

TC-130708



1300 S. Evergreen Park Dr. SW  
 P.O. Box 47250  
 Olympia, WA 98504-7250  
 Phone: 360-664-1222  
 Fax: 360-586-1181  
 TTY: 360-586-8203  
 or  
 1-800-416-5289  
 E-mail: [Transportation@wutc.wa.gov](mailto:Transportation@wutc.wa.gov)

Type of Passenger Transportation Authority Requested (check one box)	Fee Required
<b><u>Auto Transportation Authority</u></b> <input checked="" type="checkbox"/> New Certificate (auto transportation company certificates include statewide charter and excursion carrier service if marked below) – Complete sections 1-8 and Attachment E. Submit a proposed tariff and time schedule. <p style="text-align: right;">Do you plan on providing charter/excursion service <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p>	<b>\$ 200</b>
<input type="checkbox"/> <b><u>Extension of Existing Auto Transportation Certificate No. C-</u></b> Complete sections 1-8. Submit a proposed tariff and time schedule.	<b>\$ 150</b>
<b><u>Transfer or Lease Auto Transportation Authority</u></b> – Complete sections 1-8 and Attachment B. <input type="checkbox"/> All of Certificate No. C- _____ <input type="checkbox"/> Portion of Certificate No. C- _____	<b>\$ 200</b>
<input type="checkbox"/> <b><u>Temporary Auto Transportation Authority</u></b> (New temporary authority or temporary authority to operate pending a commission decision on a parallel filed permanent application) – Complete sections 1-8 and Attachment A.	<b>\$ 150</b>
<input type="checkbox"/> <b><u>Mortgage of Certificate</u></b> – Complete section 1 and Attachment D.	<b>\$ 35</b>
<input type="checkbox"/> <b><u>Name Change</u></b> (Change company’s corporate name, change a trade name, add a new trade name, or change the surname of an individual owner or partner) – Complete section 1 and Attachment C.	<b>\$ 35</b>
<input type="checkbox"/> <b><u>Reinstatement of Cancelled Certificate</u></b> – Complete sections 1 and 8	<b>\$200</b>

**TYPE OF PAYMENT:**

Cash  
  Check  
  Money Order  
  AMEX  
  MasterCard  
  Visa

<b>Credit Card Information (if applicable):</b>	<b>Expiration Date</b>
	Month/Year

Amount: \$ 200.00                      Company Name: SEATAC DIRECT  
 Cardholder’s signature: \_\_\_\_\_                      Date: \_\_\_\_\_

FOR OFFICIAL USE ONLY			
Date Filed:	Docket #:	Motcar:	Cert. Issued:
LS Staff Assigned:	Insurance:	Application:	Related App:
DOL/SOS:	Tariff/Time Schedule:	Map:	
Text approved for docket:	Safety Inspection:	Reception #:	111 0268:
111-0268-232-02: <u>200-</u>	111-0268-232-01:	111-0268-230-02:	111-0268-230-01:

045062 CK# 5438

**SECTION 1 – APPLICATION INFORMATION**

<b>Name of Applicant:</b> Joel Kronenberg		
<b>Trade Name(s) (if applicable):</b> Northwest Smoking dba SEATAC DIRECT		
<b>Unified Business Identification Number (UBI):</b> 600 550 895 (If you do not know your UBI number or need to request one contact the Business License Services at 1-800-451-7985)		
<b>Phone Number:</b> (360) 733-3666	<b>Fax Number:</b> (360) 733-9152	<b>E-mail:</b> kronenbergjoel@hotmail.com
<u>Physical Address</u>	<u>Mailing address (if different from Business Address)</u>	
Street: 1610 1/2 E. Maplewood	Street: P.O. Box 2976	
City: Bellingham	City: Bellingham	
State/Zip: WA, 98225	State/Zip: 98227	

**SECTION 2 – COMPANY INFORMATION**

<b>Type of business structure:</b>		
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation
<input type="checkbox"/> Other (LP, LLP, LLC) _____		
List the name, title, and percentage of partner's share or stock distribution for major stockholders:		
<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
Northwest Smoking	President	100%

**Provide the following documents with your application:**

- A map of the proposed line, route, or service territory that meets the standards described in WAC 480-30-051
- Support statements for temporary authority (if applicable)

Describe the proposed service including the line, route, or service territory description in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties, or other geographic descriptions.

