

### 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. Our family would benefit from this service because we would be able to travel out of Stehekin, attend appointments + shopping and return the next day. Our business clients would benefit with the later departure from Chelan (so they are able to drive in the morning and board the boat)

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

The Lady of the Lake winter schedule requires our school age children to miss school every Monday that they travel out for the weekend. Our cabin rentals in winter require guests to travel Friday and Monday, reducing our business.

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 have reduced business possibilities and missed school in the winter.

### VERIFICATION

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

Name and Title: Patty Wilsey /owner

Business/Organization: Stehekin Cedar Cabin

Street/Mailing Address: PO Box 5

City, State, Zip Code: Stehekin, WA 98852

Telephone Number: (509) 679-2959 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.*

Patty L. Wilsey  
PRINT NAME

Patty L. Wilsey  
SIGNATURE

9/10/18  
DATE

2018 SEP 7 AM 8:22  
RECEIVED  
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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.

see attached letter

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

see attached letter

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

see attached letter

2018 SEP 17 AM 8:28  
WASH STATE UTILITIES AND TRANSPORTATION COMMISSION

**VERIFICATION**

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

Name and Title: John C. Wilsey <sup>owner</sup> JW Custom Construction Stehekin Fishing  
Business/Organization: JW Custom Construction Stehekin Fishing Admittance  
Street/Mailing Address: P.O. Box 15 - 80 Silverbay Rd  
City, State, Zip Code: Stehekin WA 98852  
Telephone Number: 509 679 2959 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.

John C Wilsey  
PRINT NAME

John C Wilsey  
SIGNATURE

9/9/18  
DATE

To Whom It May Concern:

I am writing a letter in support of Back Country Travels LLC.

I am a long time Stehekin valley Resident and owner of several local businesses. We have the need to be able to travel in the summer month leaving Stehekin early in the morning and returning later in the day so that we can conduct business and shopping and be able to get home in time to take trips for my guided fishing service the next day.

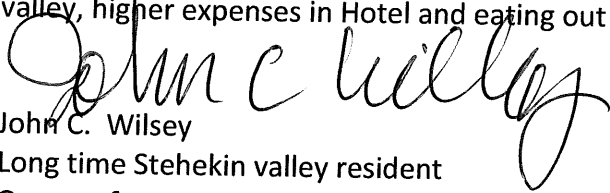
I also have the need of a daily boat in the winter for a number of reasons.

- 1) For our School age children to be able to come and go without missing parts of two school days.
- 2) For our rental cabin client to be able to come to Stehekin for the weekend.
- 3) For me to be able to go down lake to conduct business without having to stay more than one night. I have more than one time had to leave on a Monday and not been able to return till Fridays boat for a one hour appointment.
- 4) For our high school age children to be able to come home on weekends.
- 5) Having daily service in the winter and a service that runs earlier and later in the summer months gives us more opportunity to run our tourist oriented businesses expanding the local economy.

The current boat service is not meeting all of my needs in that its schedule doesn't run on a schedule that meets our needs in Stehekin. No daily service in the late fall, winter and early spring months hamper our ability to travel and the renting of our rental cabin for the weekend in the winter season. The current schedule that only gets to and leaves Stehekin midday does not allow to us to travel down lake and back in one day and requires one or more nights spent down lake.

If this request for daily ferry service is denied it will hamper our ability to rent our rental cabin in the late fall, winter and early spring.

Will continue to make doing business difficult and costly with multiple nights spent out of the valley, higher expenses in Hotel and eating out cost and lost revenue not being home to work.



John C. Wilsey

Long time Stehekin valley resident

Owner of:

JW Custom construction,

Stehekin Fishing adventure guided fishing and fly shop,

Stehekin Cedar Cabin nightly rental

RECEIVED  
2018 SEP 17 AM 8:28  
UTLANTA  
COMMUNITY

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
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**THE APPLICATION** What authority are you applying for? Include any amendments.  
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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.

Having a later departure time from Chelan and Field's Point would be extremely advantageous to help visitors get into the valley.

