

Email: transportation@utc.wa.gov

AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

a city, county of regional transportation planning organization	
Applicant Name: HHR SHUTTLE SERVI	(E, LLC
Customer Sworn Statement Relating	to the Need for Service:
Customer Name: DRAN HAUFF	
address:	
Phone Number: 509-952-6246 Email: Leanha	uff@yahoo,com
ax Number: 509-248-0914	
Describe the need for the requested service:	
I would like to see service to !	ases
- takes less time to get to d - more flights out of Pasco - more convenient	estination less traffic
- more fluglas out of Pasco	
- queden return trip to you	tima than from Seattle
f there is an existing company providing this service in the te	rritory, please list the existing company's
ame (if applicable): NoN€	
xplain why the current company is not providing adequate s	ervice:
There is no service at the	current Time
certify or declare under penalty of perjury under the laws of the ontained in this statement is true and correct.	state of Washington that the information
DEAN 5 HAUFF Dean &	Haff 8/9/23



Print Name

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

Date

AUTO TRANSPORTATION - ATTACHMENT A

Auto transportation Certificate of Support Statement

Auto Transportation certificate applications must include more than one signed and sworn support statement from independent members of the public who need service, or a statement by a representative of a city, county or regional transportation planning organization.

a city, county or regional transportation planning organization.
Applicant Name: HHR ShuHle Service, LLC
Customer Sworn Statement Relating to the Need for Service:
Customer Name: Richard Brunstetter SR.
Address: 613 FriedLine Rd
Phone Number: 1-509-571-1061 Email: PASTOR BUNG Live, COM
Fax Number:
Describe the need for the requested service:
Convenient
No Mt. Pess
Less Troffic
If there is an existing company providing this service in the territory, please list the existing company's
name (if applicable): VIA
Explain why the current company is not providing adequate service:
Nothing has been queilable.
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.
Richard Brunestetter Reitad Buttle St. 8-10-23

Signature



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AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

a city, county or regional transpo	ortation planning organization.	
Applicant Name: HHR	Shuttle Bervice, LLC	
Custome	er Sworn Statement Relating to the Need for Service	e:
ustomer Name: Wanda	Brunstetter	
ddress: 613 Fried	thine Rd.	
Phone Number: 509 - 571- 1061	Email: Whrunstetter @ live. com	
ax Number:		
escribe the need for the reque	sted service:	
	See No Service to Pisco previo	ously, so this
15 Something u	Very Needed.	
•	/	
there is an existing company p	roviding this service in the territory, please list the	existing company's
ame (if applicable):	4	
xplain why the current compan	y is not providing adequate service:	
Because there	isst one.	
DECAUSE / TOTAL	ishi ora	
certify or declare under penalty of	f perjury under the laws of the state of Washington the	at the information
	f perjury under the laws of the state of Washington the	at the information
		nt the information
certify or declare under penalty of ontained in this statement is true when the Bruns tetter		at the information $8-10-23$



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Auto transportation Certificate of Support Statement

a city, county of regional transportation planning organization.
Applicant Name: HHR Shuttle Service, LLC
Customer Sworn Statement Relating to the Need for Service:
Customer Name: HAZEL URQUHAR+
Address: 1205 5 31 ST AVE YAKIMA WA 98902
Phone Number: 1205 S. 31 ST AVE, YAKIMA WA 98902 Phone Number: 2234770 Email: bobandhazel 1 @ out Apok. Com
Fax Number:
Describe the need for the requested service:
Describe the need for the requested service: my daughter flies into Pasce and would be near to have a shuttle.
my beat for all
a have a spulle.
If there is an existing company providing this service in the territory, please list the existing company's
name (if applicable): N/A
Explain why the current company is not providing adequate service:
I certify or declare under penalty of perjury under the laws of the state of Washington that the information
contained in this statement is true and correct.
HAZEL N. URQUHART Signature Date 8/12/23
Print Name HAZEL N. URQUHART Signature Date



Email: transportation@utc.wa.gov

AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

Applicant Name: John Riggy HAR Shuffle Service	e,lle
Customer Sworn Statement Relating to the Need for Service:	
Customer Name: John Riggs	
Address: 4010 Smmt vom Aus.	
Phone Number: Sun- 972-3461 Email: John Piggs @ town Square Media. Gone	
Describe the need for the requested service:	
Shottle From Yahima + PSC Airport	
If there is an existing company providing this service in the territory, please list the existin	g company's
name (if applicable):	
Explain why the current company is not providing adequate service:	
Would love an option to take a shuttle to the airport in Tri-Cities	
certify or declare under penalty of perjury under the laws of the state of Washington that the i	,
John Riggs Signature	8.14.23
rint Name Signature	Date



Email: transportation@utc.wa.gov

AUTO TRANSPORTATION - ATTACHMENT A

Auto transportation Certificate of Support Statement

Applicant Name: Sheri-Lou Creson HHR Shuttle Service LI
Customer Sworn Statement Relating to the Need for Service:
Customer Name: Shevi-Lou Creson
Phone Number: 206947 255 Email: lou bou who a me, com
Fax Number:
Describe the need for the requested service:
Shutle service to the Tri-Citles Amport
from Yulina
If there is an existing company providing this service in the territory, please list the existing company's
name (if applicable):
Explain why the current company is not providing adequate service:
I certify or declare under penalty of perjury under the laws of the state of Washington that the information
contained in this statement is true and correct.
Sheri-lou Creson Shui-Touluson 8-11-23
Print Name Signature Date