**Bellingham to Sea-Tac Airport using I-5 and 405 freeways.**

State the conditions that justify the granting of this application.

**Presently no available non-stop service. Also plan to offer full-time handicap (wheelchair) service.**

Do other auto transportation companies currently provide service between any of the points or along any portion of the route you propose to serve?

- No
- Yes If yes, list the names and addresses of companies **Bellair & Quick Shuttle**

What is your USDOT number? \_\_\_\_\_ (If you currently don't have a USDOT number, you can go online to [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) to apply or call 360-596-3812 for assistance.)

Do you currently hold, or have you ever held, an auto transportation certificate?  
 No     Yes If yes, please indicate your certificate number: C- \_\_\_\_\_

Have you ever applied for and been denied an auto transportation certificate?  
 No     Yes If yes, please explain: \_\_\_\_\_

Have you been cited for violation of state laws or commission rules?  
 No     Yes If yes, please explain: \_\_\_\_\_

**SECTION 3 – TARIFF AND TIME SCHEDULE**

If this application is for temporary authority, a new certificate, or extension of existing certificated authority, you must include a proposed tariff and time schedule that is in compliance with WAC 480-30-251 through WAC 480-30-436.

If this application is a transfer or a lease of authority from an existing certificate, you must either file a new tariff and time schedule at the same rate levels as on file, or you must adopt the current certificate holder's tariff and time schedule. To file a new tariff, use the standard tariff format attached to this application or an approved alternate format. Indicate which option you will use:

Adopt (Complete attachments \_\_\_\_\_)    or     File a new tariff

**SECTION 4 – HEARING INFORMATION**

If the Commission assigns this application for formal hearing, estimate the number of witnesses you will present and the amount of time you will need for your presentation.

Number of witnesses: <b>2</b>	Amount of time: <b>30 minutes</b>
Will an attorney be representing you? If yes, complete the following:	
Attorney's name:	Attorney's phone number:
Attorney's address:	Fax Number:
Street	E-mail:
City, State, Zip	

**SECTION 5 – FINANCIAL STATEMENT**

You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available.

ASSETS		LIABILITIES	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$

**SECTION 6 – EQUIPMENT LIST**

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal for each motor vehicle before your application may be granted.				
Year	Make	License Number	Vehicle ID Number	Seating Capacity
	Ford E450			10 - 12