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

However, we have to plan a very early morning departure from home in order to make the ferry at Field's Point. Several years ago, a car in our party crashed skidding on ice on our way over, likely due in part to needing to leave so early in order to make the ferry. The ice may not have been an issue later in the day.

If the request is denied, would it have any affect on you or your business/organization:  
 Yes \_\_\_ No  If yes, please explain. Except in that my visitation to the valley might decrease.

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

Name and Title: Anna Roth


Business/Organization: \_\_\_\_\_

Street/Mailing Address: 7001 Scavren Ave NW 513

City, State, Zip Code: Seattle, WA 98117

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.*

Anna Roth  9/4/18  
 PRINT NAME SIGNATURE DATE

RECEIVED  
 SEP 12 AM 8:01  
 WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

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Backcountry Travels LLC

Application Docket No.:  
TS-180677

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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.

MORNING DEPARTURE FROM STEHEKIN

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

THERE IS NO MORNING DEPARTURE FROM STEHEKIN.  
THIS HAS COST US AN ADDITIONAL NIGHT LODGING ON OUR TRIP HOME.

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: RALPH JOHNS

Business/Organization: N/A

Street/Mailing Address: 15 GREENBRIER DRIVE

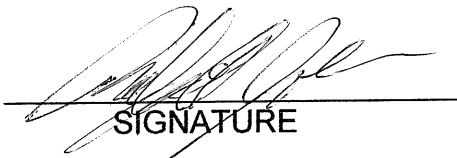
City, State, Zip Code: MISSOULA, MT 59802

Telephone Number: 406-549-2933

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.

RALPH JOHNS  
PRINT NAME

  
SIGNATURE

6-SEPT-2018  
DATE

RECEIVED  
SEP 11 AM 8 15  
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
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**THE APPLICATION** What authority are you applying for? Include any amendments.  
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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.  
I would/will use this service annually for a recreational experience. The new service offers better flexibility and a better experience for my family and friends

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced.  
The needs are met but the existing service is not a quality experience.

If the request is denied, would it have any affect on you or your business/organization: Yes  No  If yes, please explain.  
I would be forced to continue to use the existing service which is not convenient and unprofessional. Competition for the existing company would be a good thing for patrons.

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

Name and Title: Brett Smith

Business/Organization: \_\_\_\_\_

Street/Mailing Address: 17626 80th DR NE

City, State, Zip Code: Arlington, WA 98223

Telephone Number: 360-631-9015 Fax Number: NA

*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.*

Brett Smith PRINT NAME      Brett Smith SIGNATURE      9/7/18 DATE

2018 SEP 11 AM 8:15  
 RECEIVED  
 WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

**APPLICANT STATEMENT**

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Applicant Name:  
Backcountry Travels LLC

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TS-180677

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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 THINK ANOTHER BOAT WITH DIFFERENT HOURS OF OPERATION WILL HELP PEOPLE COMING FROM LONG DISTANCES AWAY. FOR ME ITS OVERNIGHT OR A VERY EARLY MORNING DRIVE

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

BUT I THINK YOU HAVE A MONOPOLY ON THE LAKE NOW AND THE OPERATORS OF THIS SERVICE ARE GETTING RUDE AT TAKING TICKETS AND ON THE BOATS

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

Yes  No  If yes, please explain. IT WOULD STILL LEAVE A MONOPOLY ON THE LAKE AND RUMMELS AND UNOFFICIAL SERVICE WOULD PERSIST

**VERIFICATION**

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

Name and Title: CRAIG WESSEL

Business/Organization:

Street/Mailing Address: 21211 123RD NE

City, State, Zip Code: ARLINGTON WA 98223

Telephone Number: 360-631-0544 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.

CRAIG WESSEL  
PRINT NAME

*Craig Wessel*  
SIGNATURE

9-2-18  
DATE

2018 SEP 0 AM 9:00  
CLERK  
COMMUNICATIONS

**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

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. when we travel from Arlington WA we either have to leave at 5am or spend the night in Chelan. There are increased number of people riding making desired dates of travel a concern

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. but because the current system is a monopoly I have experienced rudeness both in verbiage & on the boat service

If the request is denied, would it have any affect on you or your business/organization: Yes  No  If yes, please explain. The hours of operation would better meet the needs of passengers coming from distances. Adding a second unrelated company should improve attitude & customer service

**VERIFICATION**

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

Name and Title: Jean Wessel  
Business/Organization: \_\_\_\_\_  
Street/Mailing Address: 21211 123RD Ave NE  
City, State, Zip Code: Arlington WA 98223  
Telephone Number: 360 631 2102 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.