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

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Auto transportation Certificate of Support Statement

Applicant Name: Touk Barrer HHR Shuffle Service, LLC
Customer Sworn Statement Relating to the Need for Service:
Customer Name: Inh 16 Bakes
Address: 104 N. 68 mk / Memn Phone Number: 1889 965-4872 Email: PRIARWORKS ROMS COM Fax Number:
Phone Number: (589) 965-4872 Email: PRIARWORKS & QMS. 1. com
Fax Number:
Describe the need for the requested service:
SHUTTLE SERVICE TO AIRPORT IN TRI-CITIES
If there is an existing company providing this service in the territory, please list the existing company's
name (if applicable):
Explain why the current company is not providing adequate service:
I certify or declare under penalty of perjury under the laws of the state of Washington that the information
contained in this statement is true and correct.
1 1 states
Print Name Signature Date
Print Name
08-2020 Page 1 of 1
00-2020



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Auto transportation Certificate of Support Statement

a city, county of regional transportation planning organization.
Applicant Name: HHR Shutttle Service LLC
Customer Sworn Statement Relating to the Need for Service:
Customer Name: PAME (A MOSS
Address: 604 S. 13TH AVE YAKIMA, WA 98902
Phone Number: 399.969.1689 Email: nonfatgirlle8@amail.com
Fax Number: N/A
Describe the need for the requested service:
I travel out of the Tri-Cities Airport + use
this as transportation so I will not have
to store my vehicle in long terms parking
If there is an existing company providing this service in the territory, please list the existing company's
name (if applicable):
Explain why the current company is not providing adequate service:
I do not use this for work purposes. My
Frequent travel is for personal use. If Idid need work transportation, I would
Idid need work transportation, I would
use this service also.
I certify or declare under penalty of perjury under the laws of the state of Washington that the information
contained in this statement is true and correct.
Print Name Reprint Name 8/11/2023



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a city, county or regional transportation planning organization.
Applicant Name: HHR Shutttle Service LLC
Customer Sworn Statement Relating to the Need for Service:
Address: 1509 Queen Quenue Phone Number: 509-453- Email: Dickidayoure 1509 a hot mail. com Fax Number: Describe the need for the requested service: No other service likethis in our area More convenient than having to drive over the pass
If there is an existing company providing this service in the territory, please list the existing company's
name (if applicable):
Explain why the current company is not providing adequate service:
I certify or declare under penalty of perjury under the laws of the state of Washington that the information
contained in this statement is true and correct.
David W Lyden David w Eglen Blad 2000 on Signature Date 2/2023 Vicki L Lyden Disky & Syden

08-2020

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Auto transportation Certificate of Support Statement

Applicant Name: HHR Shutttle Service LLC	
Customer Sworn Statement Relating to the Need	for Service:
Customer Name: Brien Johnson	
Address: P.O. Box 91 Selage WIA GSS47	
Phone Number: 505 S61-4477 Email: Brisos 962 @ gmail	1. Com
Describe the need for the requested service:	
There needs to be a service of transport	tim La Valeira
to the Try lity airport	arron from jaring
f there is an existing company providing this service in the territory, please	e list the existing company's
	e list the existing company's
name (if applicable):	e list the existing company's
Explain why the current company is not providing adequate service:	
ixplain why the current company is not providing adequate service: There i's a current company to Sea Tea by	
explain why the current company is not providing adequate service:	
Explain why the current company is not providing adequate service: There i's a current company to Sea Tea by	
Explain why the current company is not providing adequate service: There i's a current company to Sea Tea by	
Explain why the current company is not providing adequate service: There i's a current company to Sea Tea by	
Explain why the current company is not providing adequate service: There i's a current company to Sea Tea by Try Lity Air port	It Not to ther
Explain why the current company is not providing adequate service: There i's a current company to Sea Tea by Try Lity Min port	It Not to ther
Explain why the current company is not providing adequate service: There i's a current company to Sea Tea by Try Lity Min port	It Not to ther
Explain why the current company is not providing adequate service: There i's a current company to Sea Tea by Try Lity Mr port certify or declare under penalty of perjury under the laws of the state of Washi antained in this statement is true and correct.	It Not to ther
	It Not to ther



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AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

Applicant Nam	e: HHR Shutttle Ser	vice LLC		
	Customer Sw	orn Statement Relating to	the Need for Service:	
Customer Nan	ne: LEON KR	ZMGER		
Address:		ETT RO YAKIN	M WA 98908	
hone Numbe	509 965-4462	Email: Kruger 57@	mrn. Com	
ax Number:		(1.9.6.		
Describe the n	eed for the requested:	service:		
WE	NEED THIS	CAUSE NO SER	THEO IN AREA	
WIFE	NEEDS HELP	Due To HEA	LTH ISSUE	
Cabara is an a	visting company provis	ling this service in the territo	ory, please list the existing compan	v's
		ang this service in the territor	ny, piedse list the existing company	
name (if applic				
xplain why th	e current company is n	not providing adequate serv	ce:	
/				
cortifu or decla	re under penalty of peri	urv under the laws of the stat	e of Washington that the information	n
	s statement is true and c			
ontainea in tiii	Statement is true and o			
	KRUGER	Jeon 281	unea) 8.1:	2-7



