

**DEPARTMENT OF PUBLIC SERVICE REGULATION  
APPLICATION FOR TRANSFER OF 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

Application is hereby made to the Public Service Commission of the State of Montana for transfer of an intrastate certificate of Public convenience and necessity, as provided by Chapter 12 of Title 69, MCA, as amended, and in this behalf it is respectfully Represented:

**PLEASE ANSWER EACH QUESTION DEFINITELY**  
(Print or Type Information)

1. **Name of Transferor:** (Exactly as shown on Montana Intrastate Certificate proposed for transfer)

Name \_\_\_\_\_

Business Name (if any) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street or P.O.Box

\_\_\_\_\_

City

State

Zip Code

Physical Address (if different from above) \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip Code

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Fax Number \_\_\_\_\_ Email: \_\_\_\_\_

- a) If a partnership, list the names and addresses of partners:

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

- b) If a corporation or entity, list the names and addresses of officers or members:

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

2. **Name of Transferee:** (Exactly as will be shown on Montana Intrastate Certificate proposed for transfer)

Name \_\_\_\_\_

Business Name (if any) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street or P.O.Box

City State Zip Code

Physical Address (if different from above) \_\_\_\_\_

Street

City State Zip Code

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Fax Number \_\_\_\_\_ Email: \_\_\_\_\_

a) If a partnership, list the names and addresses of partners:

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

b) If a corporation or entity, list the names and addresses of officers or members:

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

3. **PSC Certificate Number Proposed for Transfer:**

PSC NUMBER \_\_\_\_\_ SUB(S) \_\_\_\_\_

a) Is the transferor retaining any certificate or portion of certificate issued under the above-noted PSC number?

Yes  No

If so, indicate on an attached sheet the exact wording of the certificate(s) proposed for transfer and for retention.

4. **Original PSC Certificates:**

a) The original PSC Certificate(s) is/are returned with this application.

Yes  No

b) The original PSC Certificate(s) has/have been lost and is/are not available for surrender.

Yes  No

5. **Transferee's Equipment:** List the equipment the transferee intends to operate, giving the required information below:

| License No. | Year & Make of Vehicle | Seating Capacity | GVW |
|-------------|------------------------|------------------|-----|
|             |                        |                  |     |
|             |                        |                  |     |
|             |                        |                  |     |
|             |                        |                  |     |
|             |                        |                  |     |
|             |                        |                  |     |
|             |                        |                  |     |
|             |                        |                  |     |
|             |                        |                  |     |
|             |                        |                  |     |

6. **Certificates Proposed for Transfer:**

- a) If the certificate(s) proposed for transfer is/are Class A and /or Class B, complete the following:

- (1) Transferee intends to initially file a tariff of rates and charges. Yes  No
- (2) Transferee intends to adopt present tariffs of transferor.  Yes  No

- b) If the certificate(s) proposed for transfer authorizes Class C passenger transportation, complete the following:

| Shipper Name | Shipper Address |
|--------------|-----------------|
| 1)           |                 |
| 2)           |                 |
| 3)           |                 |
| 4)           |                 |
| 5)           |                 |
| 6)           |                 |

7. **Effective Date:**

Transferor and transferee request the transfer of PSC No. \_\_\_\_\_ to become effective on the following date: \_\_\_\_\_. (In no case may the effective date be less than thirty-five (35) days from the filing of this application.)

8. **Transferee's Present Operating Authority:**

Transferee presently holds the following Intrastate certificate(s) from the Montana Public Service Commission:

PSC No(s). \_\_\_\_\_

9. **Warranty and Agreement of Transferor and Transferee:**

- a) Transferee agrees to furnish liability and cargo insurance filings, meeting the minimum requirements set forth by the Public Service Commission, upon approval of the proposed transfer.
- b) The proposed transfer of authority is not for the purpose of hindering, delaying, or defaulting creditors.
- c) Transferor agrees to file with the Public Service Commission, prior to Public Service Commission approval of the proposed transfer, the annual financial report and filing fee for the most recent accounting period.
- d) Appendix A is completed and attached.

10. **Signatures:**

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

\_\_\_\_\_, BEING FIRST DULY SWORN, deposes and says that he/she is the TRANSFEROR in the above entitled proceeding, that he/she has read the foregoing application and knows the contents thereof and believes it to be true.

\_\_\_\_\_  
(Title) \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_  
Residing at \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

( S E A L )

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

\_\_\_\_\_, BEING FIRST DULY SWORN, deposes and says that he/she is the TRANSFEREE in the above entitled proceeding, that he/she has read the foregoing application and knows the contents thereof and believes it to be true.

