



**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: **Jordan Head**

**Customer Sworn Statement Relating to the Need for Service:**

Customer Name: **Brent Grothe**

Address: **1312 Saddlerock Drive Wenatchee, WA 98801**

Phone Number: **5096795761** Email: **brentg633@charter.net**

Fax Number:

Describe the need for the requested service:

**The Enchantments is one of the most popular hikes in Washington state and the parking situation is out of control. Not only will this service alleviate parking problems, but it will connect the two trailheads (Snow Lakes TH & Colchuck Lake TH) so hikers do not need to bring two cars to complete the loop. This is a much needed 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.*

**Brent Grothe**

Print Name

*Brent*  
Signature

**12/20/2021**

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: **Jordan Head**

**Customer Sworn Statement Relating to the Need for Service:**

Customer Name: **Kyle Strong**

Address: **862 Autumn Crest Dr. Wenatchee, WA 98801**

Phone Number: **5093936221** Email: **kyle.strong@gracecitychurch.com**

Fax Number:

Describe the need for the requested service:

**Growing up in the area I have enjoyed hiking The Enchantments but the biggest struggle is figuring out how to retrieve the 2nd car at the end of the hike, as there is an entry point and an exit point. A shuttle service, like this one, is crucial for not only locals to organize the hike, but especially for people out of town so they don't have to bring two cars over the pass to complete the hike.**

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.***

**Kyle Strong**  
 Print Name

  
 Signature

**12/09/2021**  
 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.

Applicant Name: **Jordan Head**

**Customer Sworn Statement Relating to the Need for Service:**

Customer Name: **Nathan Newberry**

Address: **7704 Blewett Cutoff Rd Peshastin, Wa 98847**

Phone Number: **5096695223** Email: **nathan@helpequip.com**


Fax Number:

Describe the need for the requested service:  
**I have hiked the Enchantments multiple times and have had to hitchhike or drive 2 cars to complete the entire loop. It's one of the most travelled hikes in Washington and a service like this is necessary for locals and non locals to thoroughly enjoy the thru hike.**

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.*

**Nathan Newberry**  **12/20/2021**  
Print Name Signature Date