



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

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:

Customer Sworn Statement Relating to the Need for Service:

Customer Name:

Address:

Phone Number: Email:

Fax Number:

Describe the need for the requested service:

I would like to see service to Pasco
- takes less time to get to destination less traffic
- more flights out of Pasco
- more convenient
- quicker return trip to Yakima than from Seattle

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 service at the current time

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

Date



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Applicant Name:

Customer Sworn Statement Relating to the Need for Service:

Customer Name:

Address:

Phone Number: Email:

Fax Number:

Describe the need for the requested service:

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.

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Customer Sworn Statement Relating to the Need for Service:

Customer Name:

Address:

Phone Number: Email:

Fax Number:

Describe the need for the requested service:

Because there has been no service to provide previously, so this is something very needed.

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 isn't one.

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

Date



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Applicant Name: HHR Shuttle Service, LLC

Customer Sworn Statement Relating to the Need for Service:

Customer Name: HAZEL URQUHART
Address: 1205 S. 31ST AVE, YAKIMA WA 98902
Phone Number: 509 334 4770 Email: bobandhazel1@outlook.com
Fax Number:

Describe the need for the requested service:
my daughter flies into Pasco and would be nice to have a shuttle.

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 Hazel N. Urquhart 8/12/23
Print Name Signature Date



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Applicant Name: John Riggs HHR Shuttle Service, LLC

Customer Sworn Statement Relating to the Need for Service:

Customer Name: John Riggs
Address: 406 Summitview Ave.
Phone Number: 509-972-3461 Email: john.riggs@transyoure.com . com
Fax Number:

Describe the need for the requested service:
Shuttle from Yakima to PSC Airport

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:
Would love an option to take a shuttle to the airport in Tri-Cities

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 Riggs [Signature] 8.14.23
Print Name Signature Date



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Applicant Name: Sheri-Lou Creson HHR Shuttle Service, LLC

Customer Sworn Statement Relating to the Need for Service:

Customer Name: Sheri-Lou Creson
Address: 6141 Naches Heights Rd Yakima 98908
Phone Number: 206 947 3557 Email: loulouwho@mc.com
Fax Number:

Describe the need for the requested service:

shuttle service to the Tri-Cities Airport from 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:

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 Sheri-Lou Creson 8-11-23
Print Name Signature Date



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Applicant Name: Jack Baker HHR Shuttle Service, LLC

Customer Sworn Statement Relating to the Need for Service:

Customer Name: Jack K Baker
Address: 104 N. 6th Ave Yakima
Phone Number: (509) 965-4872 Email: FRIARWORKS@gmail.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.

Jack Baker Jack Baker 8/9/23
Print Name Signature Date



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Applicant Name: **HHR Shuttle Service LLC**

Customer Sworn Statement Relating to the Need for Service:

Customer Name: **PAMELA MOSS**
 Address: **1004 S. 13TH AVE YAKIMA, WA 98902**
 Phone Number: **509.909.1689** Email: **nonfatgirll8@gmail.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 term parking at the airport.

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 do not use this for work purposes. My frequent travel is for personal use. If I did 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.

PAMELA MOSS  **8/11/2023**
 Print Name Signature Date



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Applicant Name: **HHR Shuttle Service LLC**

Customer Sworn Statement Relating to the Need for Service:

Customer Name: **David & Vicki Lyden**
 Address: **1509 Queen Avenue**
 Phone Number: **509-453-4252** Email: **Vicki.lyden@1509@hotmail.com**
 Fax Number: **[Redacted]**

Describe the need for the requested service:

**No other service like this 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): **[Redacted]**

Explain why the current company is not providing adequate service:

[Redacted]

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 Print Name	[Signature] Signature	08/13/2023 Date
Vicki L Lyden	[Signature]	



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Applicant Name: **HHR Shuttle Service LLC**

Customer Sworn Statement Relating to the Need for Service:

Customer Name: **Brien Johnson**
Address: **P.O. Box 91 Selkwa WA, 98542**
Phone Number: **509 561-4477** Email: **briboj962@gmail.com**
Fax Number:

Describe the need for the requested service:
There needs to be a service of transportation from Yalkey to the Try City airport

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 a current company to SeaTac but not to the Try City Airport

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.

