

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

THE APPLICATION What authority are you applying for? Include any amendments.
A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.

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 an annual traveler to Stehekin. It would be very helpful for scheduling my trips if there were more options than the current ferry schedule. In fact, if there were more options and more regular consistent service throughout the year, I would most likely include winter months in my visits.

Are your transportation needs being met now? Yes ___ No ___ If not, explain problems you have experienced. Yes and no. As a regular traveler to Stehekin since 2002, it would be very helpful to have more options than the current schedule...particularly in winter and off-season months.

If the request is denied, would it have any affect on you or your business/organization:
YES X No ___ If yes, please explain. I would be less likely to consider winter or off-season travel to Stehekin. As it stands now, I only plan my visits around summer schedules when regular, timely, boat service is available. I believe there is room and demand for more ferry service that would better serve both residents of Stehekin and those of us who are regular visitors.

STATE OF WASHINGTON
UTEL AND TRAVEL
COMMUNITY
2018 AUG 24 AM 8:24
RECEIVED
OPERATIONS MANAGEMENT

VERIFICATION

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

Name and Title: _____ Jonni Graybeal,

Individual _____

Business/Organization: _____ N/A _____

Street/Mailing Address: _____ 2373 Sand Canyon

Road _____

City, State, Zip Code: _____ Chewelah, WA

99109 _____

Telephone Number: _____ 509-936-3064 _____ 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.

JONNI GRAYBEAL
PRINT NAME

Jonni Graybeal
SIGNATURE

8-19-18
DATE

IMPORTANT!!!

PLEASE READ THIS NOTICE AND FOLLOW INSTRUCTIONS SO YOUR APPLICATION MAY BE PROCESSED

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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. APPLICANT WILL FILL CRITICAL GAPS IN SERVICE NOT PROVIDED OTHERWISE. OUR CONCERN IS ESPECIALLY FOR THOSE NEEDING DOWN LAKE MEDICAL OR OTHER CRITICAL SERVICES THAT CANNOT BE SERVED BY THE LAKE CHELAN BOAT COMPANY ESPECIALLY WITH AIR TAXI NO LONGER AVAILABLE (ESPECIALLY DURING FIRE SEASON WHEN AIRCRAFT CANNOT LAND OR TAKE OFF WITH SAFETY) AND DURING WINTER WHEN DAILY SERVICE IS NOT PROVIDED BY LAKE CHELAN BOAT CO.

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

AS A FORMER RESIDENT OF STEHEKIN I UNDERSTAND LOCAL CITIZEN CONCERNS OVER INADEQUATE FERRY SERVICE, WHICH HAS SERIOUS AND CRITICAL GAPS IN COVERAGE. AIR TRANSPORT IS IMPOSSIBLE UNDER MANY WEATHER AND FIRE-SEASON CONDITIONS AND A SERVICE ORIGINATING IN STEHEKIN IS MOST DESIRABLE FOR CRITICAL NEEDS. CURRENT FERRY SERVICE IS INFLEXIBLE AND STEHEKIN RESIDENCE MIGHT NOT BE ABLE TO SEEK MEDICAL ATTENTION DUE TO THE CURRENT INFLEXIBILITY. APPLICANT'S SERVICE WILL ALLOW CITIZENS FERRY SCHEDULE OPTIONS ENABLING THEM TO SEEK MEDICAL ATTENTION IN A TIMELY MANNER NOT OTHERWISE AVAILABLE.

If the request is denied, would it have any affect on you or your business/organization: Yes X No ___ If yes, please explain. MY PARENTS OPERATED MORSE'S RESORT IN THE EARLY 1960'S. AN ADDED PASSENGER FERRY WOULD HAVE BROUGHT MORE BUSINESS TO THE STEHEKIN COMMUNITY AND OF COURSE MORE CUSTOMERS. IT WOULD ALSO AFFORD GREATER FLEXIBILITY FOR DOWN LAKE TRAVEL OPTIONS BENEFICIAL TO THE RUNNING OF ANY BUSINESS. CURRENTLY SOME CUSTOMERS WILL FEEL AFRAID TO TRAVEL TO THIS REMOTE AREA DUE TO EITHER DISABILITY OR HEALTH ISSUES; JUST ONE MORE OPTION FOR TRANSPORTATION WILL GIVE THEM CONFIDENCE THAT THEY ARE NOT PUTTING THEMSELVES AT RISK. HAVING ANOTHER TRANSPORTATION (AS MODEST AS IT IS) WILL BRING YOUR DECISION INTO COMPLIANCE WITH THE AMERICAN DISABILITY ACT.