\_\_\_\_\_  
(Title) \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_  
Residing at \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

( S E A L )

**APPENDIX A**  
**(TO BE COMPLETED BY TRANSFEREE)**  
**BALANCE SHEET**  
**(ASSETS)**

| <b>CURRENT ASSETS</b>                           |  |
|---|--|
| 1. Cash and Working Funds                       |  |
| 2. Special Deposits                             |  |
| 3. Temporary Cash Investments                   |  |
| 4. Notes Receivable                             |  |
| 5. Accounts Receivable                          |  |
| 6. Prepayments                                  |  |
| 7. Materials and Supplies                       |  |
| 8. Other Current Assets                         |  |
| 9. <b>TOTAL CURRENT ASSETS</b>                  |  |
| <b>TANGIBLE PROPERTY</b>                        |  |
| 10. Carrier Operating Property                  |  |
| 11.       Less: Reserve for Depreciation        |  |
| 12. Carrier Operating Property Leased to Others |  |
| 13.       Less: Reserve for Depreciation        |  |
| 14. Non-Carrier Operating Property              |  |
| 15.       Less: Reserve for Depreciation        |  |
| 16. <b>TOTAL TANGIBLE PROPERTY</b>              |  |
| <b>INTANGIBLE PROPERTY</b>                      |  |
| 17. Organization, Franchises, and Permits       |  |
| 18.       Less: Reserve for Amortization        |  |
| 19. Other Intangible Property                   |  |
| 20.       Less: Reserve for Amortization        |  |
| 21. <b>TOTAL INTANGIBLE PROPERTY</b>            |  |
| 22. Total Investment Securities and Advances    |  |
| 23. Total Special Funds                         |  |
| 24. Total Deferred Debits                       |  |
| 25. <b>TOTAL ASSETS</b>                         |  |

**BALANCE SHEET  
(LIABILITIES)**

|  |  |
|--|--|
| <b>CURRENT LIABILITIES</b>                         |  |
| 26. Notes payable & Matured Long Term Obligations  |  |
| 27. Accounts Payable                               |  |
| 28. Wages Payable                                  |  |
| 29. C.O.D.'s Unremitted                            |  |
| 30. Taxes Accrued                                  |  |
| 31. Interest Accrued                               |  |
| 32. Matured Interest                               |  |
| 33. Other Current Liabilities                      |  |
| 34. <b>TOTAL CURRENT LIABILITIES</b>               |  |
| <b>LONG TERM DEBT DUE WITHIN ONE YEAR</b>          |  |
| 35. Equipment Obligations and Other Debt           |  |
| <b>LONG TERM DEBT DUE AFTER ONE YEAR</b>           |  |
| 36. Advances Payable                               |  |
| 37. Equipment Obligations                          |  |
| 38. Less: Reacquired and Nominally Issued          |  |
| 39. Other Long Term Obligations                    |  |
| 40. Less Reacquired and Nominally Issued           |  |
| 41. <b>TOTAL LONG TERM DEBT DUE AFTER ONE YEAR</b> |  |
| 42. Total Deferred Credits                         |  |
| 43. Total Reserves                                 |  |
| <b>SHAREHOLDERS' (OR PROPRIETORS') EQUITY</b>      |  |
| 44. Total Capital Stock                            |  |
| 45. Total proprietors' Capital                     |  |
| 46. Total Retained Earnings                        |  |
| 47. <b>TOTAL EQUITY</b>                            |  |
| 48. <b>TOTAL LIABILITIES &amp; EQUITY</b>          |  |

## INCOME STATEMENT

(Complete if Transferee is currently in the transportation business)

| <b>OPERATING REVENUE</b>                       |  |
|--|--|
| 1. Intrastate Revenue                          |  |
| 2. Interstate Revenue                          |  |
| 3. Non-Regulated Revenue                       |  |
| 4. <b>TOTAL REVENUE</b>                        |  |
| <b>EXPENSES</b>                                |  |
| 5. Salaries – Officers & Supervisory Personnel |  |
| <i>Salaries &amp; Wages</i>                    |  |
| 6. Clerical & Administration                   |  |
| 7. Drivers & Helpers                           |  |
| 8. Cargo Handlers                              |  |
| 9. Vehicle Repair & Repair                     |  |
| 10. Other Labor                                |  |
| <i>Other Fringes</i>                           |  |
| 11. Payroll Taxes                              |  |
| 12. Workman’s Compensation                     |  |
| 13. Pension & Welfare Benefits                 |  |
| <i>Operating Supplies &amp; Expenses</i>       |  |
| 14. Fuel for Motor Vehicles                    |  |
| 15. Vehicle Parts                              |  |
| 16. Other Operating Supplies & Expenses        |  |
| 17. General Supplies & Expenses                |  |
| <i>Operating Taxes &amp; Licenses</i>          |  |
| 18. Gas, Fuel, & Oil Taxes                     |  |
| 19. Real Estate & Personal Property Taxes      |  |
| 20. Vehicle License & Registration Fees        |  |
| 21. Other Taxes                                |  |
| 22. Insurance                                  |  |
| 23. Communications & Utilities                 |  |



|   |  |  |
|---|--|--|
| <b><i>Depreciation &amp; Amortization</i></b> |  |  |
| 24.   | Revenue Equipment                              |  |
| 25.   | Other  |  |
| <b><i>Purchased Transportation</i></b>        |  |  |
| 26.   | With Driver                                    |  |
| 27.   | Without Driver                                 |  |
| 28.   | Building and Office Equipment Rents            |  |
| 29.   | Gain or Loss of Disposition of Operating Costs |  |
| 30.   | Miscellaneous Expenses                         |  |
| 31.   | <b>TOTAL EXPENSES</b>                          |  |
| 32.   | <b>NET INCOME OR LOSS</b>                      |  |