Brien E Johnson *Brien E Johnson* **08/**
Print Name Signature Date



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Applicant Name: **HHR Shuttle Service LLC**

Customer Sworn Statement Relating to the Need for Service:

Customer Name: **LEON KRUGER**
 Address: **12220 BARRETT RD YAKIMA WA 98908**
 Phone Number: **509 965-4462** Email: **Kruger57@msn.com**
 Fax Number:

Describe the need for the requested service:
**WE NEED THIS CAUSE NO SERVICE IN AREA
 WIFE NEEDS HELP DUE TO HEALTH ISSUES**

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.

LEON KRUGER **Leon Kruger** **8-13-23**
 Print Name Signature Date



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Applicant Name: **HHR Shuttle Service LLC**

Customer Sworn Statement Relating to the Need for Service:

Customer Name: **Tytus Thomas**
Address: **11205 wide hollow road**
Phone Number: **N/A** Email: **tytusthomas30@gmail.com**
Fax Number: **N/A**

Describe the need for the requested service:
**easy airport to get around in.
No Mountain Pass.
I would rather use Pasco airport**

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 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.

Tytus Thomas **Tytus Thomas** **8-13-23**
Print Name Signature Date



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Applicant Name: **HHR Shuttle Service LLC**

Customer Sworn Statement Relating to the Need for Service:

Customer Name: **EDWIN G. FALTER**
 Address: **5511 DOUGLAS DR. YAKIMA WA 98908**
 Phone Number: **509.728.2257** Email:
 Fax Number:
 Describe the need for the requested service:

THIS CENTRAL LOCATION ALLOWS ACCESS TO A LOCAL REGIONAL AIRPORT WITHOUT THE NEED TO TRAVERSE A MOUNTAIN PASS OR DIFFICULT ROUTES DURING INCLEMENT WEATHER.

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:
NONE CURRENTLY AVAILABLE.

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.

EDWIN G. FALTER  **8-13-23**
 Print Name Signature Date



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Applicant Name: **HHR Shuttle Service LLC**

Customer Sworn Statement Relating to the Need for Service:

Customer Name: *David L Heritage*

Address: *324 Mahre Rd*

Phone Number: *5099667111*

Email: *dheri@hhrshuttle.com*

Fax Number:

Describe the need for the requested service:

no current service

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 L Heritage
Print Name

David L Heritage
Signature

4/12/23
Date



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Applicant Name: **HHR Shuttle Service LLC**

Customer Sworn Statement Relating to the Need for Service:

Customer Name: **STEVEN R Blankinship**
 Address: **1413 S. 98 Ave - Yakima, WA 98908**
 Phone Number: **509 307 0149** Email: **steveblankinship@hotmail.com**
 Fax Number:

Describe the need for the requested service:

I have taken the shuttle to Seattle several times. Transportation to Pasco Air port would be very convenient. Smaller Air port, No mountain pass, shorter distance & not nearly as congested. If there's a shuttle to Seattle why not to PSC

If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): **NONE**

Explain why the current company is not providing adequate service:

(Empty box for explanation)

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 *Steven R Blankinship* **8-10-23**
 Print Name Signature Date



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Applicant Name: **HHR Shuttle Service LLC**

Customer Sworn Statement Relating to the Need for Service:

Customer Name: **Rick + Laurie Peterson**
 Address: **13524 Fisk Rd Yakima, WA 98908**
 Phone Number: **360-496-1570** Email: **rpmata@hotmail.com**
 Fax Number: **N/A**

Describe the need for the requested service:

My wife + I travel occasionally, we fly out of the Tri-cities & would love to use the Public Service Transportation.

If 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 current company is not providing adequate service:

There are no other transportation services to and from the Air Port.

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.