RECEIVED
AUG 27 2018
WASH. UT. & TP. COMM

VERIFICATION

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

Name and Title: KEN MORSE

Business/Organization: INFORMED CITIZEN NETWORK, FORMER RESIDENT OF STEHEKIN

Street/Mailing Address: PO BOX 1771

City, State, Zip Code: OLYMPIA, WA 98507

Telephone Number: 360.923.1080 EMAIL: ICNCHAIRMAN@PROTONMAIL.COM

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.

KEN MORSE
PRINT NAME


SIGNATURE

23 AUG 2018
DATE

*Applicant Docket No.
95-180677*

IMPORTANT!!!

PLEASE READ THIS NOTICE AND FOLLOW INSTRUCTIONS SO YOUR APPLICATION MAY BE PROCESSED

Washington law allows the Washington Utilities and Transportation Commission (WUTC) to grant operating authority only when it is required by the present or future public convenience and necessity. Even though your application is not protested, you need one or more statements from persons proving that your services are needed, otherwise your application will be denied.

When the form is completed by a person supporting your application, send it to the WUTC at the address below. If you desire, a hearing can be scheduled for your witness to appear in support of your application.

Support statements should reach the WUTC **WITHIN 30 DAYS** or the APPLICATION MAY BE DISMISSED. We also suggest that you keep a copy of each statement.

If you have questions or need additional assistance, contact Licensing Services (360) 664-1222.

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
Licensing Services
PO Box 47250
Olympia, WA 98504-7250

RECEIVED

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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. Since our current boat service is very limiting especially in the fall/winter/spring, a competing service like mentioned above, would allow more use of the resources in Stehekin as a tourist and boat user the flexibility is need so as not to

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

When I visit Stehekin the current boat times get back too late (dark) to drive home. Boat Co. has had a monopoly on the boat schedule + price too long.

If the request is denied, would it have any affect on you or your business/organization:
Yes No ___ If yes, please explain. I would limit my Stehekin visits to only summer with more day light hours available to travel.

Travel at night

VERIFICATION

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

Name and Title: Kathleen Lee
Business/Organization: Retired
Street/Mailing Address: 24801 E Reston
City, State, Zip Code: Liberty Lake WA 99019
Telephone Number: 509-808-2925 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.

Kathleen Lee PRINT NAME Kathleen D Lee SIGNATURE 8/22/18 DATE

Applicant Name:
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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 HAVE MANY FAMILY MEMBERS LIVING IN STEHEKIN AND CHELAN AREA. I WOULD PERSONALLY BENEFIT FROM MORE OPTIONS FOR TRANSPORT. THE COMMUNITIES AT LARGE WOULD ALSO BENEFIT HAVING COMPETITION AND CHOICES. THERE IS CURRENTLY A STATE SUPPORTED MONOPOLY TRANSPORT.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. THERE ACTUALLY IS A PROBLEM ESPECIALLY IN WINTER, IN HAVING CONVENIENT CHOICES FOR TRANSPORT. I LIVE IN BELLINGHAM, SO TIMING A TRIP IS SUBJECT TO ROAD CONDITIONS.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. COMPETITION IN THE SERVICES IS REACTAY! THERE IS NO COMPETITION TO THE 'LADY OF THE LAKE'. I WOULD LIKE TO BE ABLE TO SAVE TIME AND MONEY THROUGH THE COMPETITION THIS OPTION WILL BRING.

AGAIN! HAVING COMPETITION WILL SAVE USERS TIME & MONEY OVER TIME.

VERIFICATION

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

Name and Title: JAMES N. BROWDER, JR

Business/Organization: INDIVIDUAL

Street/Mailing Address: 11 SANDWICK POINT COURT

City, State, Zip Code: BELLINGHAM, WA 98229

Telephone Number: 360 319 9168 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.

JAMES N. BROWDER, JR
PRINT NAME

[Signature]
SIGNATURE

8/20/2018
DATE

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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 need frequent, timely passenger service between Stehekin, Chelan, and points between

Are your transportation needs being met now? Yes ___ No X If not, explain problems you have experienced. The current service requires me to spend a night in Chelan in order to catch the morning sailings, which is expensive and inconvenient under the best circumstances, and can become quite costly if the lodgings in Chelan are fully booked, which they often are during the times of year when I am most interested in visiting Stehekin.

