

**DEPARTMENT OF PUBLIC SERVICE REGULATION**

**PROTEST TO APPLICATION FOR INTRASTATE  
CERTIFICATE OF COMPLIANCE**

MONATNA PUBLIC SERVICE COMMISSION (PSC)

1701 Prospect Avenue

PO Box 202601  
(406) 444-4266

Helena, Montana 59620-2601

PLEASE NOTE: A protest related to an application for a Certificate of Compliance is limited to a protest of the applicant's ability to meet the requirements of 69-12-415, which concerns carrier fitness – is the applicant fit, willing and able to perform the motor carrier service? An applicant who has demonstrated compliance with the PSC's insurance liability insurance requirements has established a rebuttable presumption that it meets the carrier fitness requirement. To be successful, a protestant must provide compelling evidence that the applicant either does not meet the PSC's insurance requirements or that the applicant is not fit due to other reasons (i.e., criminal history, driving record, if related to the issue of public safety).

**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 Email.: \_\_\_\_\_

1. State clearly and fully the basis for your belief that the applicant does not meet the carrier fitness requirements of 69-12-415, MCA. (Attach a separate sheet if necessary.) Please attach supporting documentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Date copy of protest served on applicant. \_\_\_\_\_

3. Is protest fee (\$500.00) attached? \_\_\_\_\_

**SIGNATURE OF PROTESTANT**

STATE OF MONTANA )  
County of \_\_\_\_\_ ) ss.

\_\_\_\_\_, 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 )