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AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

Applicant Name: HHR Shutttle Service LLC	
Customer Sworn Statement Relating to the Need for Serv	vice:
Customer Name: TY+U5 Thom A5	
Phone Number: N/A Email: +ytusthomasilo gmail.	
Phone Number: N/A Email: +11/4/5/4/2009. 36) Page 1	
Fax Number: 1//1	or .
Describe the need for the requested service:	
	1
Rasy airPort to get around in.	
I would rather use Pasco airport	
f there is an existing company providing this service in the territory, please list the	existing company's
name (if applicable):	0
Explain why the current company is not providing adequate service:	
There is No service!	
certify or declare under penalty of perjury under the laws of the state of Washington the	at the information
certify or declare under penalty of perjury under the laws of the state of Washington the ontained in this statement is true and correct.	at the information
	S-13-23



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Auto transportation Certificate of Support Statement

Applicant Name: HHR Shutttle Service LLC	
Customer Sworn Statement Relating to the Need for Se	ervice:
Customer Name: EDWN G, FALTER	
Address: 5511 DOUGLAS DR. YAKIMA WA 98908	The second second
Phone Number: S09,728-2257 Email:	
Fax Number:	
Describe the need for the requested service:	
THIS CETTRAL LICETTON ALLOWS ACCESS TO	e a local
REGIONAL AIRPORT WITHOUT THE MERO T	TRIVERSE
A MONTAIN PASS OR DIFFICULT ROUTE	S DINEING
INCLEMENT UBITHER:	
If there is an existing company providing this service in the territory, please list t	the existing company's
name (if applicable):	
Explain why the current company is not providing adequate service:	
NONE CURRENTLY AVAILABLE.	
certify or declare under penalty of perjury under the laws of the state of Washington ontained in this statement is true and correct.	n that the information
ontained in this statement is the same and t	
/ //	
BOYN G. FALTER SILE	8-13-23



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AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

Applicant Name: HHR Shutttle Service LLC
Customer Sworn Statement Relating to the Need for Service:
Customer Name: Paul & Lentane
Address: 324 Mahre 68
Phone Number: 5099647111 Email: dhen o farmer/ Com
Fax Number:
Describe the need for the requested service:
pla current genarce
If there is an existing company providing this service in the territory, please list the existing company's name (if applicable):
Explain why the current company is not providing adequate service:
I certify or declare under penalty of perjury under the laws of the state of Washington that the information
contained in this statement is true and correct.
Print Name L Heritage Signature MI MILLE Date 12/22



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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: HHR Shutttle Service LLC
Customer Sworn Statement Relating to the Need for Service:
Customer Name: Steven R Blankinship
Address: 1413 S. 98 Ave Vaking, WA 98908
Address: 1413 S. 98 Ave - Yakima, WA 98908 Phone Number: 509 307 014 [mail: steve Blankinship@hotmail.com
Fax Number:
Describe the need for the requested service:
the shitle to Seattle several Times.
I is contation to Pasco Air part would be very
an venient smaller Air ports, No mountain pass,
Transportation to Pasco Air fort would be very convenient. Smaller Air port, No mountain pass, shorter distant that Not Nearby as conjested. Shorter distant the Sector why Not to PSC
It there's a shuttle to see the distribution comments
If there is an existing company providing this service in the territory, please list the existing company's
name (if applicable): No Ne
Explain why the current company is not providing adequate service:
I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.
Steven R Blankinship Stever R Blankinship 8-10-23 Print Name Date



AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

Applicant Name: HF	R Shutttle Service LLC
	Customer Sworn Statement Relating to the Need for Service:
Customer Name:	Rick - Laurie Peterson
	24 FISK Rd Yakima, WA 98908
Phone Number: 360	-496-1570 Email: pmiata@hotmail.zom
Fax Number:	1/a
Describe the need to	or the requested service:
Tricitie	of the requested service: of the requested service: of the public is a would love to use the public
Service T	ransportation.
f there is an existing	company providing this service in the territory, please list the existing company's
name (if applicable):	None that we know
Explain why the curr	ent company is not providing adequate service:
There are and fr	ent company is not providing adequate service: e no other transportation Services To on the Arr Port-
certify or declare und	ler penalty of perjury under the laws of the state of Washington that the information
ontained in this state	ment is true and correct.
Rick Pe	terson Rill Pall Ang 10,
rint Name	Signature Date



AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

Auto Transportation certificate applications must include more than one signed and sworn support

a city, county or regional transportation planning areas in a city, county or regional transportation planning areas in a city.
a city, county or regional transportation planning organization.
Applicant Name: HHR Shutttle Service LLC
Customer Sworn Statement Relating to the Need for Service:
Customer Name: Sophil Tones
Address: 10662 Mre rus Pal Malana III assa
Phone Number: 509-834-313(Email: C
Customer Name: Sophie Torres Address: 10662 Meras Rel Yakima, WA 98901 Phone Number: 509-834-3136 Email: Septie Jadetones 12 a yohuv. com Passribe the most of the septies of the most of the most of the most of the septies of the most of the mo
Describe the need for the requested service:
We don't have one currently.
If there is an existing company providing this service in the territory, please list the existing company's name (if applicable):
Explain why the current company is not providing adequate service:
y sales and company is not providing adequate service.
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. Some Tones Signature Signature Date