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

Yes X No ___ If yes, please explain.

Due the added expense associated with the need to spend at least one night in Chelan every time I go to Stehekin I will be going to Stehekin less frequently.

VERIFICATION

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

Name and Title: Charles W. West
Business/Organization: retired
Street/Mailing Address: 13318 SW 261st Place
City, State, Zip Code: Vashon, WA 98070
Telephone Number:(206) 383-2065

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.

Charles W. West
PRINT NAME

Charles W. West
SIGNATURE

8/20/2018
DATE

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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.

Daily, dependable, fast transportation between Stehekin and Chelan

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

No daily transportation except in summer months

If the request is denied, would it have any affect on you or your business/organization:
Yes No If yes, please explain.

Inconvenience, mandatory appointments, cost of overnight or extra night lodging

VERIFICATION

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

Name and Title: Garfield R. Jeffers

Business/Organization:

Street/Mailing Address: 610 Skiview Drive

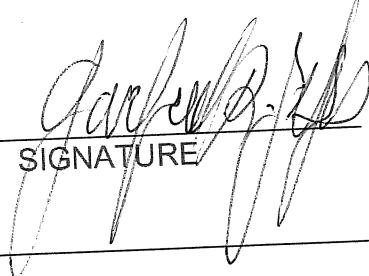
City, State, Zip Code: East Wenatchee, WA 98802

Telephone Number: 509-884-8163

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.

Garfield R. Jeffers
PRINT NAME


SIGNATURE

8/22/18
DATE

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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.

One of our favorite vacation places to go is Stehekin which can only be accessed by boat. However the schedule of the current ferry schedule makes it nearly impossible to reach Stehekin without

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

We are retired and to take the current ferry we must get up at 3:00 AM and leave by 4:00 AM to reach Chelan to catch the ferry or stay in a motel but they have a minimum of booking for 2 nights.

If the request is denied, would it have any affect on you or your business/organization? Yes No If yes, please explain.

We cannot afford the extra expenses of staying two nights in Chelan and eating out. If we drive to catch the ferry we are so tired that we miss a day once we reach Stehekin because we are napping. Please approve this application so we can enjoy beautiful Stehekin.

VERIFICATION

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

Name and Title: LINDA SAWICKI

Business/Organization: _____

Street/Mailing Address: 19289 S. Sonoita Hwy

City, State, Zip Code: Vail, AZ 85641

Telephone Number: 520-548-5519

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.

LINDA SAWICKI
PRINT NAME

Linda Sawicki
SIGNATURE

8/20/18
DATE

serenity of Stehekin. We are flying up from Arizona so we can't afford the unnecessary expenses to reach Stehekin!

What expenses? The price on the coast is over \$1000 for the mountain, lake, etc.

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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.

A ferry service from Chelan to Stehekin that runs at a more convenient time Year Round.

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

We live in Spokane and spend a week hiking in Stehekin every September. We have to stay in Chelan the night before because the current ferry leaves too early in the morning.

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

Yes No ___ If yes, please explain. Yes, we would prefer to drive over the morning that we want to leave Spokane to Chelan so that we don't have to stay overnight in Chelan. We'd also prefer to get back to Chelan on the return trip at an earlier hour to drive back to Spokane.

VERIFICATION

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

Name and Title: CAROL McKenny
Business/Organization: _____
Street/Mailing Address: 5903 S. Lochsa Ln.
City, State, Zip Code: Spokane, WA 99206
Telephone Number: 504-990-1648 Fax Number: _____

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AUG 27 2018

WASH. UT. & TP. COMM

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CAROL McKenny
PRINT NAME

Carol McKenny
SIGNATURE

8/24/18
DATE

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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.

Having lived in Stehekin most of my 74 yrs I had that going to DR. off in town has been difficult in the winter because of the limited boat svc in place. Stehekin needs daily svc. Taking care of ppl in 1 day would greatly improve our lives.

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

It is so expensive to stay in town 3 days for 1 single DR. visit! If you have to go frequently, you end up staying in town more than at home. When your whole life is centered on your home & family, that much time is

If the request is denied, would it have any affect on you or your business/organization: Town destr. that.
Yes No If yes, please explain. money! And disruption of family and home responsibilities - with animals & the need to be home during severe weather events. Having to be in town 3 days at a time when it could be 1 day causes undue stress in our lives!