Jean Wessel  
PRINT NAME

Jean Wessel  
SIGNATURE

\_\_\_\_\_  
DATE

2018 SEP 10 AM 9:08  
UTILITY AND TRANSPORTATION COMMISSION  
CLERK



Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
<b>THE APPLICATION</b> 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.	

<b>SUPPORT STATEMENT</b> (To be completed by the individual or business/organization supporting the request for operating authority)
<b>THE TRANSPORTATION NEED</b> 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. <u>COULD GIVE ME CHOICE TO WHO I WANTED TO RIDE WITH OR THE TIME I WANT TO GO:</u>
Are your transportation needs being met now? Yes ___ No <input checked="" type="checkbox"/> If not, explain problems you have experienced. <u>HAVE TO GET PRIVATE CARRIER AT TIMES</u>
If the request is denied, would it have any affect on you or your business/organization: Yes <input checked="" type="checkbox"/> No ___ If yes, please explain. <u>WOULD HAVE TO MEET THE BOAT AT THEIR CONVENENCES</u>

<b>VERIFICATION</b> (To be completed by the individual or business/organization supporting the request for operating authority)
Name and Title: <u>GORDEN FELLOWS</u>
Business/Organization: <u>RETIRED</u>
Street/Mailing Address: <u>7054 MALLARD DR S.E.</u>
City, State, Zip Code: <u>WARDEN WA. 98257</u>
Telephone Number: <u>509-349-2525</u> Fax Number: _____
<small>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.</small>
<u>GORDEN G. FELLOWS</u> PRINT NAME
<u>Gorden G. Fellows</u> SIGNATURE
<u>9-2-2018</u> DATE

### APPLICANT STATEMENT

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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.

**My friend and I have reserved a cabin at Stehekin Valley Ranch. We have ferry tickets, but due to the ferry schedule, we have to spend the night in Chelan before and after the sailings. Vacation days are hard to come by: as far as we are concerned, those extra nights would be better spent in Stehekin.**

Are your transportation needs being met now? **NO. See above**

If the request is denied, would it have any affect on you or your business/organization: **YES.** If yes, please explain:

**Aside from the convenience issue, is the safety factor for both residents and visitors. Isolation, as well as the beauty, is the allure of the area; but a Stehekin based ferry would provide additional transportation from Stehekin in times of disaster. RE: the current fire hazard.**

### VERIFICATION

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

Name and Title: Charlotte Bennett

Business/Organization: \_\_\_\_\_

Street/Mailing Address: PO box 13163

City, State, Zip Code: Burton, WA 98013

Telephone Number: (206) 940-4298

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.*

Charlotte Bennett

PRINT NAME

Charlotte Bennett

SIGNATURE

8/21/2018

DATE

2018 SEP 10 AM 8:56  
STANDARD OPERATING PROCEDURE  
RECEIVED

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
<b>THE APPLICATION</b> 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.	

<b>SUPPORT STATEMENT</b>	
(To be completed by the individual or business/organization supporting the request for operating authority)	
<b>THE TRANSPORTATION NEED</b> 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. <u>We would not have to leave Spokane in the dark - so early - to get to Chelan for the early departure. Dangerous driving conditions!</u>	
Are your transportation needs being met now? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If not, explain problems you have experienced. <u>Have to stay overnight in Chelan - expensive - Also during the "off" season - frustrating to not have service available daily.</u>	
If the request is denied, would it have any affect on you or your business/organization: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please explain. <u>limits our trips to Stehekin</u>	

