

STATEMENT OF SUPPORT

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name: Sean McNamara/DBA-Bellingham Water Taxi	Application Docket No. TS-121253
RECEIVED	
THE APPLICATION – What authority are you applying for? Include any amendments.	
PASSENGER AND FREIGHT SERVICE	
Between Bellingham and Friday Harbor, with flag stops at Vendovi, Cypress	
AUG 23 2012 WASH. UT. & TP. COMM	

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: Living on an island, community transportation services to and from the mainland are crucial. Washington State Ferries is our primary option but many people do not wish to use their vehicle because of the expense. During the winter of 2006 the community enthusiastically supported an experimental passenger ferry service between Friday Harbor and Bellingham. However this service has since discontinued.

Are your transportation needs being met now? Yes No If not, explain problems you have experienced: Our ferry transportation needs are met but on a limited basis with only one destination to the mainland (Anacortes). Bellingham is an international transportation hub with direct connection opportunities and the community would find value in a year-round pedestrian connection to Bellingham.

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

VERIFICATION

Name and Title: Marilyn O'Connor, Port Director

Business/Organization: Port of Friday Harbor

Street/Mailing Address: 204 Front Street

City, State, Zip Code Friday Harbor, WA. 98250

Telephone Number: (360) 378-2688 Fax Number: (360) 378-6114

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities & Transportation Commission, and 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.

 PRINT NAME <i>Executive Director</i>	 SIGNATURE	<u>8-22-12</u> DATE
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