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: **Pacific Northwest Transportation Services, Inc. dba Premier Airport Shuttle**

Customer Sworn Statement Relating to the Need for Service:

Customer Name: **Shane Ness - Ness Family Dentistry**

Address: **23515 NE Novelty Hill Rd, Ste #209**

Phone Number: **425-466-4967** Email: **shane@shanenessdds.com**

Fax Number:

Describe the need for the requested service:

Our company conducts business with numerous dental clinics, suppliers and associates throughout the Eastside Metro Area, often including flight arrangements and travel plans through Sea-Tac Airport. We need a dependable, scheduled airport shuttle service for our suppliers and associates staying at hotels in the cities of Redmond, Woodinville, Kirkland and Bellevue. We support Premier Airport Shuttle in operating a convenient and frequent scheduled shuttle service between Sea-Tac Airport and the hotels in these cities.

If there is an existing company providing this service in the territory, please list the existing company's name (if applicable): **No other company operates a scheduled shuttle.**

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
Shane T Ness, DDS, Owner	*Shane T Ness*	**11/12/2024**