VERIFICATION

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

Name and Title: MIKE BARNHART Private citizen

Business/Organization: _____

Street/Mailing Address: #1 MAIN ST. P.O. Box 25

City, State, Zip Code: Stehekin, WA 98852

Telephone Number: 509 670 0915 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.

MIKE BARNHART
PRINT NAME

MIKE BARNHART
SIGNATURE

8/22/2018
DATE

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WASH. UT. & TP. COMM

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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.

Backcountry Travels LLC would provide a year round, timely transportation for our hotel guests that travel from Winthrop, WA to Chelan + Stehekin.

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

Our hotel guests have to travel late at night or very early in the morning to catch the current seasonal boat. It is inconvenient + can be dangerous.

If the request is denied, would it have any affect on you or your business/organization:
Yes No If yes, please explain.

Our guests could chose to not come if the scheduling does not fit their plans of travel. And extra over night stays in Chelan could mean they bypass Winthrop and our hotel.

VERIFICATION

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

Name and Title: Greg Knab - Owner

Business/Organization: Mt. Gardner Inn LLC - Methaw Hotel Corp


Street/Mailing Address: PO Box 1173

City, State, Zip Code: Winthrop, WA

Telephone Number: 509 996-2000 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.

Greg Knab
PRINT NAME


SIGNATURE

8/22/18
DATE

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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. We would not have to leave Spokane in the dark - so early - to get to Chelan for the early departure. Dangerous driving conditions! -

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. Have to stay overnight in Chelan - expensive - Also during the "off" season - frustrating to not have service available daily.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. limits our trips to Stehekin

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

Name and Title: Bud & CAROL AAKER
 Business/Organization: N/A
 Street/Mailing Address: Box 31058
 City, State, Zip Code: SPOKANE, WA. 99223
 Telephone Number: 509-710-0779 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.

Bud AAKER PRINT NAME Bud Aaker SIGNATURE 8/23/18 DATE

RECEIVED
 PROGRAMS MANAGER
 2018 AUG 28 AM 8:28
 STATE OF WA
 UTIL. AND TRAN.
 COMMISSION

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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 need transportation to a privately owned remote cabin on upper Lake Chelan. The property is only accessible by boat or plane. If a year round, flag stop service were provided I could get to the property whenever I wanted to.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. I am a 70 year old woman who has traveled Lake Chelan all of these years. It is a part of our family tradition I do not want to loose. It is more difficult to go in our own boat, especially between October - March when we would use public transport but it is not available

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. I would be unable to use our property ~~for~~ ^{with} transportation available. We would be able to go if there were maintenance concerns and as we choose to use it with year-round access.

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

Name and Title: Barbara A. Polley
 Business/Organization: _____
 Street/Mailing Address: 333 E. Allen Ave, P.O. Box 2058
 City, State, Zip Code: Chelan, WA. 98816
 Telephone Number: 509-888-2471 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.

Barbara A. Polley PRINT NAME Barbara A. Polley SIGNATURE 8-23-18 DATE

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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. year round service to my and relatives cabin, for disabled. I have fibromyalgia etc. able to use overnight lake year round. WE NEED action and expect it soon!

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. Every day service does not exist even part way. difficulty loading-unloading. NO! It is inadequate. The present service is inadequate and self serving.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. Unusable winter spring fall. No plane service but plane would not solve my problem for Lake Chelan travel. I AM 70 yrs old and I would need to use properly MUCH LONGER. It has had an effect Bad for MANY YEARS! How MANY MORE will you allow

VERIFICATION

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

Name and Title: JEFF L. Polley
Business/Organization: _____
Street/Mailing Address: 333 E. Allen AVE / P O Box 2058
City, State, Zip Code: Chelan WA, 98816
Telephone Number: 509 888 2471 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.

JEFF L Polley - Jeffrey L. Polley 8/23/18
PRINT NAME SIGNATURE DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

THE APPLICATION What authority are you applying for? Include any amendments.
A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.

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 applicant you or your business/organization if this request for operating authority is granted.

I travel to Stehekin a few times a year and now that the Chelan Airways business has been closed, the only option is the current Lady of the Lake company. While they are ok, sometimes they are full, and also getting there at their schedule from Seattle isn't easy and Chelan is expensive to overnight. It would be helpful to have additional trips up the lake.