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AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

pplicant Name: HHR Shutttle Service LLC	
Customer Sworn Statement R	elating to the Need for Service:
ustomer Name: Jim Dufault	
one Number: 509-453-9155 Email:	Yokima
one Number: 509 - 453-7155 Email:	
x Number:	
escribe the need for the requested service:	
No Service	
nere is an existing company providing this service in	the territory, please list the existing company's
ne (if applicable):	the territory, prease ist the existing company s
lain why the current company is not providing adec	mate service.
iam why the carrent company is not providing adde	and Service.
tify or declare under penalty of perjury under the laws	of the state of Washington that the information
ained in this statement is true and correct.	
I'm Dufault they	() who will 8/11/22
Name Signature	Date



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AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

Auto Transportation certificate applications must include more than one signed and sworn support

statement from independ	lent members of the public who need service, or a statement by a representat
a city, county or regional t	ransportation planning organization.
Applicant Name: HHR Sh	utttle Service LLC
Cu	stomer Sworn Statement Relating to the Need for Service:
Customer Name: Dan	ielw. Williams
Address: 1011 God	Alander De - Elah INA 98942.
Phone Number: (509) 83	3-6058 Email: Danie (Will: ams 609 @ yahoo. Corr
Fax Number:	
Describe the need for the r	equested service:
Transport to or abilty to	Egimen Airport For No were & to Drive Drive Sitt. Not want to go to
Southe Air	port.
If there is an existing compa	ny providing this service in the territory, please list the existing company's
(16 11 1 1	Vone
	pany is not providing adequate service:
Not a c	Ermpany Most does this.
certify or declare under penalt	y of perjury under the laws of the state of Washington that the information
ntained in this statement is to	
Daniel M. Will	
nt Name	Signature Date



AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

a step, country of regional transportation planning organization.
Applicant Name: HHR Shutttle Service LLC
Customer Sworn Statement Relating to the Need for Service:
Customer Name: JAMES WALKER
Address: 6901 WEST ACRE LT.
Address: 6901 WEST ACRE CT. Phone Number: 509)833-6137 Email: DRUMNUT 1942 @ OUTLOOK, COM
Fax Number:
Describe the need for the requested service:
PERIODICALLY FLY. OVT US PASCO
If there is an existing company providing this service in the territory, please list the existing company's name (if applicable):
Explain why the current company is not providing adequate service: THERE IS NOCURENT 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. JAMES WALKER Signature Signature Date
This waite



AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

a city, county or regional transportation planning organization.	
Applicant Name: HHR Shutttle Service LLC	
Customer Sworn Statement Relating to the Need for Service:	
Customer Name: Lance Johnson	
Address: P.O. BOX 95	
Address: P.O. BOX 95 Phone Number: 509.367-0517 Email: drummer prochotmail	
Fax Number:	
Describe the need for the requested service:	
Describe the need for the requested service: I prefer to fly out of Pasco Due	
To Cost c Time	
the existing come	anv's
If there is an existing company providing this service in the territory, please list the existing comp	
name (if applicable): \(\sum_{\circ}\)	
Explain why the current company is not providing adequate service:	
N.A. Does Not Exsit	
certify or declare under penalty of perjury under the laws of the state of Washington that the informa	tion
contained in this statement is true and correct.	
Print Name Signature Date	-13-23
- Y	



AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

a city, county or regional transportation planning organization.
Applicant Name: HHR Shutttle Service LLC
Customer Sworn Statement Relating to the Need for Service:
Customer Name: Jeff Perrotti
Address: 10806 ESTES RD.
Phone Number: 509-426-1476 Email: jeffperrotti @ charter Met
Pax Number: Describe the need for the requested service:
Weld for more available public Transport
te + from Yakowa Pasce. Air transport from
Yahowa is very limited + Passes is beil local airport.
If there is an existing company providing this service in the territory, please list the existing company's
name (if applicable): There is No office Company
Explain why the current company is not providing adequate service:
No current Cc Need is here for this
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.
Jeff Pervotti Offices of Pervott 8-13-23 Print Name Signature Date



Email: transportation@utc.wa.gov

AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

Applicant Name: HHR Shutttle Service LLC
Customer Sworn Statement Relating to the Need for Service:
Customer Name: Jehi Walker
Address: 1423 S. 27th ave
Phone Number: 50993001e17 Email: jeri Walker mac.com
Fax Number:
Describe the need for the requested service:
easy access to airport, don't have to pay to park, n
If there is an existing company providing this service in the territory, please list the existing company's name (if applicable):
Explain why the current company is not providing adequate service:
Because there is no 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. The Walker Signature Date



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Auto transportation Certificate of Support Statement

