MONTANA PUBLIC SERVICE COMMISSION
1701 Prospect Avenue, Helena, Montana 59620

Transportation Division

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APPLICATION FOR INTRASTATE
TEMPORARY OPERATING AUTHORITY
(Pursuant to 69-12-207, MCA)

1. Name of Applicant ____________________________________________________________

   Address ______________________________________________________________________

   Home Telephone __________________________ Business Telephone __________________________

2. Applicant proposes to operate as a Class ________ Carrier.
   (Class A, B, C, or D)

3. Applicant proposes to transport the following commodity: ____________________________

   ______________________________________________________________________________

   ______________________________________________________________________________

   ______________________________________________________________________________

   ______________________________________________________________________________.

4. Points to, from or between which commodities are to be transported: ________________

   ______________________________________________________________________________

   ______________________________________________________________________________.

5. Names of motor carriers now furnishing similar service between any of the points or along any portion
   of the route proposed to be served: ________________________________

   ______________________________________________________________________________

   ______________________________________________________________________________.

6. The conditions which are relied upon by the Applicant as pertaining to the immediate and urgent need
   for the proposed service are: ________________________________

   ______________________________________________________________________________

   ______________________________________________________________________________.
STATE OF MONTANA  
COUNTY OF ________________________________ ) ss

____________________________________________, being first duly sworn, deposes and says he is the applicant ________________________________, named above; that there is an immediate and urgent need for the services listed above which cannot be met by existing certified carriers; that he has read the forgoing application and knows the contents thereof; that the same is true of his own knowledge, except as to matters which are therein stated on information or belief, as to those matters he believes it to be true.

Dated this _____________________________, 20____.

_________________________________________________
Signature of Applicant

Subscribed and sworn to before me the _____________ day of _________________________, 20____.

Notary Public for the State of Montana
Residing at _________________________________

( S E A L )
My Commission Expires _________________________
AFFIDAVIT SUPPORTING APPLICATION FOR
TEMPORARY AUTHORITY
(69-12-207, MCA)

1. Applicant’s Name and Address:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________.

2. Commodity Description:
____________________________________________________________________________________
____________________________________________________________________________________.

3. Points to, from or between which such commodities are to be transported:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________.

4. Volume of traffic involved (frequency – how moved now, how moved in past):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________.

5. Time during which such service will be necessary:
____________________________________________________________________________________
____________________________________________________________________________________.

6. Consequences if service not provided:
____________________________________________________________________________________
____________________________________________________________________________________.

7. Circumstances which created the immediate and urgent need for service:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________.

8. Names of certified carriers previously furnishing service or capable of furnishing service:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________.
9. Certified carriers contacted to provide the service (including name of contact person); dates contacted, carrier’s response to the contact, comments:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________.

10. Have you supported previous similar applications? If answer is yes, explain:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________.

____________________________________________, being first duly sworn, deposes and says he is supporting the application for temporary authority of the applicant named previously; that there is an urgent and immediate need for the service listed above which cannot be met by existing certified carriers; that he has read the foregoing affidavit and knows the contents thereof; that the same is true of his own knowledge, except as to matters which are therein stated on information and belief, and as to those matters he believes to be true.

Shipper Represented: __________________________________________________________
Address: __________________________________________________________

____________________________________________________________________________________
____________________________________________________________________________________

Telephone Number: ____________________________________________

__________________________________________________________
Signature of Supporting Shipper

__________________________________________________________
Date

Subscribed and sworn to before me the __________ day of _________________, 20______.

__________________________________________________________
Notary Public for the State of Montana
Residing at _____________________________

( S E A L )

My Commission expires _________________. 