<b>VERIFICATION</b>		
(To be completed by the individual or business/organization supporting the request for operating authority)		
Name and Title: <u>Bud &amp; CAROL AAKER</u>	2018 SEP 10 AM 8:51 RECEIVED WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION	
Business/Organization: <u>N/A</u>		
Street/Mailing Address: <u>Box 31058</u>		
City, State, Zip Code: <u>SPOKANE, WA. 99223</u>		
Telephone Number: <u>509-710-0779</u> Fax Number: _____		
<i>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.</i>		
<u>Bud AAKER</u> PRINT NAME	<u>Bud Aaker</u> SIGNATURE	<u>8/23/18</u> DATE

**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

Applicant Name: Thomas Miller  
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)

**THE TRANSPORTATION NEED**

Briefly describe the transportation service that you need and that the applicant if this request for operating authority is granted. Currently, the Lady of the Lake service requires us to spend extra beauty of Stehekin, WA. I would enjoy having an option of later service to Stehekin to avoid the above issues. I transportation option.

Are your transportation needs being met now? Yes \_\_\_ No X If not, explain problems you have experienced. Current service requires additional travel delays and expense. Please consider authorizing additional ferry transportation option.

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

Yes X No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Visiting Stehekin would be much more attractive to my party and other visitors. \_\_\_\_\_

**VERIFICATION**

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

Name and Title: Thomas Miller

Business/Organization: \_\_\_\_\_

Street/Mailing Address 3522 Timothy Lane

City, State, Zip Code: Richmond, Texas

77406

Telephone Number 281-232-5606 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.*


Thomas Miller

8/19/2018

2018 SEP 10 AM 8:57  
STATE OF WASHINGTON  
UTILITIES AND TRANSPORTATION COMMISSION

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<b>THE TRANSPORTATION NEED</b> 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. <u>OFF-SEASON AND ADDITIONAL ROUTES YEAR-ROUND WOULD PROVIDE MORE OUTDOOR RECREATION AND VACATION OPPORTUNITIES. LACK OF OPTIONS DURING WINTER IS LIMITING.</u>	
Are your transportation needs being met now? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If not, explain problems you have experienced. <u>ACCESS DURING WINTER WEEKENDS, AND OTHER OFF-SEASON TIMES, DOES NOT ALLOW ACCESS FOR SKIING + SNOWSHOEING.</u>	
If the request is denied, would it have any affect on you or your business/organization: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please explain. <u>I WOULD NOT BASILY BE ABLE TO SKI + SNOWSHOE OFF-SEASON.</u>	

VERIFICATION	
(To be completed by the individual or business/organization supporting the request for operating authority)	
Name and Title: <u>RICHARD PETERSON</u>	
Business/Organization: _____	
Street/Mailing Address: <u>6710 24TH AVE NW, APT 2</u>	
City, State, Zip Code: <u>SEATTLE, WA 98117</u>	
Telephone Number: <u>206-491-3580</u> Fax Number: _____	
<i>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.</i>	
<u>RICHARD PETERSON</u> PRINT NAME	 SIGNATURE
	<u>8/29/18</u> DATE

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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 am a hiker from Seattle area - I would need a transportation service that leaves Chelan later than 8:30am to accomodate reasonable overnight stays in Stehekin

Are your transportation needs being met now? Yes \_\_\_ No X If not, explain problems you have experienced. We have to get up at 3-4am to make 8:30 ferry - or take an additional day off from work to drive to Chelan the day before + stay overnight in Chelan - an expensive alternative which limits our ability to visit Stehekin area.

If the request is denied, would it have any affect on you or your business/organization: Yes ✓ No \_\_\_ If yes, please explain. Visit/hike in this beautiful area less often.