Customer Sworn Statement Relating to the Need for Service:	
Customer Name: Charles R. Hampton	
Address: 210 Rodgers Road Vaking, WA 98908	
Phone Number: SØ1823066 Email: Tajunkajun@ live.com	
ax Number:	
Describe the need for the requested service:	
More and more travel is available out of Pasco is a vailable, Ti	his is so
much more convient to not gooder Snolqualmie Pass on the I-	-90 Covidos
Safety in travelis mymain concern. I-82 is so much mores	saferto
there is an existing company providing this service in the territory, please list the existing co	new lactorise
there is an existing company providing this service in the territory, please list the existing co	ompany's int
ame (if applicable): None at the time	
xplain why the current company is not providing adequate service:	
Going over the I-90 Corridor is never a safe way to travel. Ye	ararmol
Going over the I-90 Corridor is nover a safe way to travel. Ye experiences delay's cline to weather, traffic, wrecks, xafe such as avalanche, rain, snow, exassive truck traffic	Elyconcerns
such as avalanche, rain, snow, exercire truck triffee	É.
ertify or declare under penalty of perjury under the laws of the state of Washington that the info	rm ation
ntained in this statement is true and correct.	rmation
mamea in this statement is trac and correct.	



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Auto transportation Certificate of Support Statement

Applicant Name: HHR Shutttle Service LLC
Customer Sworn Statement Relating to the Need for Service:
Customer Name: Jusan Waller
Address: 7604 Marden ave Vakina WA
Phone Number: 509-966-45 38 Email: powerfer DNOL, Fax Number:
Describe the need for the requested service:
Close aviline access, and shapping, as well as medical needs not available in
Yakima
If there is an existing company providing this service in the territory, please list the existing company's
name (if applicable):
Explain why the current company is not providing adequate service:
not a 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.
SUSAN P. WEILER Susan J. Weiler @08-13-23
Print Name Signature Date



Email: transportation@utc.wa.gov

AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

Applicant Name: HHR Shutttle Service LLC	
Customer Sworn Statement Relating to the Need for Service	e:
Customer Name: Richard H. Shaw	
Address: 1210 S. 72nd Ave. #43 Yakima, NA. 989	08
Phone Number: 509-506-9840 Email: richard haroldshaw@gmail	,com
Fax Number:	
Describe the need for the requested service:	
No shattle Service available to Pasco of From Yakima	report
f there is an existing company providing this service in the territory, please list the e	xisting company's
name (if applicable): None	
Explain why the current company is not providing adequate service:	
None	
none	
none	
none.	
certify or declare under penalty of perjury under the laws of the state of Washington the	nt the information
	nt the information
certify or declare under penalty of perjury under the laws of the state of Washington the	at the information $8/13/23$



AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

Applicant Name: HHR S	hutttle Service LLC
C	Customer Sworn Statement Relating to the Need for Service:
Customer Name:	1. Chael Villeges
Address: 202 /	1. 10/5+ Ave. Yaking WA 98908
Phone Number: 509-0	2650/19 Email: Rudy Field 478 @ adl. com
Describe the need for th	
Yaking Air	port is getting smaller, and the Tri-
City Airpo	coming to Yakima.
small jets	coming to taking.
If there is an existing cor	mpany providing this service in the territory, please list the existing company's
name (if applicable):	company is not providing adequate service:
	company is not providing adequate service.
none	
	penalty of perjury under the laws of the state of Washington that the information
contained in this statemer	nt is true and correct.
11 20 1 1	7/ 2011
	11



AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

a city, county or regional transportation planning organization.
Applicant Name: HHR Shutttle Service LLC
Customer Sworn Statement Relating to the Need for Service:
Customer Name: Kandace Mercire
Address: 140 Scogin Ln
Phone Number: 519-965-2334 Email: mcquire kandace a yahoo. com Fax Number:
Describe the need for the requested service:
To be able to Fly out of the Tri-cities
If there is an existing company providing this service in the territory, please list the existing company's
name (if applicable):
Explain why the current company is not providing adequate service:
There is NO Company
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.
Frint Name Kandace McGuire Kandace McGuul 8-13-23 Signature Date



Email: transportation@utc.wa.gov

and coccurred dretototops been every transference

AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

e crey, country of regional transportation planning organization.
Applicant Name: HHR Shutttle Service LLC
Customer Sworn Statement Relating to the Need for Service:
Customer Name: Vin a MADILIU WE OVER
Customer Name: Time a MARILYN WEAVER Address: 600 S 123 Rd Phone Number: Fmails
Phone Number: 509-949-5473 Email:
Fax Number:
Describe the need for the requested service:
Shorter distance
No M+ PASSES
If there is an existing company providing this service in the territory, please list the existing company's
name (if applicable):
Explain why the current company is not providing adequate service:
7 . 5 1/2/10
There is NONE -
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.
MARILYN WEAVER Marilyn Weaver 8-13-23 Print Name / Signature
MARILYN WEAVER Marilyn Weaver 8-13-23 Signature Date



AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

pplicant Name: H	HR Shutttle Service LLC
	Customer Sworn Statement Relating to the Need for Service:
Customer Name:	10M F6GE
ddress: 3/	5 VIEWMONT Dr. JAKIMH WA 93 508 09-969-100 Email: LOM. egge @ hotmail. Com
hone Number:	69-969-100 Email: LOM. egge @ hotmail lon
ax Number:	1/0
Describe the need	for the requested service:
PASCO -	Tri- Cities AIRPORT 18 MUCH ELOSER - SIER TO BET TO THOW GUING to the Sep-
AND EA	-SIEK TO BET TO THAN GUING to the SEA-
Tor oin	going three than SUEN MOUNT AND PASSES TO S
milden	spins three than sugar mount and passes to &
f there is an existi	ng company providing this service in the territory, please list the existing company's
name (if applicable	
	rrent company is not providing adequate service:
xplain why the cu	rrent company is not providing adequate service.
A Sa	
certify or declare u	nder penalty of perjury under the laws of the state of Washington that the information
	atement is true and correct.
ontained in time ste	
1 on l	-6 GE / Meggs 8/13/2
() - (-	Signature / Date



AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

Applicant Name: HHR Shutttle Service LLC	
Customer Sworn Statement Relating to the Need for	Service:
Sustomer Name: David Pickett	
ddress: 1206 2 nd Ave Zillah WA	
hone Number: 504-945-7750 Email: Bdowe 840@ hotman	1, com
escribe the need for the requested service:	
Yakına airport is declining in Scruce. Pasco a big weed for service for people who weed to	is growing, there is
to Page	trasfer from Yaking
PO TASCO	
there is an existing company providing this service in the territory, please lis	t the existing company's
	t the existing company's
ame (if applicable):	t the existing company's
ame (if applicable):	t the existing company's
ame (if applicable):	t the existing company's
ame (if applicable):	t the existing company's
ame (if applicable):	t the existing company's
ame (if applicable):	t the existing company's
ame (if applicable):	t the existing company's
ame (if applicable): xplain why the current company is not providing adequate service:	
ame (if applicable): xplain why the current company is not providing adequate service: certify or declare under penalty of perjury under the laws of the state of Washing	
name (if applicable): xplain why the current company is not providing adequate service: certify or declare under penalty of perjury under the laws of the state of Washington	
f there is an existing company providing this service in the territory, please list name (if applicable): Explain why the current company is not providing adequate service: Certify or declare under penalty of perjury under the laws of the state of Washingtontained in this statement is true and correct.	



08-2020

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

Page 1 of 1

AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

Applicant Name: HHR Shuttle Service LLC.
Customer Sworn Statement Relating to the Need for Service:
Customer Name: Jana Mohler
Address: P.O BOY 1267, Marke, WA 98936
Phone Number: 504-452-1464 Email:
Pax Number: Describe the need for the requested service:
It would be very helpful, even a necessary shuttle gervice for our region & community
If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): Explain why the current company is not providing adequate service:
NA
I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.
Print Name Signature Signature



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 A

Auto transportation Certificate of Support Statement

Applicant Name: HHR SHUTTLE SERVICE LLC Customer Sworn Statement Relating to the Need for Service:
Customer Sworn Statement Relating to the Need for Service:
Customer Name: NEIL HAUFF
Address: 2921 SUTHERLAND DR.
Phone Number: 509 248 0318 Email: neil-hauff@gmail-com
Fax Number: 509 248 0914 Describe the need for the requested service:
REQUEST DELIVERY TO PASCO CLOSER AND
MORE CONVENIENT AND LESS FUEL / TIME SPENT
TO BETTING TO ONE'S DESTINATION. IS NOT
CLIMATE CHANGE IN YOUR WHEELHOUSE TO If there is an existing company providing this service in the territory, please list the existing company's
If there is an existing company providing this service in the territory, please list the existing company's
name (if applicable):
Explain why the current company is not providing adequate service:
NO SERVICE TO PASCO
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.
15. 11. 12. 11. 11. 11. 11. 12. 12. 12. 12
NEIL HAUFF Men Houff 8/9/2023 Print Name Signature Date



Email: transportation@utc.wa.gov

AUTO TRANSPORTATION - ATTACHMENT A

Auto transportation Certificate of Support Statement

Applicant Name: HHR Shuttle Service LLC
Customer Sworn Statement Relating to the Need for Service:
Customer Name: Gracie Hargives
Phone Number: 600)391-674 Fmail: gracie hargroves @ gmail. com
I need quick access to the airport, with no
wornes about parking or the safety of my vehicle. Air-port is much more inviting w/o a mountain pass f there is an existing company providing this service in the territory, please list the existing company's name (if applicable): NA explain why the current company is not providing adequate service:
certify or declare under penalty of perjury under the laws of the state of Washington that the information ontained in this statement is true and correct. Araul Harawes 1/9/23



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 A

Auto transportation Certificate of Support Statement

a city, county or regional transportation planning orga	nization.
Applicant Name: HHR SNUFFLE SERV	ce LLO
Customer Sworn Statement R	elating to the Need for Service:
Address: Description 5690 old Phone Number: 509.985.050 Email: ashlen	Naches Hwy Naches, WA 98935
Pax Number: Describe the need for the requested service:	
To Avoid Mustain passes for	travel plus a shorter distance
If there is an existing company providing this service in	the territory, please list the existing company's
name (if applicable): $ ho$	A
Explain why the current company is not providing adec	
I certify or declare under penalty of perjury under the laws contained in this statement is true and correct. ASNUM DUKE	of the state of Washington that the information X Q 2023



