

APPLICANT STATEMENT

(To be completed by the individual requesting operating authority)

Applicant Name: Sean McNamara dba Bellingham Water Taxi	Application Docket No.: 121253
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THE APPLICATION What authority are you applying for? Include any amendments.
 Extension for commercial ferry service from Bellingham to Friday Harbor (San Juan Island), with additional flag stops at Vendovi and Cypress Islands.

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.

As a self-employed author and biologist, I travel regularly for research and speaking engagements. When this work takes me to Bellingham, the trip currently involves the time and expense of taking a car to Anacortes on the ferry, and driving from there. Having a water taxi option to Bellingham would be terrific, saving time and money. Looking at my schedule today, I can already see two events in the next several months where this route would come in very handy. Also, the increasing flight options from Bellingham International Airport would make the taxi service a promising alternative to the drive, shuttle or flight to SeaTac.

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

My current options to reach Bellingham involve a car ferry and a drive, or by small plane. There is no existing passenger boat option to Bellingham. Over the years I have declined speaking engagements in Bellingham due to the inconvenience of traveling from the island. Having another option would be very welcome.

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

I have no doubt that I would take more business trips to Bellingham if this option were available. (The same applies to personal trips, since I have a lot of friends and family there). If the application were denied, I wouldn't go out of business, but I'm sure I would miss some future opportunities.

VERIFICATION

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

Name and Title: ___Thor

Hanson_____

Business/Organization: ___Biologist & Author, self-employed_____

Street/Mailing Address: ___351 False Bay Drive_____

City, State, Zip Code: ___Friday Harbor, WA 98250_____

Telephone Number: ___(360) 378-2777_____ 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.

___Thor Hanson_____

PRINT NAME

SIGNATURE

DATE