authority is granted. I need a boat that gets downtown during business hours
I think another boat company should exist on the lake. Lake Chelan Boat Company's monopoly on the lake gives them licence to be rude and unaccommodating to residents and visitors to the valley.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. If I need to go downtown I have to take three days. The boat schedule of the lady of the lake is not helpful if you live in Stehekin. My last trip up lake was very long, loud, crowded and uncomfortable.

If the request is denied, would it have any affect on you or your business/organization:
 Yes No If yes, please explain. Lake Chelan Boat Company has no competition so they do not need to put time and money into making their boats more comfortable or efficient. Every year there is a problem with at least one of their boats causing a lot of inconvenience.

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Mairin Corkearn

Business/Organization: _____

Street/Mailing Address: PO Box 32

City, State, Zip Code: Stehekin, WA 98852

Telephone Number: _____ Fax Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. 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.

Mairin Corkearn  8/24/18
 PRINT NAME SIGNATURE DATE

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
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SUPPORT STATEMENT

(To be completed by the individual or business/organization 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/organization if this request for operating authority is granted.

We need more options for boat transportation to and from Stehekin. The Lady of the Lake schedule is too restricting.

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced.

We have depended on public transportation between Seattle and Chelan. The boat schedule does not work with bus, shuttle or train transportation - requiring a night's stay in Wenatchee.

If the request is denied, would it have any affect on you or your business/organization:

Yes No ___ If yes, please explain. *With only one option of boat travel (Lady of the Lake) our trips to Stehekin will be minimized.*

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: *Laura Corkern - Stehekin property owner*

Business/Organization: _____

Street/Mailing Address: *305 Bell Rd.*

City, State, Zip Code: *Stehekin WA 98852*

Telephone Number: *253-431-2587* Fax Number: *-*

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. 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.

Laura Corkern

 PRINT NAME

Laura Corkern

 SIGNATURE

8/24/18

 DATE

August 24

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
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(To be completed by the individual or business/organization 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/organization if this request for operating authority is granted. We use existing services to travel to our vacation cabin. We have found the current schedule limiting & increasingly at risk of being sold out. We would appreciate more flexibility in our travel arrangements and less dependence on a single carrier.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. No, not always. The early start time for the existing service leaving Chelan necessitates extremely early start times to travel from Olympia, conversely it arrives late in the afternoon for a late drive back.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. We would continue to use the existing services as best we can, but find our options increasingly limited by overcrowded holiday boats. We end up trying to borrow a boat.

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Sandra Hulteen
 Business/Organization: Cabin owner, Lake Chelan
 Street/Mailing Address: 2508 Simon Lane NE
 City, State, Zip Code: Olympia WA 98506
 Telephone Number: 360-791-0787 Fax Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. 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.

SANDRA HULTEEN
 PRINT NAME

Sandra Hulteen
 SIGNATURE

8/22/18
 DATE

20 SEP 5 AM 8:25
 RECEIVED
 WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.

WTT would let me go to Stehekin and be able to return early the next day and not have to wait until late in afternoon

Are your transportation needs being met now? Yes ___ No ___ If not, explain problems you have experienced.

being met, but could be better making connections

If the request is denied, would it have any affect on you or your business/organization: Yes ___ No ___ If yes, please explain.

VERIFICATION
 (To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: _____

Business/Organization: _____

Street/Mailing Address: 1961 Lakeshore DR

City, State, Zip Code: MANSON, WA 98831

Telephone Number: (509) 687-3598 Fax Number: ~~509-687-3598~~

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. 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.

GARY L. MILLER Gary L. Miller Aug 23, 2018
 PRINT NAME SIGNATURE DATE

2018 SEP -5 AM 8:29
 WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
 INFORMATION SYSTEMS

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
THE APPLICATION What authority are you applying for? Include any amendments. A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.	