Email: transportation@utc.wa.gov

AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

Applicant Name: 1+HR Shuttle LLC
Customer Sworn Statement Relating to the Need for Service:
Customer Name: DAN 209873 Address: 2001 So 75 have / Kina, Wa. 98903 Phone Number: 509-961-4370 Email: Dannyrogers 054@ g-mail-com Describe the need for the requested service:
Address: 2001 60 75 we / 1/2 ina, Wa. 98903
Phone Number: 509-961-4370 Email:
Fax Number: Dannyrogers 054 @ g-may - Con
Describe the need for the requested service:
Describe the need for the requested service: My wife of I usually fly out of sealth - but Aleided To fly from Pasco - The experience is So much nicer - We would have loved to had this So much nicer - We would have loved to had this
decided To fly firm Pasco-
So much nicer - We would have loved to had this
If there is an existing company providing this service in the territory, please list the existing company's
name (if applicable): NONE & This time -
Explain why the current company is not providing adequate service:
N/A-
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.
DAN Rogers Print Name Signature Date
08-2020 Page 1 of 1



Email: transportation@utc.wa.gov

AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

Applicant Name: HHB Shuttle Service; Customer Sworn Statement Relating to the Need for Service: Customer Name: PHILIP N. KERR Address: 10502 15755 RD YAKIMA WA 99909 Phone Number: 199965 ugg7 Email: Phile our Kerr Camily, com Fax Number: Describe the need for the requested service: IT WOULD bis 1990 TO HAW A SHATTLE, SHAVILE TO PASCO TO HAW AWITHA OF TOWN BESIDES SHATTLE, WARER DAVIME IS NOT THAT A FUND ARRIVE TO FIX OUT OFF. If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): NOWE THAT I KNOW Explain why the current company is not providing adequate service: It would be supplied by the state of Washington that the information
Customer Name: PHILIP N. KERK Address: 10502 157E5 RD YAKIMA WA 99909 Phone Number: 1999 965 4997 Email: Phile our Kerr tamily, com Fax Number: Describe the need for the requested service: IT WOULD BE 6000 TO HAVE A SHATTLE SEAVICE TO PASCO TO HAVE ANOTHER OF TON BESIDES SEATTLE, WINTER DANIM 15 NOT FUNTO THATIS, & SHATTLE, 15 NOT A PUN AIRPORT TO FIX OUT OF. If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): NOW THAT I KNOW Explain why the current company is not providing adequate service:
Address: 10 502 F. STÊS RD YAKIMA WA 99909 Phone Number: 109965 4997 Email: Phile our Kerr ta mily, com Fax Number: Describe the need for the requested service: IT WOULD BY GOOD TO HAVE A SHATTLY, SHAVICE TO PASCO TO HAVE ANOTHER OF TOM BY SIDES SHATTLY, WINTER DRIVING 15 NOT FUNTO SHATTLY, & SHATTLY, IS NOT A FUN AIRMAN TO FIX OUT ONE, If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): NOWE THAT I KNOW Explain why the current company is not providing adequate service:
Describe the need for the requested service: IT WOULD BY BOOD TO HAVE A SHATTLE SEAVILE TO PASCO TO HAVE AWOTHER OF TON BUSINES SHATTLE, WINDER DAWWING IS NOT FUNTO SHATTLE, A SHATTLE IS NOT A FUN ARRANT TO FIX OUT OUT. If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): NOWE THAT I KNOW Explain why the current company is not providing adequate service: THEAL IS NOW!
Describe the need for the requested service: IT WOULD BY BOOD TO HAVE A SHATTLE SEAVILE TO PASCO TO HAVE AWOTHER OF TON BUSINES SHATTLE, WINDER DAWWING IS NOT FUNTO SHATTLE, A SHATTLE IS NOT A FUN ARRANT TO FIX OUT OUT. If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): NOWE THAT I KNOW Explain why the current company is not providing adequate service: THEAL IS NOW!
Describe the need for the requested service: IT WOULD BY BOOD TO HAVE A SHATTLE SEAVILE TO PASCO TO HAVE AWOTHER OF TON BUSINES SHATTLE, WINDER DAWWING IS NOT FUNTO SHATTLE, A SHATTLE IS NOT A FUN ARRANT TO FIX OUT OUT. If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): NOWE THAT I KNOW Explain why the current company is not providing adequate service: THEAL IS NOW!
IT WOULD BE GOOD TO HAVE A SHATTUE SEAVISE TO PASCO TO HAVE AWOTHER OF TOWN BESIDES SHATTUE, WINTER DRIVING 15 NOT FUNTO SHATTUE, & SHATTUE, 15 NOT A PUN AHRBAT TO FIX OUT OFF. If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): NOWE THAT I KNOW Explain why the current company is not providing adequate service: THAN 15 NOWE
IT WOULD BE GOOD TO HAVE A SHATTUE SEAVISE TO PASCO TO HAVE AWOTHER OF TOWN BESIDES SHATTUE, WINTER DRIVING 15 NOT FUNTO SHATTUE, & SHATTUE, 15 NOT A PUN AHRBAT TO FIX OUT OFF. If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): NOWE THAT I KNOW Explain why the current company is not providing adequate service: THAN 15 NOWE
If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): NOWE THAT I KNOW Explain why the current company is not providing adequate service: YHAM IS WOME
If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): NOWE THAT I KNOW Explain why the current company is not providing adequate service: YHAM IS WOME
If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): NOWE THAT I KNOW Explain why the current company is not providing adequate service: THAN 15 NOWE
name (if applicable): NOWE THAT I KNOW Explain why the current company is not providing adequate service: THAN 15 NOWE
name (if applicable): NOWE THAT I KNOW Explain why the current company is not providing adequate service: THAN 15 NOWE
name (if applicable): NOWE THAT I KNOW Explain why the current company is not providing adequate service: THAN 15 NOWE
Explain why the current company is not providing adequate service: THAN 15 WAND
THEAR IS NORTH
to the state of Washington that the information
to the second and a second sec
to the state of Washington that the information
to the state of Washington that the information
to the state of Washington that the information
contained in this statement is true and correct.
PHILIP N. KERR Physi M, Kerr 12 Aug 23
Print Name Signature Date