### VERIFICATION

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

Name and Title: Mary Aulet

Business/Organization: Individual

Street/Mailing Address: 1522 5<sup>th</sup> St, Kirkland WA

City, State, Zip Code: 98033

Telephone Number: 425 822-0128 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.*

Mary R. Aulet  
PRINT NAME

Mary Aulet  
SIGNATURE

8-23-18  
DATE

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

*The current ferry system is limited to morning departures from Chelan and early afternoon departure from Stehekin. This new service would allow more options for travellers by departing Stehekin in the morning and departing Chelan in the afternoon.*

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. *Our options are limited to only one ferry schedule.*

If the request is denied, would it have any affect on you or your business/organization: Yes  No  If yes, please explain. *Our options for departing Chelan and Stehekin would be limited to the existing ferry schedule.*

**VERIFICATION**

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

Name and Title: *Randy v Anne Brooks*

Business/Organization: *n/a*

Street/Mailing Address: *140 Columbia View*

City, State, Zip Code: *Chelan, WA 98816*

Telephone Number: *509-682-8718* 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.

*Randy Brooks*

*Randy Brooks*

*8/27/18*

*Anne Brooks*

*Anne Brooks*

*8/27/18*

PRINT NAME

SIGNATURE

DATE

SEP 10 AM 8:57





**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.

At the present time we only have 3 days/week service during the winter months which makes weekend use difficult. We have (2) vacation rentals that require Friday & Sunday.

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

With the above mentioned 3 days/wk during the winter people are not able to come on on Fri. or Sat. & leave on Sun.

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

Yes  No \_\_\_ If yes, please explain. It would as mentioned above prevent winter weekend use of our cabins. Very few people can come on Fri. & leave on Monday, because of work schedule.

**VERIFICATION**

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

Name and Title: Lou Davis  
Business/Organization: L & G Davis Enterprises LLC  
Street/Mailing Address: 1553 Hunt Wood Ln.  
City, State, Zip Code: E. Wauatchee, 98802 WA  
Telephone Number: 509-985-0629 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.

Louis Davis  
PRINT NAME

Louis Davis  
SIGNATURE

8/30/18  
DATE

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.

More choices needed to get from Chaldau to Stehekin for recreation and wool spinning retreat

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

Because of lady of lake schedule it necessitates an overnight in Chaldau increasing trip costs considerably

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

Yes  No \_\_\_ If yes, please explain. Once again all plans would have to revolve around limited boat schedules

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

Name and Title: Margorie Lindsay

Business/Organization: \_\_\_\_\_

Street/Mailing Address: 2719 Farmer Way SE

City, State, Zip Code: Olympia WA 98501

Telephone Number: 425-770-1611 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.*

Margorie Lindsay Margorie Lindsay 8/25/18  
 PRINT NAME SIGNATURE DATE

2018 SEP 10 AM 8:57

**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 have a vacation rental and this would allow our guests more opportunity to come to Stehekin and back home. As it is now, there is only a morning schedule

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. Guests from the coast must either spend the night in Chelan, or leave very early in the morning to catch the Ferry out of Chelan, or Fields Pt to Stehekin. This would give more opportunity for guests to leave later in the day. Also, every day

If the request is denied, would it have any affect on you or your business/organization: Yes  No  If yes, please explain. Now, there are only three days in the week to travel to and from Stehekin in the winter months. Owning a vacation rental, this severely limits the days we can rent out our cabin. We also own our personal cabin, and the existing schedule does not allow our working family and friends to travel to get together with us

**VERIFICATION**

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

Name and Title: Gayle Davis

Business/Organization: resident / Vacation Rental LLC

Street/Mailing Address: (PO Box 290, Stehekin, 98852) 1553 Huntwood Lane

City, State, Zip Code: E. Wenatchee, WA 98802

Telephone Number: (509) 679-4684 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.

2018 SEP 11 AM 8:57

Gayle A Davis  
PRINT NAME

Gayle A Davis  
SIGNATURE

8-29-18  
DATE

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
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**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.  
 This schedule would be much more favorable to people traveling from a distance such as myself. I would make the trip from Portland OR in 1 day instead of 2.

Are your transportation needs being met now? Yes \_\_\_ No  If not, explain problems you have experienced.  
 I must rent a hotel room in order to get to the current boat at departure time. No way to reach Chelan by departure unless I drive through the night.