Rick Peterson *Rick Peterson* **Aug 10, 23**
 Print Name Signature Date



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Applicant Name: **HHR Shuttle Service LLC**

Customer Sworn Statement Relating to the Need for Service:

Customer Name: **Sophie Torres**
Address: **10662 Miras del Yacima, WA 98901**
Phone Number: **509-834-3136** Email: **SophieJadeTorres12@yahoo.com**
Fax Number: **[Blank]**

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): **[Blank]**

Explain why the current company is not providing adequate service:

[Blank]

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.

Sophie Torres
Print Name

Sophie Torres
Signature

8/11/23
Date



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Applicant Name:

Customer Sworn Statement Relating to the Need for Service:

Customer Name:
Address:
Phone Number: Email:
Fax Number:

Describe the need for the requested service:

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 Signature Date



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Applicant Name: **HHR Shuttle Service LLC**

Customer Sworn Statement Relating to the Need for Service:

Customer Name: **Daniel M. Williams**
Address: **1011 Goodlander Dr, Selah, WA 98942.**
Phone Number: **(509) 833-6058** Email: **Daniel.Williams509@yahoo.com**
Fax Number:

Describe the need for the requested service:

Transport to Regional Airport for no need to drive or ability to drive self. Not want to go to Seattle Airport.

If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): **None**

Explain why the current company is not providing adequate service:

Not a Company that does 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.

Daniel M. Williams
Print Name

[Signature]
Signature

8/11/2023
Date



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Applicant Name: **HHR Shuttle Service LLC**

Customer Sworn Statement Relating to the Need for Service:

Customer Name: **JAMES WALKER**
Address: **6901 WEST ACRE CT.**
Phone Number: **(509) 833-6137** Email: **DRUMNUT1942@OUTLOOK.COM**
Fax Number:

Describe the need for the requested service:
PERIODICALLY FLY OUT OF PASCO

If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): **NONE**

Explain why the current company is not providing adequate service:
THERE IS NO CURRENT 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 Print Name *James H. Walker* Signature **8-19-2023** Date



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Applicant Name: **HHR Shuttle Service LLC**

Customer Sworn Statement Relating to the Need for Service:

Customer Name: **Lance Johnson**

Address: **P.O. Box 95**

Phone Number: **509-367-0577**

Email: **drummerpro@hotmail**

Fax Number:

Describe the need for the requested service:

I prefer to fly out of Pasco Due To Cost & Time

If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): **NO**

Explain why the current company is not providing adequate service:

N.A. Does Not Exist

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.

Lance Johnson
Print Name


Signature

8-13-23
Date



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Applicant Name: **HHR Shuttle 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.net**
 Fax Number: _____

Describe the need for the requested service:

Need for more available public transport to + from Yakima/Pasco. Air transport from Yakima is very limited + Pasco is best 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 other company**

Explain why the current company is not providing adequate service:

No current Co. - 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 Perrotti <small>Print Name</small>	 <small>Signature</small>	8-13-23 <small>Date</small>
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Applicant Name:

Customer Sworn Statement Relating to the Need for Service:

Customer Name:
Address:
Phone Number: Email:
Fax Number:

Describe the need for the requested service:

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 Signature Date



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Applicant Name: **HHR Shuttle Service LLC**

Customer Sworn Statement Relating to the Need for Service:

Customer Name: **Charles R. Hampton**
 Address: **210 Rodgers Road Yakima, WA 98908**
 Phone Number: **5098230668** Email: **rajunkajun@live.com**
 Fax Number:

Describe the need for the requested service:

More and more travel is available out of Pasco is available. This is so much more convient to not have to take a long drive on the I-90 corridor. Safety in travel is my main concern. I-82 is so much more safer to travel year round. This Shuttle Service will also help with new doctor service

If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): **None at this time**

Explain why the current company is not providing adequate service:

Going over the I-90 Corridor is never a safe way to travel. Year around experiences delays due to weather, traffic, wrecks, safety concerns such as avalanche, rain, snow, excessive truck traffic.

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.

