DEPARTMENT OF PUBLIC SERVICE REGULATION
PROTEST TO APPLICATION FOR INTRASTATE
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

THE PUBLIC SERVICE COMMISSION
OF THE STATE OF MONTANA

1701 Prospect Avenue  PO Box 202601  Helena, Montana 59620-2601
(406) 444-6198

PROTEST FEE $500.00

DOCKET BEING PROTESTED: ________________________________

APPLICANT’S NAME: ________________________________________

PROTESTANT’S NAME ________________________________________
PROTESTANT’S BUSINESS NAME (if any) _______________________
Mailing Address: _____________________________________________
City, State, Zip code _________________________________________
Business Phone: ____________________ Protestant’s PSC No.: ________

1. Is the application being protested in whole or in part? ________

2. Identify the specific service and service area in the application that is in conflict with the authority granted to you by the PSC.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Is your protest limited to the specific service and service area you identified above?
   ☐ yes         ☐ no

If no, please provide a statement of the limitations of the protest.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Annual revenue received for the specific service area conflict identified in 2 above.

   Revenue  $__________________

Revenue to be based on the same time period identified on carriers latest annual report on file with the commission.

over
5. Date copy of protest served on applicant. ______________

6. Is protest fee attached? ______________

**SIGNATURE OF PROTESTANT**

STATE OF MONTANA ) ss.
County of ________________________ )

_______________________________________, being first duly sworn, deposes and says that he/she is the protestant named above, that he/she has read the foregoing protest and knows the contents thereof, that the same is true of his/her own knowledge.

Date __________________________  __________________________

(signature of protestant)

Subscribed and sworn to before me this _________ day of ______________, _____.

____________________________________
Notary Public for the State of __________
Residing at __________________________
My Commission expires ______________

( S E A L )

NOTE: Protest fee for a motor carrier protest or motor carrier applicant protest of an application for a certificate of public convenience and necessity is $500, all to be refunded by the commission if the application does not proceed to hearing. If the protested docket does not go to public hearing, the protestant will be contacted for Tax ID Number or Social Security Number information necessary to process the refund of the protest fee.