**SECTION 7 – SAFETY AND OPERATIONS**

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State laws and rules. Please refer to the WAC rules, fact sheets, and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements.	
<b>SAFETY RESPONSIBILITIES</b>	
<b>COMMERCIAL DRIVER’S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES</b> (Title 49, Code of Federal Regulations Part 383) Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.	
Name:	Position:
<b>DRIVER QUALIFICATION REQUIREMENTS</b> (Title 49, Code of Federal Regulations Part 391) Driver’s must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.	
Name:	Position:
<b>DRIVERS HOURS OF SERVICE</b> (Title 49, Code of Federal Regulations Part 395) Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.	
Name:	Position:
<b>CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING</b> (Title 49, Code of Federal Regulations Part 382) All persons who drive commercial vehicles requiring a CDL must be in a Controlled Substance and Alcohol Use and Testing program that is in compliance with FMCSR in Title 49, Code of Federal Regulations Part 382 and Title 49, Code of Federal Regulations Part 40. Each company will have in place a system for complying with FMCSR governing alcohol use and controlled substances testing requirements (Title 49 Code of Federal Regulations Part 382 and Title 49 Code of Federal Regulations Part 40).	
Name:	Position:
<b>INSPECTION, REPAIR AND MAINTENANCE</b> (Title 49, Code of Federal Regulations Part 396) Every motor carrier shall systematically inspect, repair, and maintain all motor vehicles subject to its control.	
Name:	Position:
<b>SAFETY REGULATIONS, GENERAL</b> (Title 49, Code of Federal Regulations Part 390)	
Name:	Position:
<b>DRIVING OF COMMERCIAL MOTOR VEHICLES</b> (Title 49, Code of Federal Regulations Part 392)	
Name:	Position:
<b>PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION</b> (Title 49, Code of Federal Regulations Part 393)	
Name:	Position:
<b>OPERATIONAL RESPONSIBILITIES</b>	
List the person and position responsible for understanding and complying with the requirements of each category shown below.	
<b>TARIFFS, TIME SCHEDULES, RATES AND RATE FILINGS</b> (WAC 480-30-251 through WAC 480-30-436) Companies must file a tariff showing all rates it will impose on its customers, together with rules that govern how rates will be assessed. Companies must also file a time schedule. Charter and excursion only carriers are not required to file tariffs and time schedules per WAC 480-30-251.	
Name:	Position:
<b>ANNUAL REPORTS AND REGULATORY FEES</b> (WAC 480-30-066 through WAC 480-30-081) Auto Transportation companies must file an annual report of their financial and operational activity and pay regulatory fees by May 1 of each year. Charter and excursion carriers must file an annual safety report and pay regulatory fees by December 31 of each year.	
Name:	Position:

**CUSTOMER SERVICE** Person responsible for customer service complaints, and customer notice requirements.

Name: **Joel Kronenberg**

Position: **President**

**STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS** Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies such as, but not limited to: Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name: **Joel Kronenberg**

Position: **President**

***SECTION 8 – DECLARATION OF APPLICANT:***

I understand that filing this application **does not** authorize me to start operations requested or in the territory described until the commission grants the application and issues a certificate.

I understand the responsibilities of a passenger transportation company, and I am in compliance with all local, state, and federal regulations governing business in the state of Washington.

I certify under penalty for false statement, that the information contained in this application is true and correct, and that I am authorized to execute and file this document on behalf of the applicant.

Printed name: Joel Kronenberg

Signature: \_\_\_\_\_

Date, County, State: 4/30/13 Whatcom, WA

TARIFF NO. 1

Cancels

TARIFF NO. \_\_\_\_\_

of

Company Name: SEATAC DIRECT

Certificate Number: \_\_\_\_\_

For the transportation of passengers in the following territory:

From Bellingham to Sea-Tac Airport

Issued by:

Name: Joel Kronenberg, President & CEO

Address: P.O. Box 2976

City, State/Zip: Bellingham, WA 98227

Telephone No: (360)733-3666

Telefacsimile No. (360)733-9152

Issue Date: 4/30/13

Effective Date: \_\_\_\_\_

(For Official Use Only)

Effective: \_\_\_\_\_ TC- \_\_\_\_\_ LSN \_\_\_\_\_

Order/Other \_\_\_\_\_ By: \_\_\_\_\_


Company Name: SEATAC DIRECT

## PASSENGER RULES

### RESERVATIONS

Reservations can be made by phone or internet.

Northbound pickups (from Seattle) require a prepaid reservation. Walk-ons are accepted on a space available basis and must pay cash at the time of boarding. Drivers do not accept checks. When booking, please include everyone in your party in the passenger count, even infants. Car seats are highly recommended for all children less than 8 years old, unless the child is 4 feet 9 inches or taller.

**Wheelchair Accessibility:** Requires 24-hour minimum notice. 

### LUGGAGE / LIABILITY

Passengers are responsible for correct tagging, identification and retrieval of their luggage. Each passenger is allowed two pieces (less than 70 lb each and measuring less than 70" (L+W+H) plus a small carry-on. Skis, snowboards, golf clubs and gun cases (under 6') will be accepted as one of the two standard pieces.