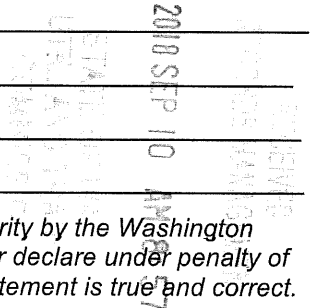
If the request is denied, would it have any affect on you or your business/organization:  
 Yes \_\_\_ No  If yes, please explain.  
 It would be an inconvenience. I believe there is a need for a boat service with a different schedule.

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

Name and Title: Rachel Brown  
 Business/Organization: \_\_\_\_\_  
 Street/Mailing Address: 5208 SE 36 Ave  
 City, State, Zip Code: Portland OR 97202  
 Telephone Number: 503.703.3806 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.*

Rachel Brown PRINT NAME      Rachel Brown SIGNATURE      8/27/18 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. *Boat service to/from Stehekin at different hours.*

Are your transportation needs being met now? Yes \_\_\_ No X If not, explain problems you have experienced. *Because of current ferry schedule and distance we must travel to get to Lake Chelan, an overnight stay is required at Chelan - adding cost and time to a trip to Stehekin for fishing and hiking. I visit my brother in Cheroy, WA and we visit Stehekin to fish and hike.*

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

*The additional cost of an overnight stay at Chelan, plus arriving well after dark back at our departure location,*

**VERIFICATION**

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

RECEIVED  
STATE OF WASHINGTON  
DEPARTMENT OF  
TRANSPORTATION  
SEP 10 AM 8:57  
COMMERCIAL  
VEHICLE AND TRAILER  
DIVISION

Name and

Title: Mary R. Price (aka Tusti Price)

Business/

Organization: \_\_\_\_\_

Street/Mailing

Address: 765 10th Street

City, State, Zip Boulder, CO 80302

Code: \_\_\_\_\_

Telephone Number: 303-931-9400 Fax 303-939-9991

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.*

Mary R Price

PRINT NAME

Mary R Price

SIGNATURE

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.

STATE OF WASHINGTON  
UTILITIES AND TRANSPORTATION COMMISSION  
2018 SEP 10 AM 8:57  
RECEIVED  
LICENSING SERVICES

### 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 need a daily, year round option for travel down lake to conduct business, shopping, etc. I also need an option to travel up lake leaving Chelan/Fiddlers Pt. at a later hour.

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

The current ferry system does not run every day year-round, making travel difficult during the school year. Also, there are no public travel options to leave Chelan at a later hour.

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

NO - only because I have private boat options. For many people who rely on the public system for transportation travel is complicated because of the lack of daily service, October - April.

### VERIFICATION

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

Name and Title: Jen Courtney

Business/Organization: \_\_\_\_\_

Street/Mailing Address: 2 Miles N. (PO Box 311)

City, State, Zip Code: Stehekin, WA 98852

Telephone Number: (509) 668-0978

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.

Jennifer Courtney  
PRINT NAME

Jen Courtney  
SIGNATURE

09/04/18  
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.

As a Stehekin Resident with work outside the valley, this service would greatly increase my commuting options. I have need for year round daily service, with time options that are not provided.

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced. yes and no, yes because in order to survive you adapt to whats available. No because there is no service on Lake Chelan that is built to support the Stehekin Valley.

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

An increase in available options year around would be a positive, liberating service to myself and my business. Without an increase in transportation options I am forced to create my own options which is very costly.

### VERIFICATION

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

Name and Title: Reed Courtney  
Business/Organization: Mountain Barge Services LLC  
Street/Mailing Address: P.O. Box 31  
City, State, Zip Code: Stehekin, WA, 98852  
Telephone Number: 509 630 3808 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.

Reed Courtney  
PRINT NAME

Reed Courtney  
SIGNATURE

9/4/18  
DATE



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. This service would provide more convenient travel times than current competing service. As a resident of Chelan who desires more access to the Stehekin Valley, the current ferry service is not sufficient to provide flexible access to the Valley.

Are your transportation needs being met now? Yes \_\_\_ No  If not, explain problems you have experienced. The current service is too rigid and does not allow for more impromptu travel to Stehekin. The current service also has a monopoly on the lake and therefore has provided poor service to its clients. Some competition would benefit both travelers.