SUPPORT STATEMENT
(To be completed by the individual or business/organization 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/organization if this request for operating authority is granted. We are lifelong residents of Lake Chelan and see Stehekin on numerous trips. Mostly recreational to hike trails and have an outdoor experience with comfort.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. Many times we have cancelled because of lack of transportation mishaps. NOT convenient hours now kept by CCB.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. In adequate times to visit a place we love

VERIFICATION
(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Sandra Miller

Business/Organization: _____

Street/Mailing Address: 1961 Lakeshore Dr.

City, State, Zip Code: MANSON WA 98831

Telephone Number: 509-687-3598 Fax Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. 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.

Sandra Miller PRINT NAME Sandra Miller SIGNATURE 8/22/2018 DATE

RECEIVED
2018 SEP -5 AM 8:29
STAFF OFFICE
UTILITY AND TRANSPORTATION COMMISSION

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

THE APPLICATION What authority are you applying for? Include any amendments.
A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.

SUPPORT STATEMENT

(To be completed by the individual or business/organization 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/organization if this request for operating authority is granted.

I would use this new service to visit the Stehekin area annually.

Are your transportation needs being met now? Yes ___ No X If not, explain problems you have experienced.

On my last visit to Stehekin in August of 2017, due to repairs needed, the Lady of the Lake was unable to sell tickets or guarantee transportation out of Stehekin. Because of this difficulty in 2017, I did not return to visit in 2018,

If the request is denied, would it have any affect on you or your business/organization:

Yes X No ___ If yes, please explain.

I most likely would not visit the Stehekin area again until another reliable service was available. The potential to be stranded in Stehekin makes the yearly vacation unappealing. ___

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Bonnie McLeod, individual

Business/Organization: _____

Street/Mailing Address: 2106 S Wilkeson St

City, State, Zip Code: Tacoma, WA, 98405

Telephone Number: 253-709-2048 Fax Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. 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.

Bonnie McLeod
PRINT NAME

Bonnie McLeod
SIGNATURE

8/20/18
DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

THE APPLICATION What authority are you applying for? Include any amendments.
A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.

SUPPORT STATEMENT

(To be completed by the individual or business/organization 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/organization if this request for operating authority is granted. A Stehekin-based ferry service has been needed for decades, and now more than ever with the demise of Chelan Airways. It fills in a much-needed piece of the Stehekin transportation puzzle.

Are your transportation needs being met now? Yes ___ No X If not, explain problems you have experienced.

With the tourist-based ferry service operating out of Chelan, the cost of making a simple trip out of Stehekin means at least two nights lodging away from home before being able to return.

If the request is denied, would it have any effect on you or your business/organization:

Yes X No ___ If yes, please explain.
Continued inconvenience and higher costs of traveling out of Stehekin.

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: ___ Doug Woodward

Business/Organization: ___ Stehekin resident

Street/Mailing Address: ___ PO Box 26

City, State, Zip Code: ___ Stehekin, WA 98852

Telephone Number: ___ Fax Number: ___

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. 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.

RECEIVED
PERMISSIONS MANAGEMENT
2018 SEP -5 AM 8:28
STATE OF WA
UTIL AND TRAN
COMMISSION

D.L. WOODWARD
PRINT NAME

D.L. Woodward
SIGNATURE

8/25/18
DATE

TS-180677

Friday, August 24, 2018

Washington State Utilities and Transportation Commission
Licensing Services
P.O. Box 47250
Olympia, WA 98504-7250

To Whom it may concern,

We would like to provide our support of a petition for an additional ferry service on Lake Chelan proposed by Colter Courtney of Backcountry Travel LLC. Application Docket # TS-180677

My husband and I are frequent visitors to Stehekin from our home in Chelan. When the float plane service was in operation, we used a combination of the Float Plane, our private boat, and the Lake Chelan Boat Company for transportation to the west end of the lake to spend time at our family cabin. Having multiple choices for travel to Stehekin allowed us to visit more frequently and take less time off from work to do so.

