

MONTANA DEPARTMENT OF PUBLIC SERVICE REGULATION
1701 Prospect Avenue P.O. Box 202601 Helena, Montana 59620-2601 (406) 444-4266

**APPLICATION FOR CERTIFICATE OF COMPLIANCE FOR
CLASS A or B TRANSPORTATION OF PASSENGERS**

Class A – Regular scheduled route; rates and time schedules regulated by the PSC. (Example: an intercity bus company). If the vehicle to be used is designed to carry more than 26 passengers, the motor carrier is not subject to PSC jurisdiction.

Class B – Transportation of passengers on an indefinite route (such as taxi service); rates regulated by the PSC, except for charter passenger service, which is not rate-regulated. Charter service is transporting passengers based on a single contract that is entered into in advance of the transportation and not the result of a spontaneous, curbside agreement. The contract includes one fixed charge, fares are not assessed per passenger, the passengers acquire exclusive use of the vehicle, and if it's a group of passengers, they are traveling together to a specified destination.

If the vehicle to be used is designed to carry more than 26 passengers, the motor carrier is not subject to PSC jurisdiction.

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. Doing Business As 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 A or Class B)
6. Applicant proposes to transport the following: **(check one box only)**
- Passengers in rate regulated service
- Passengers in non-rate regulated service (see Sec. 69-12-101(3) MCA for definition of ‘charter service’)
7. List proposed geographic areas of service (scope of authority).

Examples:

“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. Provide evidence that applicant has obtained bodily injury and property damage liability insurance coverage that complies with PSC administrative rules (ARM 38.3.706) regarding minimum insurance requirements:

\$100,000 for transportation of passengers in a vehicle with seating capacity of 7 passengers or less;

\$500,000 for transportation of passengers in a vehicle with seating capacity of 8 to 15 passengers;

\$750,000 for transportation of passengers in a vehicle with seating capacity of 16 to 26 passengers.

IMPORTANT: The name of the applicant on the application for a Certificate and the name of the insured on the proof of insurance must match exactly.

9. LIST OF EQUIPMENT

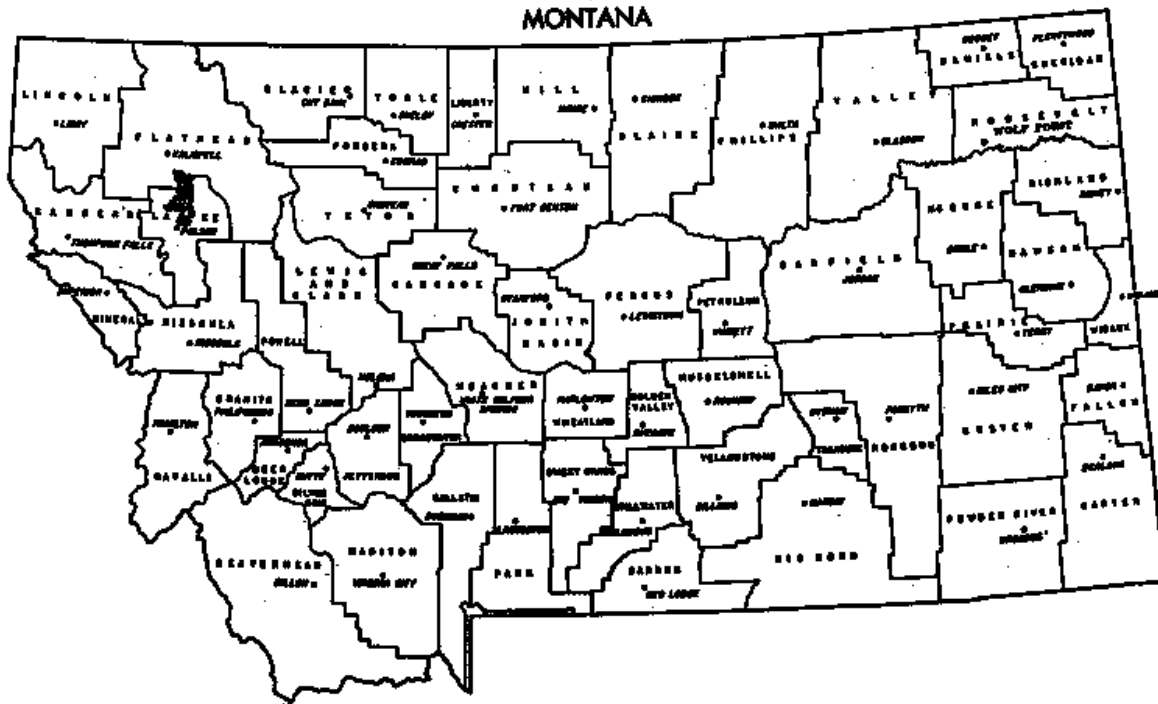
Year and Make of Vehicle	Seating Capacity	OR	Tonnage Capacity

10. PROPOSED TIME SCHEDULE (Required only of Class A carriers)

Mileage	Stations	Read Down	Read Up
		Lv.	Ar.
		Ar.	Lv.

11. PROPOSED TARIFF OF RATES AND CHARGES (Required of both Class A carriers and Class B rate regulated carriers)

12. A map of the proposed operation is shown herewith. (For information of Commission only). Applicant should color that portion of the state map within which he or she intends to operate.



13. STATEMENT OF ASSETS AND LIABILITIES (Attach sheet if space is insufficient).

Description	Assets	Liabilities
Total		

14. IMPORTANT: You must read, and if granted a certificate of compliance 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

15. Applicant understands that the filing of this application does not in itself constitute authority to operate.

16. 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 will be contacted for Tax ID Number or Social Security Number information at that time.

17. 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 MONTANA,) 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 believes 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 _____