Are your transportation needs being met now? Yes ___ No X If not, explain problems you have experienced. Have had to stay overnight at expensive tourist rates in Chelan, or drive late at night which is unsafe on the roads getting to Chelan

If the request is denied, would it have any affect on you or your business/organization:
Yes X No ___ If yes, please explain. ___

I wouldn't be able to travel to Stehekin or Holden as often as I would like. ___

VERIFICATION

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

Name and Title: _____ Marlo Jones _____

Business/Organization: _____

Street/Mailing Address: _____ 22616 102nd PL SE _____

City, State, Zip Code: _____ Kent, WA 98031 _____

Telephone Number: _____ 206-612-9666 _____ 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.

Marlo Jones
PRINT NAME


SIGNATURE

19 AUG 2018
DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

THE APPLICATION What authority are you applying for? Include any amendments.
A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.

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.

Transport from Chelan to Stehekin and back at times that would allow us to travel from western WA to arrive in Chelan in daylight hours.

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

Currently the only option for me is to leave my home 1 day before and spend the night in a motel to catch ferry in the morning to Stehekin.

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

Yes No ___ If yes, please explain. I am 74 years old, driving at night is getting more difficult, time and expense of a motel is becoming a burden.

I have been vacationing @ the Stehekin Valley Ranch for the past 20+ years.

VERIFICATION

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

Name and Title: ERNST O. PLOEGER LCDR/USNRET

Business/Organization:

Street/Mailing Address: 8813 Cedar Ct.

City, State, Zip Code: Sedro-woolley, WA 98284

Telephone Number: (360) 708-0435 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.

ERNST (SKIP) PLOEGER
PRINT NAME


SIGNATURE

19 AUG 18
DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

THE APPLICATION What authority are you applying for? Include any amendments.
A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.

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 need a flexible timing, conveniently scheduled, economical ferry transport to and from Stehekin for my family from time to time as we enjoy vacationing and fishing in the area.

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

The current Lake Chelan ferry schedule is very limited and not very flexible in meeting my needs for transportation to and from Stehekin. The timing is such that it often makes weekend vacation trips to Stehekin impractical.

If the request is denied, would it have any affect on you or your business/organization: Yes No ___ If yes, please explain. It will result in my choosing to visit Stehekin less frequently and often choose other vacation locations.

VERIFICATION

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

Name and Title: _____ William R. Slater _____

Business/Organization: _____

Street/Mailing Address: _____ 1429 Ave D 444 _____

City, State, Zip Code: _____ Snohomish, WA 98290 _____

Telephone Number: _____ 425-922-2903 _____ 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.

William R Slater



8/20/18

PRINT NAME

SIGNATURE

DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

THE APPLICATION What authority are you applying for? Include any amendments.
A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.

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. *We enjoy visiting Stehekin, but from Seattle it is difficult to reach the early morning sailing - we would come more often if ferry offered a later departure*

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

See above - takes a whole day off any planned trip to Stehekin.

If the request is denied, would it have any affect on you or your business/organization:
Yes No If yes, please explain.

We would visit Chelan and Stehekin less frequently. I expect that a denial would have a negative effect on tourism in the area.

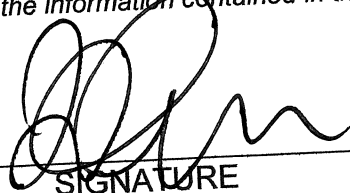
VERIFICATION

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

Name and Title: TOBIN THOMPSON
Business/Organization: _____
Street/Mailing Address: 4059 4th AVE NE
City, State, Zip Code: SEATTLE WA 98105
Telephone Number: 206-660-6684 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.

TOBIN THOMPSON
PRINT NAME


SIGNATURE

Aug 19 2018
DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

THE APPLICATION What authority are you applying for? Include any amendments.
A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.

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. My family is interested in visiting Stehekin again. None of us are ~~to~~ closer than 3 hours to Chelan, so we would need to either get up extremely early and drive there in the morning (difficult w/ small children), or stay in the Chelan area the night before (an expense we'd rather not incur). Because of these challenges, we're not sure

Are your transportation needs being met now? Yes No If not, explain problems you have experienced. ~~It would be~~ I would prefer to have a ferry that leaves for Stehekin later in the day; this would allow my family to get ~~to~~ to Stehekin in one day instead of two.