With the float plane out of service, and travel by private boat often hampered by wind and unpredictable lake conditions, we have only the Lake Chelan Boat Company ferry schedule to work with. Much of the year, they operate their vessels on an a very abbreviated schedule, making a weekend visit impossible. You are forced to add additional vacation days in order to have transportation. During the busy summer months, passengers frequently have to shorten or extend their itinerary due to the fact that the Lady Express service is full nearly each day during the summer.

The Courtney Family genuinely cares about the community of Stehekin, and its residents. Visitors and the tourist dollars they bring helps the community to thrive, and allows people who choose to make this unique little town their permanent home, to make a living. Allowing Mr. Courtney to provide additional access to and from this remote community will give more people the ability/opportunity to visit Stehekin help to extend the very short tourist season so that residents can increase their earning potential.

We urge you to approve their application and provide more options for travel to Stehekin, Washington for visitors, residents and property owners alike.

Sincerely,



Jill and Jim Burbery
58 Howser Road
Chelan, WA 98816

RECEIVED
OFFICE MANAGER
2018 SEP -5 AM 8:28
STATE OF WASHINGTON
UTILITY AND TRANSPORTATION
LICENSING SERVICES

TS-180677

Sue Crinklaw
204 Wells Avenue
Manson, WA 98831

To Whom It May Concern:

This letter is in support of Back Country Travels starting a boat service to and from Stehekin. Although I live in the immediate area, I have many relatives and friends who go to Stehekin during the year. This requires them to either get a motel for 2 nights, one on each end of their trip, or having to drive to and from their home in non-daylight hours.

The experiences at Stehekin are such that folks need to arrive there rested and ready to go and upon leaving, not dread a 3-4 hour drive. This would benefit those in Stehekin who are trying to make a living during the few months of summer.

In addition, it would allow for more people to experience what Stehekin has to offer year round as the travel would not be so difficult.

Stehekin residents would benefit also. This would allow them to make important appointments downlake without having to be gone 3 days from their family or business. It could be done in two days, or if just a quick trip to the bank, could be done in one.

The Courtney family has long been respected not only in Stehekin, but throughout the valley for their efforts to keep Stehekin on the map and this is just another way they have found to do so. Offering such excellent boat service would be a real asset to all.

Please consider allowing this permit for not only visitors, but residents.

Sincerely,


Sue Crinklaw

STATE OF WASHINGTON
UTILITY AND TRANSPORTATION
COMMISSION

2018 SEP -5 AM 8:20

RECEIVED
OPERATIONS MANAGER

Applicant Name: Backcountry Travels LLC
Application Docket No.: TS-180677

THE APPLICATION What authority are you applying for? Include any amendments.
A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.

SUPPORT STATEMENT

(To be completed by the individual or business/organization 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/organization if this request for operating authority is granted. Our Hobuairer Hiking Club travels to Stehekin annually in September. I would very much like to see a more user friendly service with an alternate and more convenient time schedule.

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced. Times are not convenient and length of time on boat is too long.


If the request is denied, would it have any affect on you or your business/organization: Yes No ___ If yes, please explain. We desperately need an alternate to the current boat schedule to replace the defunct air alternative.

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Carolyn Fletcher
Business/Organization: _____
Street/Mailing Address: 4616 N. Moore
City, State, Zip Code: Spokane Valley, Wa 99216
Telephone Number: 509-924-8716 Fax Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. 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.

Carolyn Fletcher PRINT NAME
 SIGNATURE
9-24-18 DATE

2018 SEP - AM 8:20

To: WUTC

I am writing in regard to application docket, TS-180677.

I am a fourth generation resident of Stehekin, own two tourist-based businesses in Stehekin, and I believe it would be good for the valley to have more options for traveling to and from Stehekin.

First of all, there is the free-enterprise aspect. It seems at odds with traditional values that Lake Chelan Boat Company has a monopoly. The federal government has also built a huge parking lot for a private company and will they do not welcome other uses of the dock and parking lot.

