

MONTANA DEPARTMENT OF PUBLIC SERVICE REGULATION
1701 Prospect Avenue P.O. Box 202601 Helena, Montana 59620-2601 (406) 444-6180

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

Use this form when applying for:

- Class C transportation; or
- Class D transportation of solid waste.

PLEASE ANSWER EACH QUESTION DEFINITELY
(Print or Type Information)

1a. Sole Proprietor - Applicant Name _____

1b. If not a Sole Proprietor, Applicant's Legal Entity Name _____

1c. D/B/A Name (d/b/a) applicant will use, if applicable _____

2. Mailing Address _____

Street or P.O. Box

City State Zip Code

Physical Address (if different from above) _____

Street

City State Zip Code

Telephone _____ Additional Telephone _____

Email Address _____

3. Business Structure: Check the Applicant's business organization type, providing the following information:

☐ Sole Proprietorship: Proprietor: _____

☐ ** Partnership General Limited (circle one)

Names of general partners: _____

☐ ** Entity (Corporation, LLC, LLP) (Indicate where entity is registered) _____

Does any single shareholder own more than 50% of this corporation? _____ **NO** _____ **YES**

If "yes", name the shareholder: _____

Name the corporate officers or entity members: _____

** Please note that applicants, other than sole proprietors, are required to be represented before the Commission by counsel.

4. PSC Number: If the Applicant has ever held Montana intrastate motor carrier authority, list the MRC or PSC number under which said authority was issued: _____.

5. Applicant proposes to operate as a Class _____ **motor carrier.**
choices are Class C or D

- 6. Applicant proposes to transport the following: (check one box only)**

- ☐ Household goods
- ☐ Garbage
- ☐ Class C contract transportation

7. List proposed geographic areas of service (scope of authority).

Examples:

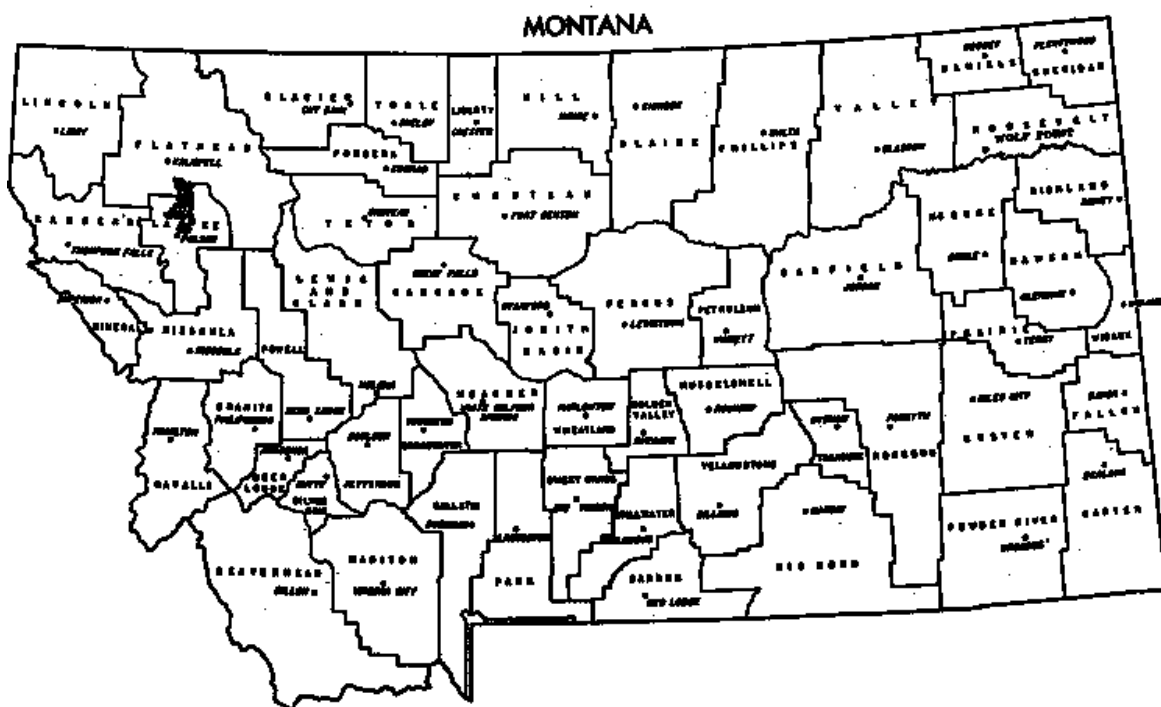
“within the city of _____ and a ____ mile radius thereof”

“between all points and places within _____County(s)”

“between all points and places within the State of Montana”

“from points in _____ County(s) to all points in Montana”, etc.