Charles R. Hampton / Linda Hampton **Charles Hampton** **Linda Hampton** **8-13-23**
 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

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.

Applicant Name:

Customer Sworn Statement Relating to the Need for Service:

Customer Name:
 Address:
 Phone Number: Email:
 Fax Number:

Describe the need for the requested service:

Close airline access, and shopping, 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.

Print Name Signature Date



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Applicant Name: **HHR Shuttle Service LLC**

Customer Sworn Statement Relating to the Need for Service:

Customer Name: *Richard H. Shaw*
 Address: *1210 S. 72nd Ave. #43 Yakima, WA. 98908*
 Phone Number: *509-506-9840* Email: *richardharoldshaw@gmail.com*
 Fax Number:

Describe the need for the requested service:

No shuttle service available to Pasco airport from Yakima

If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): *None*

Explain why the current company is not providing adequate service:

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.

<i>Richard H. Shaw</i> Print Name	<i>Richard H. Shaw</i> Signature	<i>8/13/23</i> Date
--------------------------------------	-------------------------------------	------------------------



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Applicant Name: **HHR Shuttle Service LLC**

Customer Sworn Statement Relating to the Need for Service:

Customer Name: **Michael Villegas**
 Address: **202 N. 101st Ave. Yakima, WA 98908**
 Phone Number: **509-9650119** Email: **rudyfield428@aol.com**
 Fax Number:

Describe the need for the requested service:

Yakima Airport is getting smaller, and the Tri-City Airport is getting bigger and better. Big jets vs. small jets coming to Yakima.

If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): **~~ATA~~ ~~Star~~ I am not sure?**

Explain why the current company is not providing adequate service:

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.

Michael Villegas **Michael Villegas** **8-13-2023**
 Print Name Signature Date



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AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

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Applicant Name: **HHR Shuttle Service LLC**

Customer Sworn Statement Relating to the Need for Service:

Customer Name: *Kandace McGuire*
 Address: *140 Scogin Ln*
 Phone Number: *509-965-2334* Email: *mcguire.kandace@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.

Kandace McGuire *Kandace K. McGuire* *8-13-23*
 Print 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 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 Shuttle Service LLC**

Customer Sworn Statement Relating to the Need for Service:

Customer Name: **Jim & Marilyn WEAVER**
 Address: **600 S 123rd**
 Phone Number: **509-949-5473** Email:
 Fax Number:

Describe the need for the requested service:
**Shorter distance
 No mt 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:
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 Date



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AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

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Applicant Name:

Customer Sworn Statement Relating to the Need for Service:

Customer Name:
Address:
Phone Number: Email:
Fax Number:

Describe the need for the requested service:

Pasco Tri-Cities Airport is much closer and easier to get to than going to the Sea-Tac Airport. Winter traveling conditions are much milder going there than over mountain passes to Sea-Tac.

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 Signature Date



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AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

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Applicant Name:

Customer Sworn Statement Relating to the Need for Service:

Customer Name:

Address:

Phone Number: Email:

Fax Number:

Describe the need for the requested service:

Yakima airport is declining in service. Pasco is growing, there is a big need for service for people who need to transfer from Yakima to 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:

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

Date



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AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

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Applicant Name: H H R Shuttle Service LLC.

Customer Sworn Statement Relating to the Need for Service:

Customer Name: Jamie Mohler

Address: P.O. Box 1207, Moxee, WA 98936

Phone Number: 509-992-1464 Email:

Fax Number:

Describe the need for the requested service:

It would be very helpful, even a necessary shuttle service 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:

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.

Jamie J Mohler
 Print Name

[Signature]
 Signature

8/9/23
 Date



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AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

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Applicant Name:

Customer Sworn Statement Relating to the Need for Service:

Customer Name:

Address:

Phone Number: Email:

Fax Number:

Describe the need for the requested service:

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.