**Pets** must be in an airline-approved kennel and ride in the cargo compartment.

**Bicycles** are not considered standard luggage and are an additional \$10 per way. Bicycles must be in a box (8"Wx24"Hx60"L max). A fee will be charged for extra and oversized luggage.

**Items weighing more than 70 pounds or longer than 6' cannot be accepted.**

**Liability:** As provided by Washington State law (RCW 81.29.050), unless higher value is declared prior to transportation and agreed to in writing by SEATAC DIRECT, property damage liability will be \$25 for boxes and parcels, \$200 for trunks and \$50 for suitcases, valises and other items stored by the driver. Additional valuation will be charged at \$.50 per \$100 or fraction thereof. Articles taken into the vehicle are the sole responsibility of the passenger. The owner of any lost and found articles left on the vehicle will be liable for any expense and risk of returning items.

### OBJECTIONABLE PASSENGERS

This company reserves the right to refuse to transport persons under the influence of drugs or alcohol, or who are incapable of taking care of themselves, or whose conduct or behavior may be objectionable to other passengers. The carrier also reserves the right to refuse carriage of any materials that the carrier considers unsafe and not in the best interest of the passengers.

### SCHEDULE MAINTENANCE

Carrier will not be liable for delays caused by accidents, breakdowns, bad conditions of roads, snow storms or other conditions beyond the control of the carrier and does not guarantee arrival at, or departure from, any point at any specific time. The time schedules provided are schedules the carrier endeavors to maintain, but does not guarantee to be able to do so at all times due to the conditions listed above. Seats are reserved for pre-paid passengers until 5 minutes prior to departure.

### REFUND POLICY

Unused tickets or portions will be redeemed when presented by the owner within 1 year from sale date.

Issue Date: 4-30-13

Effective Date:

Issued By: \_\_\_\_\_

(For Official Use Only)

Effective: \_\_\_\_\_ TC- \_\_\_\_\_ LSN \_\_\_\_\_

Order/Other \_\_\_\_\_ By: \_\_\_\_\_

Company Name: SEATAC DIRECT

**RATE SCHEDULE**

**BELLINGHAM TO SEA-TAC OR SEA-TAC TO BELLINGHAM**

	<b>ADULTS</b>	<b>SENIORS (60) &amp; MILITARY</b>	<b>YOUTH 15 &amp; UNDER</b>
<b>ONE WAY</b>	\$39	\$35	\$25
<b>ROUND TRIP</b>	\$70	\$60	\$40

CHILDREN UNDER 2 FREE (not occupying a seat)

Issue Date: 4-30-13

Effective Date:

Issued By: \_\_\_\_\_

Effective \_\_\_\_\_ TC- \_\_\_\_\_ LSN \_\_\_\_\_

Order/Other \_\_\_\_\_ By: \_\_\_\_\_



Company Name: SEATAC DIRECT

**TIME SCHEDULE NUMBER 1**

Cancels

Time Schedule Number \_\_\_\_\_

Of

Company Name: SEATAC DIRECT

Certificate Number: \_\_\_\_\_

Address: P.O. BOX 2976

City/State/Zip: BELLINGHAM, WA 98227

**TERRITORY:**

FROM BELLINGHAM TO SEA-TAC AIRPORT

**BY THE FOLLOWING ROUTE:**

FROM DOWNTOWN BELLINGHAM TO SEA-TAC AIRPORT  
NON-STOP VIA I-5 AND 405 FREEWAY  
104 MILES

FROM BELLINGHAM SOUTHBOUND TO SEA-TAC								
BELLINGHAM LAKEWAY INN DEPARTURE TIMES	3:00A	5:00A	7:30A	9:30A	12:00P	2:00P	4:30P	7:00P
SEA-TAC ARRIVAL TIMES	4:50A	6:50A	9:20A	11:20A	1:50P	3:55P	6:30P	8:50P
FROM SEA-TAC NORTHBOUND TO BELLINGHAM								
SEA-TAC DEPARTURE TIMES	5:15A	7:15A	9:45A	11:45A	2:15P	4:30P	7:00P	9:00P
BELLINGHAM LAKEWAY INN ARRIVAL TIMES	7:05A	9:05A	11:35A	1:35P	4:05P	6:30P	8:50P	10:50P