If the request is denied, would it have any affect on you or your business/organization: Yes  No \_\_\_ If yes, please explain. I would undoubtedly travel less to Stehekin. This will impact the economy of Stehekin as well as cause me to miss out on enjoying the more than I do now.

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

Name and Title: Eric Penz

Business/Organization: \_\_\_\_\_

Street/Mailing Address: 1442 S. Lk Shore Rd.

City, State, Zip Code: Chelan, WA 98816

Telephone Number: 425-785-8560 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.*

Eric Penz PRINT NAME      EP SIGNATURE      8/30/18 DATE

RECEIVED  
 SEP 10 AM 8:50  
 WASHINGTON UTILITIES 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 need a way to get to Stehekin earlier than the other ferry provides and to be able to arrive earlier ~~also~~ back at Chelan ~~earlier~~ so that I can arrive home, Portland, OR at a reasonable hour.  
*For my safety - Gives me a more flexible schedule while in Stehekin and getting home.*

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

The hours of the regular service do <sup>is</sup> not work for me. *For my safety arriving home at an earlier time. Able to enjoy more of Stehekin on an earlier time.*

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

Yes  No \_\_\_ If yes, please explain: Check above explanation

### VERIFICATION

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

Name and Title: Kathy Carlman

Business/Organization: \_\_\_\_\_

Street/Mailing Address: 3038 SE Boyd St

City, State, Zip Code: Milwaukie, OR 97222

Telephone Number: 503-654-7575 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.*

Kathy Carlman  
PRINT NAME

*Kathy Carlman*  
SIGNATURE

8/20/2018  
DATE

RECEIVED  
2018 SEP 10 AM 8:58  
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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.

Daily service - year round.

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

Winter Service too limited

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

As above - Winter service

### VERIFICATION

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

Name and Title: THEA FAGER

Business/Organization: N/A

Street/Mailing Address: 1701 A Castlerock Ave.

City, State, Zip Code: Wenatchee, WA 98801

Telephone Number: 894-2142 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.

THEA Fager  
PRINT NAME

Thea M. Fager  
SIGNATURE

08/24/2018  
DATE

2018 SEP 10 AM 8:58

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
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**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. It would be wonderful to have daily regular service to Stehekin year around. Would consider traveling to Stehekin in winter for cross country skiing!


Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced.  
Daily regular service has been a need for many years!

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: Lynn Breakey Clark  
 Business/Organization: \_\_\_\_\_  
 Street/Mailing Address: 44 Old Twisp Hwy  
 City, State, Zip Code: Twisp, WA 98856  
 Telephone Number: 509-997-2123 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.*

Lynn Breakey Clark  8-23-18  
 PRINT NAME SIGNATURE DATE

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
<b>THE APPLICATION</b> 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)	
<b>THE TRANSPORTATION NEED</b> 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>This business would allow there to be more time options for me to get in and out of Stehekin. The Backcountry Travels, LLC ferry times would fit my needs better due to being out of state. This new ferry would help cut back on the travel time I would need to arrive and depart from Stehekin.</i>	
Are your transportation needs being met now? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If not, explain problems you have experienced. <i>The current transportation services have not allowed me to make the trip to Stehekin. Currently, it would take me two days to get there and two days to get back home. It just seems like a lot of wasted time to give up 4 days of my vacation trying to get in and out of Stehekin.</i>	
If the request is denied, would it have any affect on you or your business/organization: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please explain. <i>If this business were to get denied it would continue to make it difficult to travel to Stehekin. The schedule of the new ferry would fit my travel needs and would allow me more time to enjoy a longer visit to Stehekin.</i>	

VERIFICATION		
(To be completed by the individual or business/organization supporting the request for operating authority)		
Name and Title:	<i>Tina Riffell</i>	
Business/Organization:		
Street/Mailing Address:	<i>68 Herman Avenue</i>	
City, State, Zip Code:	<i>Hamilton, OH 45013</i>	
Telephone Number:	<i>(513) 746-6553</i>	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.		
<i>Tina Riffell</i>	<i>Tina Riffell</i>	<i>8/23/18</i>
PRINT NAME	SIGNATURE	DATE