



ATTACHMENT A

AUTO TRANSPORTATION CERTIFICATE SUPPORT STATEMENT

Auto Transportation certificate applications must include more than one signed and sworn support statements 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: SAN JUAN TAXI & TOURS
Customer Sworn Statement Relating to the need for service:
Customer Name: JAMES M. CARRULL
Address: 3544 SAN JUAN VAlley Rd FAILDRY HAR BORWA Phone Number: 360-298-5034 Fax Number: 360 392 6012 Email: SANJUANIS LAND BACK. COM
Phone Number: 360-298-5034Fax Number: 360 392 6012Email: SANJUANIS/ANDERACE ACCOM
Describe the need for the requested service:
A NON Stop Bus Service, Afferdable, would Be A
Benefit to Dan Juan Island Residents and
VISITORS & MANY LOCALS And VISITORS JUST Need
TRANSPORTATION FROM TOWN of FILTY MABORTO Roche HANBOR ONLY
If there is an existing company providing this service in the territory, please indicate the existing company's name (if applicable) THERE IS NO EXISTING ON SIMILAR SERVICE ON SIMILAR SERVICE ON FOR THE EXPLAIN WHY THE CURRENT OF THE PROVIDENCE
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 CARROL Signature Date, County, State





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