Issue Date: 4-30-13

Effective Date:

Issued by: \_\_\_\_\_

Effective: \_\_\_\_\_ TC- \_\_\_\_\_ LSN \_\_\_\_\_

Order/Other \_\_\_\_\_ By: \_\_\_\_\_

**ATTACHMENT A**

**TEMPORARY CERTIFICATE SUPPORT STATEMENT**

Temporary certificate applications must include signed and sworn support statements from one or more potential customers identifying all pertinent facts relating to need for the proposed service.

Applicant Name: SEATAC DIRECT

**CUSTOMER SWORN STATEMENT RELATING TO THE NEED FOR SERVICE**

Customer Name: Bellingham Travel & Cruise, Inc.

Address: 200 West Chestnut Bellingham, WA 98225

Phone Number: (360) 733-1270

Fax Number: (360) 676-9018

E-mail: RobinH@

bellinghamtravel.com

Describe the need for the requested service:

Travelers, both corporate and leisure, would be well served by a shuttle which saved time in getting to SeaTac by offering direct service, without drop-off & pick-up stops along the way. Handicapped travelers would definitely appreciate the convenience of having ready-to-accomodate vehicles on the route daily.

If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable):

No service offers these benefits to my knowledge.

Phone Number: ( )

Explain why the current company is not able to provide you 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.

Robin Holbert

Print Name



Signature

4-8-13 Whatcom Co. WA

Date, County, State

**ATTACHMENT A**

**TEMPORARY CERTIFICATE SUPPORT STATEMENT**

Temporary certificate applications must include signed and sworn support statements from one or more potential customers identifying all pertinent facts relating to need for the proposed service.

Applicant Name:

**CUSTOMER SWORN STATEMENT RELATING TO THE NEED FOR SERVICE**

Customer Name: David Carrillo

Address: 1825 E Division St. Apt. 206

Phone Number: (208) 750-5000

Fax Number: ( )

E-mail: David.Carrillo1976@yahoo.com

Describe the need for the requested service:

Time is money, and is very valuable to me. A direct shuttle to the airport would save much needed valuable time. Additionally, people who travel often will appreciate this kind of service, especially if they're pressed for time.

If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable): Bel Air Shuttle

Phone Number: ( )

Explain why the current company is not able to provide you service:

They don't provide direct service. They have multiple stops.

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.

David Carrillo

Print Name

David Carrillo

Signature

4/29/13, Skagit, WA

Date, County, State

ATTACHMENT A

TEMPORARY CERTIFICATE SUPPORT STATEMENT

Temporary certificate applications must include signed and sworn support statements from one or more potential customers identifying all pertinent facts relating to need for the proposed service.

Applicant Name:

CUSTOMER SWORN STATEMENT RELATING TO THE NEED FOR SERVICE

Customer Name: MAIMIE PACE

Address: 2808 ERIE ST

Phone Number: (360) 671-8862

Fax Number: ( )

E-mail:

Describe the need for the requested service:

WE NEED DIRECT SERVICE WE HAVE A  
NUMBER OF MEMBER'S (MAA) THAT  
NEED TO GET TO SEAHAC IN A TIMELY  
MANNER THIS IS NOT POSSIBLE AT THIS  
TIME

If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable):

Phone Number: ( )

Explain why the current company is not able to provide you 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.

MAIMIE PACE

Print Name

Maimie Pace

Signature

4/29/2013

Date, County, State

ATTACHMENT A

TEMPORARY CERTIFICATE SUPPORT STATEMENT

Temporary certificate applications must include signed and sworn support statements from one or more potential customers identifying all pertinent facts relating to need for the proposed service.