If the request is denied, would it have any affect on you or your business/organization: Yes No If yes, please explain. I am less likely to visit Stehekin without this ferry especially for a shorter trip to the lake. ~~It~~ Compared to using ~~the~~ The Lady of the Lake, logistics will be easier and costs lower, making it easier for us to visit Stehekin.

VERIFICATION

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

Name and Title: Jay Peters
Business/Organization: individual
Street/Mailing Address: 4143 Cobblestone Ct
City, State, Zip Code: Richland, WA 99352
Telephone Number: 509-392-1908 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.

Jay Peters
PRINT NAME


SIGNATURE

8/19/18
DATE

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

THE APPLICATION What authority are you applying for? Include any amendments.
A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.

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.

Our family would like and use better transportation to Stehekin. We need better and more seats up and down lake - the current capacity has restricted our travel.

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

We have not been able to get to Stehekin when we wanted to and have had to shorten our stays due to too little capacity. Memorial Day 2018 was terrible - had to leave early.

If the request is denied, would it have any affect on you or your business/organization: Yes No ___ If yes, please explain.

We would once again be limited in our ability to enjoy Stehekin because of too little capacity on the current boats.

*Please add this new service. We NEED it!

VERIFICATION

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

Name and Title: Susan Hoffman

Business/Organization: -

Street/Mailing Address: 12743 Spring Street

City, State, Zip Code: Leavenworth WA 98826

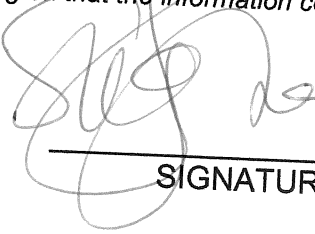
Telephone Number: 509/338090

Fax Number: N/A

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.

Susan Hoffman

PRINT NAME



SIGNATURE

8-19-2018

DATE

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
THE APPLICATION What authority are you applying for? Include any amendments. A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.	

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 have traveled to Stehekin/Chelan several times and the current timing requires an early morning departure from Chelan, which requires either that I stay the night in Chelan prior to departure, or drive in the dark to arrive on time. An alternate schedule, running reverse of the current ferry service would provide more options for safer travel during the year, as well as provide residents of Stehekin with a schedule to better meet their economic needs.

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced. _____
As explained above, each time that I have traveled to Stehekin, I have had to spend a night in Chelan either before or after traveling on the existing ferry service because the current service requires either early morning dark or late evening dark. An alternate schedule, running reverse of the current ferry service would provide more options for safer travel during the year, as well as provide residents of Stehekin with a schedule to better meet their economic needs.

If the request is denied, would it have any affect on you or your business/organization:
Yes No ___ If yes, please explain. _____
An alternate schedule, running reverse of the current ferry service would provide more options for safer travel during the year, as well as provide residents of Stehekin with a schedule to better meet their economic needs.

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

Name and Title: Matthew Brewer/Teacher

Business/Organization: _____


Street/Mailing Address: 2015 E Prospect St

City, State, Zip Code: Seattle, WA 98112

Telephone Number: 206-419-2529 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.

Matthew Brewer _____
PRINT NAME


SIGNATURE

8/20/2018
DATE

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

THE APPLICATION What authority are you applying for? Include any amendments.
A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.

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.

There is a huge need to have a transportation option starting out in Stehekin to accommodate people who want to leave Stehekin in the morning. There is also a huge need to have transportation options during the winter at least 5 days per week. These needs are currently not met with the current transportation company.

Are your transportation needs being met now? Yes ___ No XX If not, explain problems you have experienced.

There is a need to have a transportation option during the winter months, at least 5 days per week. Also, there needs to be a transportation option that starts in Stehekin to accommodate both tourists and local residents.

If the request is denied, would it have any affect on you or your business/organization:
Yes XX No ___ If yes, please explain. ___ It will be an inconvenience to me personally when I visit Stehekin. It'll also provide me the opportunity to visit Stehekin for a long weekend during the winter months.

VERIFICATION

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

Name and Title: Jim Sloane

Business/Organization: Tourist to Stehekin Valley

Street/Mailing Address: 7320 127th PL SE

City, State, Zip Code: Newcastle, WA 98056

Telephone Number: (425) 466-5222 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.

Jim Sloane
PRINT NAME


SIGNATURE

8/19/2018
DATE

TS-180677

IMPORTANT!!!