Email: transportation@utc.wa.gov

AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

a city, county or regional transportation planning organization.
Applicant Name: HHR Shuttle Service , LLC
Customer Sworn Statement Relating to the Need for Service:
Customer Name: Roger Christia Address: 5610 Englewood Ave YAKIMA WA. 98908
Address: 5610 Englewood Ave YAKIMA WA. 98908
Phone Number: 508)949-1408 Email: SKy Kny C D Hot mail - Com
Fax Number:
Describe the need for the requested service:
There : S No Service Like this and We Need
this in the valley to serve the Community,
If there is an existing company providing this service in the territory, please list the existing company's
name (if applicable):
Explain why the current company is not providing adequate service:
there is HO Current Company
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.
0 / / 1 2 22
Roger Christie Signature Date
Print Name



Email: transportation@utc.wa.gov

AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

a city, county or regional transportation planning organization.	
Applicant Name: HHR Skuttle Service, 11	C
Customer Sworn Statement Relating to the Need for Service	r:
Customer Name: Gordon J HANSON	
Address: 216 N 37Th AVE, YAKIMA WA 38902	
Phone Number: 360-649-2819 Email: Holykanuti & yahoo.co	sul
Fax Number:	
Describe the need for the requested service: Several times I needed to Depart PASCO A Alter an extensive Search, No shuttle Service From Yaki MA to PASCO.	report, E AVAlable
If there is an existing company providing this service in the territory, please list the exname (if applicable):	disting company's
Explain why the current company is not providing adequate service:	
I certify or declare under penalty of perjury under the laws of the state of Washington that contained in this statement is true and correct.	the information
Gordon HANSON	8-12-2073
Print Name Signature	Date



Email: transportation@utc.wa.gov

AUTO TRANSPORTATION - ATTACHMENT A

Auto transportation Certificate of Support Statement

Applicant Name: HHB Shuffe
Customer Sworn Statement Relating to the Need for Service:
Customer Name: Nicole Cook
Address: 3/3 N. 3/14 Ang
Phone Number: (509) 823-3115 Email: Wikkicook(2) @gmail.com
Fax Number:
Describe the need for the requested service:
Personal travel out of Tri-Cities Hirport.
If there is an existing company providing this service in the territory, please list the existing company's name (if applicable):
Explain why the current company is not providing adequate service:
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.
Vicale Cook Airola Cook Signature Signature Date



Email: transportation@utc.wa.gov

AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

Applicant Name:	Charlotte L. Stading-Lust- For HHR. Shuttle LLC
	Customer Sworn Statement Relating to the Need for Service:
Customer Name:	Charlotte Li Stading-Lust
Address: 60	007 West Chestnut Drive
hone Number:	509-949-9369 Email: Charadexe@charter.net
ax Number:	n/A
Describe the need	d for the requested service:
K	Side to The tri-cities Air port
f there is an exis	ting company providing this service in the territory, please list the existing company's
	ting company providing this service in the territory, please list the existing company's
f there is an exis	
name (if applicab	ile): none - or I would be using them
name (if applicab	
name (if applicab	ile): none - or I would be using them
name (if applicab	ile): none - or I would be using them
name (if applicab	ile): none - or I would be using them
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name (if applicab	ile): none - or I would be using them
name (if applicab	ile): none - or I would be using them
name (if applicab	ile): none - or I would be using them
name (if applicab	current company is not providing adequate service:
name (if applicab Explain why the c	under penalty of perjury under the laws of the state of Washington that the information
name (if applicab Explain why the c	current company is not providing adequate service:
name (if applicab Explain why the c	under penalty of perjury under the laws of the state of Washington that the information
certify or declare	under penalty of perjury under the laws of the state of Washington that the information



Email: transportation@utc.wa.gov

AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

Applicant Name: HAR Shottle SUC LLC
Customer Sworn Statement Relating to the Need for Service:
Customer Name: CARRON LANDON
Address: 2521 S. 63 27 Ave Yavana (JA 7893)
Address: 2501 S. 63 27 Ave YAKEMA WA 78903 Phone Number: 509-654548 Email: Slayton 200 gmail.com
Fax Number:
Describe the need for the requested service:
PASIO has a great airport + more convenient than Seettle &
PASCO has a great airport + more convenient than Seettle & There is No shuttled bus suc between YAKAM + PASCO
If there is an existing company providing this service in the territory, please list the existing company's
name (if applicable):
Explain why the current company is not providing adequate service:
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.
rint Name Signature Signature Date