



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 B**

**Temporary Auto Transportation Certificate Support Statement**

Temporary 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: **Pacific Northwest Transportation Services, Inc. d/b/a Capital**

**Customer Sworn Statement Relating to the Need for Service:**

Customer Name: **Mr. Shane Ness - Ness Family Dentistry**

Address: **23515 NE Novelty Hill Rd, Ste #209, Redmond, WA 98053-1996**

Phone Number: **(425) 466-4967** Email: **shane@shanenessdds.com**

Fax Number:

Describe the need for the requested service:

**Our company conducts business with nearly 40 dental clinics, suppliers and associates throughout King, Pierce, Snohomish and Kitsap Counties, including flight arrangements and travel plans through SeaTac Airport. We need a dependable and cost-effective door-to-door transportation option to transfer our suppliers and associates to/from SeaTac Airport. We also need dependable transportation for company-sponsored cruise trips at the Seattle Waterfront to and from the same areas during Cruise Ship season.**

If there is an existing company providing this service in the territory, please list the existing company's

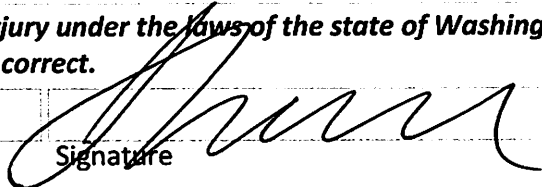
name (if applicable): **No other company currently provides door-to-door service in these areas.**

Explain why the current company is not providing adequate service:

**Door-to-door service is completely unavailable in the areas where we need 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.*

**Mr. Shane T Ness, DDS, Owner**  
 Print Name

  
 Signature

**11-9-20**  
 Date



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Applicant Name: **Pacific Northwest Transportation Services, Inc. d/b/a Capital**

#### Customer Sworn Statement Relating to the Need for Service:

Customer Name: **Mr. Alex Schenkar - Schenkar Construction**

Address: **1752 NW Market St #520, Seattle, WA 98107**

Phone Number: **(206) 799-6223** Email: **info@seattlecustomhomebuilder.com**

Fax Number:

Describe the need for the requested service:

**Our Company manages building projects and consultations throughout King, Snohomish, Kitsap and Pierce Counties. We arrange domestic and international air travel through SeaTac Airport for our associates and clientele. There is an immediate need for a dependable and cost-effective door-to-door transportation option to pickup/deliver our associates and clientele to/from SeaTac Airport and points in King, Snohomish, Kitsap and Pierce Counties. During Seattle Cruise Ship season we need dependable transportation for company-sponsored cruise trips at the Seattle Waterfront to and from the same areas.**

If there is an existing company providing this service in the territory, please list the existing company's

name (if applicable): **No other company currently provides door-to-door service in these areas.**

Explain why the current company is not providing adequate service:

**Since the beginning of the COVID-19 Pandemic, door-to-door service has been completely unavailable in the areas where we need 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.*

|                                     |           |                  |
|-------------------------------------|-----------|------------------|
| <b>Mr. Alex Schenkar, Principal</b> |           | <b>11/6/2020</b> |
| Print Name                          | Signature | Date             |