Applicant Name:

**CUSTOMER SWORN STATEMENT RELATING TO THE NEED FOR SERVICE**

Customer Name: Jana Guy

Address: 4280 Mendocino St. Suite 106

Phone Number: 360 752-6561 Fax Number: 360 647-0694 E-mail: janaguy@aaaaw.com

Describe the need for the requested service:

Direct service from Bellingham to Seattle would be a huge benefit to people. In addition, a shuttle w/ handicap access is also needed for Whatcom County's demographics too many seniors would benefit from this

If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable): \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Explain why the current company is not able to provide you 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.

Jana Guy  
Print Name

Jana Guy  
Signature

4/29/2013  
Date, County, State

**ATTACHMENT A**

**TEMPORARY CERTIFICATE SUPPORT STATEMENT**

Temporary certificate applications must include signed and sworn support statements from one or more potential customers identifying all pertinent facts relating to need for the proposed service.

Applicant Name:

**CUSTOMER SWORN STATEMENT RELATING TO THE NEED FOR SERVICE**

Customer Name: Jessica Steele

Address: 4280 Mendian St. Suite 106

Phone Number: (360) 752-6564 Fax Number: (360) 647-0694 E-mail: Jessicasteel@aaaadriver.com

Describe the need for the requested service:

There is currently no direct shuttle to Seattle from Bellingham, therefore a direct shuttle service would be very useful

If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable): \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Explain why the current company is not able to provide you 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.

Jessica Steele  
Print Name

Jessica Steele  
Signature

4/19/2013  
Date, County, State

**ATTACHMENT A**

**TEMPORARY CERTIFICATE SUPPORT STATEMENT**

Temporary certificate applications must include signed and sworn support statements from one or more potential customers identifying all pertinent facts relating to need for the proposed service.

**Applicant Name:** SEATAC DIRECT

**CUSTOMER SWORN STATEMENT RELATING TO THE NEED FOR SERVICE**

**Customer Name:** Fiberglass Structural Engineering, Inc.

**Address:** 455 Stuart Road Bellingham, WA 98226

**Phone Number:** (360) 734-7040 **Fax Number:** (360) 733-7905 **E-mail:** renee.cruikshank@fse.com

**Describe the need for the requested service:**  
Non-stop service from Bellingham to SeaTac and back would offer greater choice and efficiency for business travelers.

**If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable):** Existing company, Airporter Shuttle, does not offer direct service without numerous stops for pick-ups and drop-offs along the way.

**Phone Number:** (866) 235-5247

**Explain why the current company is not able to provide you service:**  
Not offered.

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.

Renee Cruikshank Renee Cruikshank 4-16-13 Whatcom WA  
**Print Name** **Signature** **Date, County, State**

ATTACHMENT A

TEMPORARY CERTIFICATE SUPPORT STATEMENT

Temporary certificate applications must include signed and sworn support statements from one or more potential customers identifying all pertinent facts relating to need for the proposed service.

Applicant Name: Christine Jenkins SEATAC DIRECT

CUSTOMER SWORN STATEMENT RELATING TO THE NEED FOR SERVICE

Customer Name: Christine Jenkins

Address: 2937 Brook Lane, Sedro Woolley WA 98284

Phone Number: 360 392-6502 Fax Number: 360 676-8519 E-mail: christine@bellinghamhotel.com

Describe the need for the requested service:

Thousands of business travelers ~~fly~~ fly to Seatac and travel to Bellingham. An additional service would offer further accessibility/travel options for the consumer. A direct shuttle would offer additional times of travel to choose from when needed.

If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable): Bellair/air porter shuttle

Phone Number: 360

Explain why the current company is not able to provide you service: Current company can provide service at specific times. Additional service would offer more time travel choices.

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.

Christine Jenkins [Signature] 4/16/13 Whatcom, WA