8. A map of the proposed operation is shown herewith. Applicant should color that portion of the state map within which he or she intends to operate.



- 9. If Applicant proposes to operate as a Class C contract carrier, complete the following:**

- (a) List complete names of proposed shippers:

- (b) Attach to this application pursuant to 69-12-313, MCA, the proposed written contract executed between the Applicant and each shipper listed above.

11. LIST OF EQUIPMENT (Attach additional pages if necessary)

Year and Make of Vehicle	Seating Capacity	OR	Tonnage Capacity

Description	Assets	Liabilities
Total		

IMPORTANT: You must read, and if granted a certificate of public convenience and necessity by this Commission, comply with all of the rules and regulations of the Commission and the laws of the State of Montana pertaining to motor carriers. **WILL YOU DO SO?** ☐ YES ☐ NO

13. Applicant understands that the filing of this application does not in itself constitute authority to operate.
14. Enclosed is a bank draft, money order or check for the \$500.00 filing fee. If the application does not go to public hearing \$300.00 of this fee will be refunded. **Applicant must include a completed W9 indicating Tax ID Number or Social Security Number information.**
15. In the event the evidence at the hearing indicates the Applicant is entitled to receive a form of authority other than applied for, such other form of authority will be granted.

SIGNATURE OF APPLICANT

STATE OF _____,) ss.
County of _____)

_____, being first duly sworn, deposes and says that they are the applicant named above; that they have read the foregoing application and know the contents thereof; that the same is true of their own knowledge, except as to matters which are therein stated on information or belief, and as to those matters, they believe it to be true.

Date _____, 20____ (Signature of Applicant)

Subscribed and sworn to before me this _____ day of _____, 20____

(S E A L)

Notary Public for the State of _____

Residing at _____

My Commission expires _____

As all applications for certificates of public convenience and necessity must be supported by evidence from witnesses other than applicant, the following affidavit must be prepared by the supporting witnesses. All affidavits are to be attached to the application prior to the submission of the application to the Public Service Commission.

Applicant MUST attach to this application affidavits of support from supporting witnesses who will testify in applicant's behalf. These affidavits must be signed by the individual, or by an authorized representative of the corporation, association, or partnership, upon whose support the applicant intends to rely.

Except for good cause shown, no application for certificate of public convenience and necessity will be accepted for filing unless it is accompanied by the certifications of support of such witnesses. The submission of the certifications will not prevent applicant from presenting evidence of additional witnesses. The certifications of support will not be considered as supporting evidence but merely as notification to the Commission of the type and quantity of evidence to be received. The certifications will serve the additional purpose of notifying this Commission of the approximate number of witnesses who will be present in support of an application.

**AFFIDAVIT
(TO BE COMPLETED BY A SUPPORTER OF THIS APPLICATION)**

Shipper's Name and Address: _____

I, the above-named shipper (one who arranges for and/or pays for the transportation), support the application by _____
_____ for a Montana Intrastate Certificate of Public
Convenience and Necessity.

Specifically, I have a need for the transportation of _____
(household goods; persons & household goods; or garbage)
within the following service area: _____

I have found the service provided by existing carriers to be inadequate because: _____

If a public hearing is held on the application, either I or an authorized and qualified representative of my corporation/association/partnership will appear and testify on the applicant's behalf.

Should the support for this application be withdrawn or changed in whole or part, I agree to inform the Public Service Commission of the State of Montana, 1701 Prospect Avenue, P.O. Box 202601, Helena, Montana 59620-2601.

The undersigned hereby states that he is duly qualified and authorized to make this certification of support.

Dated _____, 20____
(Firm, corporation, association, partnership, etc., represented)

(Signature)

(Address)

(Title)

(Telephone Number)

AFFIDAVIT
(TO BE COMPLETED BY A SUPPORTER OF THIS APPLICATION)

Shipper's Name and Address: _____

I, the above-named shipper (one who arranges for and/or pays for the transportation), support the application by _____
_____ for a Montana Intrastate Certificate of Public
Convenience and Necessity.

Specifically, I have a need for the transportation of _____
(household goods; persons & household goods; or garbage)

within the following service area: _____

I have found the service provided by existing carriers to be inadequate because: _____

If a public hearing is held on the application, either I or an authorized and qualified representative of my
corporation/association/partnership will appear and testify on the applicant's behalf.

Should the support for this application be withdrawn or changed in whole or part, I agree to inform the Public
Service Commission of the State of Montana, 1701 Prospect Avenue, P.O. Box 202601, Helena, Montana 59620-
2601.

The undersigned hereby states that he is duly qualified and authorized to make this certification of support.

Dated _____, 20_____
(Firm, corporation, association, partnership, etc., represented)

(Signature)

(Address)

(Title)

(Telephone Number)