Secondly, Stehekin residents and businesses could benefit from a Stehekin based boat company for ease of coming and going... Currently when the boats are full on busy weekends, it can be slow in Stehekin if Holden is getting large groups in, because only a finite number of people can get to Stehekin and Holden with the boat schedule and the fact the Boat Co never offers additional runs. And with no air service it has become increasingly tough to get up and downlake with any agility. Stehekin business is slowly being strangled by not having any transportation choices for our clients. Winter time is a slow time but the schedule does not allow for much freedom of ingress and egress. The current boat company owners have never asked residents or business owners if there was a way that the service could be improved or if we as businesses owners were satisfied with the service as is runs. An offer to brainstorm better solutions would have been welcome at some point in the last 30 years. The comfort on the Lady Express leaves a lot to be desired, in the winter especially. The upstairs is often frigid and the downstairs often smells terrible from the toilets not being vented properly. Has anyone from the UTC ever ridden the boats in Spring, Winter or Fall? I believe that valley residents and tourists would benefit with two transportation options, 1 based in Stehekin and 1 based in Chelan. It would allow or visitor numbers to expand rather than being checked.

In closing I would say that I am willing to take a chance that the service on the lake would get better, not worse, with two operators.

Sincerely,


Cragg Courtney

Box 67
Stehekin, WA 98852
Email: courtneystehekin@msn.com

RECEIVED
COMMUNITY DEVELOPMENT
2018 SEP -5 AM 8:28
STATE OF WA
UTL AND TRAFFIC
COMMUNITY

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

THE APPLICATION What authority are you applying for? Include any amendments.
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SUPPORT STATEMENT

(To be completed by the individual or business/organization 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/organization if this request for operating authority is granted.

I have visited Stehekin several times, and each time really enjoyed it. It is the gateway to many great hiking areas in the north Cascades. This ferry would greatly enhance access to Stehekin and also help the local community. Please allow them to increase their ferry service.

Are your transportation needs being met now? Yes ___ No x If not, explain problems you have experienced.

The timing of the existing ferry service make it difficult to access Stehekin, and make it more expensive since you usually have to allow for an extra day just for transportation back and forth.

If the request is denied, would it have any affect on you or your business/organization: Yes x No ___ If yes, please explain. I am writing as an individual but also a member of outdoor organizations such as the Mountaineers. Not having this proposed ferry service would reduce access to this great hiking and backpacking area.

RECEIVED
MANAGEMENT
2018 SEP -5 AM 8:20
STATE OF WA
UTL AND TRAN
COMMISSION

JS-180677

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Martha L

Burke

Business/Organization: _____

Street/Mailing Address: PO Box

1211

City, State, Zip Code: Suquamish, WA

98392

Telephone Number: 206-390-9943 Fax _____

Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. 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.

Martha L Burke

Martha Burke

8/22/14

PRINT NAME

SIGNATURE

DATE

RECEIVED
REGISTRATION MANAGEMENT
2018 SEP -5 AM 8:28
STATE OF WA
UTIL AND TRAN
COMMISSION

IMPORTANT!!!

PLEASE READ THIS NOTICE AND FOLLOW INSTRUCTIONS SO YOUR APPLICATION MAY BE PROCESSED

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
THE APPLICATION What authority are you applying for? Include any amendments. <u>A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.</u>	

SUPPORT STATEMENT
(To be completed by the individual or business/organization 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/organization if this request for operating authority is granted.

A group I belong to vacations yearly in Stehekin we use the service from Chelan to Stehekin

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced.

The current service is difficult due to the time schedule and length of travel from Chelan to Stehekin

If the request is denied, would it have any affect on you or your business/organization:
Yes ___ No If yes, please explain.

RECEIVED
SEP 07 2018
WASH. UT. & TP. COMM

VERIFICATION
(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Jane Baldwin

Business/Organization: _____

Street/Mailing Address: 23030 E Remington LN

City, State, Zip Code: Liberty Lake WA

Telephone Number: 509-928-5772 Fax Number: _____

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. 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.

Jane Baldwin PRINT NAME Jane Baldwin SIGNATURE 8-31-2018 DATE