



**APPLICATION FOR FACILITIES USE AGREEMENT - PERMIT
SKAGIT TRANSIT**

APPLICATION SECTION

1. Applicant/Company Name: _____ Phone #: _____

2. Address: _____ City, State, Zip: _____

3. Contact Person: _____ Phone #: _____

4. Address: _____ City, State, Zip: _____

5. E-Mail Address: _____ Fax: _____

6. WUTC Certification Number: _____ Expiration Date: _____

Auto Transportation Co. Special Needs Charter Excursion

7. Attach a copy of the WUTC Certificate and a written statement indicating that your certification is in good standing.

8. Transportation purpose (i.e., sports event, festival, airport services etc)

9. Park and Ride lot names(s) & location(s):

10. Number of parking spaces needed: _____ Time needed: _____

11. Type of vehicles providing transportation: _____

12. Schedule (include dates and arrival & departure times):

13. Number of vehicle trips from P&R: _____ Number of vehicle trips to P&R: _____

14. Are there any related permit application(s) pending: Skagit Transit, Skagit County, Federal, State or Local

Yes No If "yes", permit or application numbers _____

APPLICANT SIGNATURE: _____ **DATE:** _____

SKAGIT TRANSIT USE

APPLICATION DATE:	REVIEWER:	PERMIT #:
<input type="checkbox"/> TRANSIT <input type="checkbox"/> OTHER	<input type="checkbox"/> PRIVATE USE <input type="checkbox"/> COMMERCIAL USE <input type="checkbox"/> UTILITY USE <input type="checkbox"/> MUTUAL BENEFIT	<input type="checkbox"/> TEMPORARY USE <input type="checkbox"/> LONG TERM USE

APPROVAL: _____ DATE: _____

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