PLEASE READ THIS NOTICE AND FOLLOW INSTRUCTIONS SO YOUR APPLICATION MAY BE PROCESSED

Washington law allows the Washington Utilities and Transportation Commission (WUTC) to grant operating authority only when it is required by the present or future public convenience and necessity. Even though your application is not protested, you need one or more statements from persons proving that your services are needed, otherwise your application will be denied.

When the form is completed by a person supporting your application, send it to the WUTC at the address below. If you desire, a hearing can be scheduled for your witness to appear in support of your application.

Support statements should reach the WUTC **WITHIN 30 DAYS** or the APPLICATION MAY BE DISMISSED. We also suggest that you keep a copy of each statement.

If you have questions or need additional assistance, contact Licensing Services (360) 664-1222.

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION:
Licensing Services
PO Box 47250
Olympia, WA 98504-7250

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name:
Backcountry Travels LLC

Application Docket No.:
TS-180677

THE APPLICATION What authority are you applying for? Include any amendments.
A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.

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. _____

My husband and I thoroughly enjoy traveling in the Lake Chelan area of Washington, especially visiting Stehekin and the Courtney Ranch. It would be wonderful to have additional ferry service to take the overflow rather than having to make costly adjustments to our vacations.

Are your transportation needs being met now? Yes ___ No x If not, explain problems you have experienced. _____

Summers are such busy times of the year for vacationers that either Lake Chelan residents or vacationers suffer overextended stays getting back and forth. An additional ferry definitely help alleviate a lot of the problem.

If the request is denied, would it have any affect on you or your business/organization:
Yes x No ___ If yes, please explain. We wouldn't get to visit the areas as often as we like.

VERIFICATION

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

Name and Title: _____ Marie Tiemersma

Business/Organization: _____

Street/Mailing Address: _____ 8116 Van Buren Road

City, State, Zip Code: _____ Everson, WA 98247

Telephone Number: _____ 360-815-5992 _____ 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.

____ Marie Tiemersma _____
PRINT NAME

____ Marie Tiemersma _____
SIGNATURE

____ 08/20/2018 _____
DATE

TS-180677

IMPORTANT!!!

PLEASE READ THIS NOTICE AND FOLLOW INSTRUCTIONS SO YOUR APPLICATION MAY BE PROCESSED

Washington law allows the Washington Utilities and Transportation Commission (WUTC) to grant operating authority only when it is required by the present or future public convenience and necessity. Even though your application is not protested, you need one or more statements from persons proving that your services are needed, otherwise your application will be denied.

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If you have questions or need additional assistance, contact Licensing Services (360) 664-1222.

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
Licensing Services
PO Box 47250
Olympia, WA 98504-7250

Applicant Name: Backcountry Travels LLC	Application Docket No.: TS-180677
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THE APPLICATION What authority are you applying for? Include any amendments.
 A daily, year round commercial ferry service on Lake Chelan based out of Stehekin WA. The vessel that will be used is a quiet, comfortable and efficient thirty two passenger catamaran. The vessel would leave Stehekin at 10:40am daily and return at 1pm, arriving back in Stehekin at 2:45pm.

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.
 A quick way to get from Stehekin to fields point back during daylight hours. Currently traveling over 2mt. passes in the dark to meet the slow ferry @ fields Pt. Would like a faster way to transport my puppy. Current boat is

Are your transportation needs being met now? Yes No If not, explain problems you too slow & too hot have experienced. I need to leave super early from Seattle & travel over 2mt. passes in the dark to catch the current option. My puppy has to endure a 3+ hour drive then 3+ hours on the slow boat. We could get to Hawaii quicker!

If the request is denied, would it have any affect on you or your business/organization:
 Yes No If yes, please explain. Will have to look for other options for winter travel back & forth. It would be great to have a float plane operating in addition to another ferry operating. When one person has ~~all the~~ all the boats & services suffers.

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

Name and Title: Ann Marie Freeman
 Business/Organization: Individual Stehekin property owner
 Street/Mailing Address: 814 Queen Ave. NE / PO Box 62
 City, State, Zip Code: Renton, WA. 98056 / Stehekin WA. 98882
 Telephone Number: 425 226 3738 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.

Ann Marie Freeman PRINT NAME Ann Marie Freeman SIGNATURE 8/20/2018 DATE