

March 17, 2005

Ms. Carole J. Washburn-Executive Secretary  
Washington Utilities and Transportation Commission  
1300 S Evergreen Park DR SW  
PO Box 47259  
Olympia, WA 98504-7250

Fax to Records 360-586-1150

Docket No. TC-041893 (DO NOT RE-DOCKET)


Subject: Supporting Statements and copy of Authority Sought  
d/b/a WHIDBEY-SEATAC SHUTTLE Certificate Number C-1077

Dear Ms. Washburn:

I have included 3 supporting statements by individuals requesting the authority revision as submitted on October 22, 2004 under TC-041893 as requested by staff. We request it be on the March 30, 2005 agenda for approval as a no action item as recommended by staff.

Thank you very much.

Sincerely,



John J. Solin  
SEATAC SHUTTLE, LLC  
d/b/a Whidbey-SeaTac Shuttle  
PO Box 2895  
Oak Harbor, WA 98277

360-679-4003 Phone  
360-914-1024 Cell  
360-323-8894 Fax  
john@seatacshuttle.com

RECEIVED  
RECORDS  
05 MAR 17 PM 3:52  
SEATAC SHUTTLE  
C-1077

**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

Applicant Name:  
Seatac Shuttle, Llc.

Application Docket No.:  
TC-041893

**THE APPLICATION** What authority are you applying for? Include any amendments.  
C-1077 Extension to include hotels within 1 mile of Seatac Airport  
See attached

**SUPPORT STATEMENT**

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

**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that t application could provide to you or your business/organization if this request for operating authority is granted.

Airport transfers to hotels are cumbersome, time consuming and unnecessary. I now have to Transfer from one shuttle to another with my baggage in a process that takes half an hour or more to get to or from my hotel which is only 3 minutes away. If the airport shuttle could just dr me at my hotel (or pick me up) is would greatly facilitate my travel.

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

Extended travel time, inconvenient connection, not fast or direct.

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

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

It would mean the continuation of aggravation, inefficiency and a waste of my time.

**VERIFICATION**

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

Name and Title: Robert Miller

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

Street/Mailing Address: 2450 Rocky Way

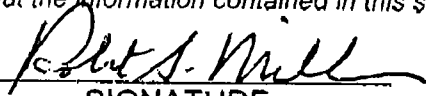
City, State, Zip Code: Coupeville, Wa 98239

Telephone Number: 360-678-4336

Fax Number: \_\_\_\_\_

*I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty o perjury under the laws of the state of Washington that the information contained in this statement is true and correc*

Robert Miller  
PRINT NAME

  
SIGNATURE

3-14-05  
DATE

MAR 14-2005 14:48

P.01/01

**APPLICANT STATEMENT**

(To be completed by the individual requesting operating authority)

Applicant Name:  
Seatac Shuttle, LLC

Application Docket No.:  
TC-041893

**THE APPLICATION** What authority are you applying for? Include any amendments.

Extension to C-1077 to include hotels within one mile of SeaTac International Airport

See attached

**SUPPORT STATEMENT**

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

**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted.

I am a frequent customer of the shuttle and have to make early departures for the East Coast. To spend the night at a Seatac area hotel prior to my flight I must change from my airport shuttle at the airport which requires transferring my luggage and a 20 to 30 minute wait for the hotel shuttle, all to travel less than 1 mile. Please approve this application.

Are your transportation needs being met now? Yes \_\_\_ No  If not, explain problems you have experienced. Whidbey Seatac Shuttle is very efficient in getting me to the airport but the transfer to my hotel is very inconvenient. It would greatly assist in my travel arrangements if Whidbey Seatac shuttle could drop me directly at my hotel. I would save me at least a half an hour on what is already a 2 hour trip to the airport.

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

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

It requires more travel time unnecessarily which is an added expense to all of my trips.

**VERIFICATION**

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

Name and Title: Diane L. Manninen, Ph.D., Health Research Leader

Business/Organization: Battelle Memorial Institute

Street/Mailing Address: 1100 Dexter Avenue North, Suite 400

City, State, Zip Code: Seattle, WA 98109

Telephone Number: 206-528-3140

Fax Number: 206-528-3550

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Diane L. Manninen  
PRINT NAME

  
SIGNATURE

3-14-05  
DATE

**APPLICANT STATEMENT**

Applicant Name:  
Seatac Shuttle, Llc.

Application Docket No.:  
TC-041893

**THE APPLICATION** What authority are you applying for? Include any amendments.

C-1077 Extension to include hotels within 1 mile of SeaTac airport

SEE ATTACHED

**SUPPORT STATEMENT**

**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. An efficient transfer to my hotel when staying over night prior to or after a flight into or out of SeaTac. Granting this application would eliminate the problem of hotel transfers.

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

To transfer from the airport shuttle to the hotel shuttle takes 30 minutes or more and I have to carry my luggage from ticketing level to the parking garage.

If the request is denied, would it have any affect on you or your business/organization: Yes X No \_\_\_ If yes, please explain. \_\_\_ This is a very inconvenient set up currently. I must limit r baggage and plan on an extra 30 minutes to an hour for my trip to Seatac. A waste of time, money and productivity.

**VERIFICATION**

Name and Title: Edward Drum, MD

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

Street/Mailing Address: 1699 Penn Cove Rd

City, State, Zip Code: Oak Harbor, Wa 98277

Telephone Number: 360-678-4332

Fax Number: \_\_\_\_\_

*I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.*

Edward Drum, MD  
PRINT NAME

  
SIGNATURE

3-14-05  
DATE

Attachment to Support Statements TC-041893 SeaTac Shuttle, Llc.

Attachment to: Miller; Drum; Manninen

PASSENGER SERVICE by reservation only:

**BETWEEN:** Oak Harbor and hotels and motels within a 1-mile radius of the SeaTac International Airport via SR 20, SR 525, the Clinton-Mukilteo Ferry, SR 525, SR 526, and Interstate 5. Door to door service in conjunction with the above route with pickup points on SR 20 and SR 525. Closed-door service between Clinton and Sea-Tac.

**ALTERNATE ROUTE:** In the event that the Clinton-Mukilteo Ferry service is not available, or there are no other reservations for passengers on the above named route south of Oak Harbor, the company may for any individual trip elect to utilize the following alternate route: SR 525, SR 20, Interstate 5 via Burlington, with closed-door service between Oak Harbor and hotels and motels within a 1-mile radius of the SeaTac International Airport.

**CLOSED-DOOR SERVICE:** When necessary to circumvent traffic conditions that would negatively impact its schedule, the company may use any combination of roads and highways to provide its closed-door service between Oak Harbor and SeaTac; Clinton and SeaTac, Oak Harbor and hotels and motels within a 1-mile radius of SeaTac; and Clinton and hotels and motels within a 1-mile radius of SeaTac.

**NOTE:** Nothing in this certificate authorizes transportation between SeaTac International Airport and hotels and motels within a 1-mile radius of SeaTac