<input type="text" value="NEIL HAUFF"/>	<input type="text" value="Neil Hauff"/>	<input type="text" value="8/9/2023"/>
Print Name	Signature	Date



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AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

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Applicant Name: AHR Shuttle Service LLC

Customer Sworn Statement Relating to the Need for Service:

Customer Name: Gracie Hargroves
 Address: 5699 Old Naches Hwy, Naches Wa
 Phone Number: (509) 391-5741 Email: gracie.hargroves@gmail.com
 Fax Number:

Describe the need for the requested service:
I need quick access to the airport, with no worries about parking or the safety of my vehicle. Air-port is much more inviting w/o a mountain pass

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:
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.

Gracie Hargroves Gracie Hargroves 8/9/23
 Print Name Signature Date



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AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

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Applicant Name: HHR Shuttle Service LLC

Customer Sworn Statement Relating to the Need for Service:

Customer Name: Ashley Duke

Address: course 32 1022 5699 Old Naches Hwy Naches, WA 98937

Phone Number: 509-985-6501 Email: ashleytq12@hotmail.com

Fax Number:

Describe the need for the requested service:

To avoid Mountain passes for travel plus a shorter distance to travel to an airport.

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:

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.

Ashley Duke
 Print Name

Ashley Duke
 Signature

8/9/2023
 Date



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AUTO TRANSPORTATION – ATTACHMENT A

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Applicant Name:

Customer Sworn Statement Relating to the Need for Service:

Customer Name:
Address:
Phone Number: Email:
Fax Number:

Describe the need for the requested service:

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 Signature Date



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AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

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Applicant Name: HHR Shuttle Service, LLC

Customer Sworn Statement Relating to the Need for Service:

Customer Name: PHILIP N. KERR

Address: 10502 ESTES RD YAKIMA WA 99909

Phone Number: 509 965 4997 Email: phil@ourkerrfamily.com

Fax Number:

Describe the need for the requested service:

IT WOULD BE GOOD TO HAVE A SHUTTLE SERVICE TO PASCO TO HAVE ANOTHER OPTION BESIDES SEATTLE. WINTER DRIVING IS NOT FUN TO SEATTLE & SEATTLE IS NOT A FULL AIRPORT TO FLY OUT OF.

If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): NONE THAT I KNOW

Explain why the current company is not providing adequate service:

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.

PHILIP N. KERR
 Print Name

Philip M. Kerr
 Signature

12 Aug 23
 Date



621 Woodland Square Loop SE
 Lacey, WA 98503
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AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

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Applicant Name: HHR Shuttle Service, LLC

Customer Sworn Statement Relating to the Need for Service:

Customer Name: Roger Christie
 Address: 5610 Englewood Ave YAKIMA WA. 98908
 Phone Number: 509)949-1408 Email: SKYKAYC@HOTMAIL.COM
 Fax Number:

Describe the need for the requested service:

There is 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 no 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.

Roger Christie Roger Christie 8-13-23
 Print Name Signature Date



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AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

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Applicant Name: HAR Shuttle Service, LLC

Customer Sworn Statement Relating to the Need for Service:

Customer Name: Gordon J HANSON
 Address: 216 N 37th AVE YAKIMA WA 98902
 Phone Number: 360-649-2819 Email: HolyKANUTI@yahoo.com
 Fax Number:

Describe the need for the requested service:
Several times I needed to DEPART PASCO AIRPORT. After an extensive search, NO shuttle SERVICE IS AVAILABLE From YAKIMA to 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:

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.

Gordon HANSON [Signature] 8-12-2023
 Print Name Signature Date



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Applicant Name:

Customer Sworn Statement Relating to the Need for Service:

Customer Name:

Address:

Phone Number: Email:

Fax Number:

Describe the need for the requested service:

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

Signature

Date



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Applicant Name:

Customer Sworn Statement Relating to the Need for Service:

Customer Name:

Address:

Phone Number: Email:

Fax Number:

Describe the need for the requested service:

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

Signature

Date



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Applicant Name:

Customer Sworn Statement Relating to the Need for Service:

Customer Name:

Address:

Phone Number: Email:

Fax Number:

Describe the need for the requested service:

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 Signature Date