

MONTANA DEPARTMENT OF PUBLIC SERVICE REGULATION

1701 Prospect Avenue P.O. Box 202601 Helena, Montana 59620-2601

Phone: (800) 646-6150 Email: pschelp@mt.gov

**APPLICATION FOR CLASS A
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (PCN)**

Class A—Motor carriers transporting property, with or without persons, between fixed termini or over a regular route and under regular rates based upon either station-to-station rates or mileage rates. Mont. Code Ann. §§ 69-12-101(4), 69-12-301(2). A separate application must be filed for each proposed route. Mont. Code Ann. § 69-12-311(2).

A \$500 fee and a current W-9 must be submitted with this application form.

Further instructions are outlined on page 6.

If there is not adequate space on this form for your answers, please provide an attachment that lists the question number and your corresponding answer for each question.

The filing of this Application does not constitute authority to operate. The Montana Public Service Commission (“Commission”) will consider this Application pursuant to applicable law, including but not limited to Title 69, Chapter 12 of the Montana Code Annotated, and Title 38, Chapter 3 of the Montana Administrative Rules.

PLEASE ANSWER EACH QUESTION

(If you do not answer each question your application will be considered incomplete)

1. Applicant Information:

(a) Applicant Name (include trade name or d/b/a, if applicable): _____

(b) Business Structure (circle one):

General Partnership

Limited Partnership

Sole Proprietor

LLC

LLP

S Corp.

C Corp.

Other (please specify): _____

(c) Names of partners, entity members, or corporate directors and officers (as applicable):

(d) Physical Address: _____

(e) Mailing Address (if different from physical): _____

2. Applicant Representative Contact Information:

(a) Name and title of a company representative who can be contacted about this Application:

(b) Primary Telephone No.: _____

Additional Telephone No.: _____

(c) Email Address: _____

3. Attorney Representing Applicant:

**Please note that applicants, other than sole proprietors or individuals, are required to be represented by legal counsel when appearing before the Commission.

Attorney Contact Information

Name: _____

Firm: _____

Mailing address: _____

Telephone No.: _____

Email Address: _____

4. Commission Authority Number: Do you currently hold, or have you ever held, Class A authority from the Commission?

Yes _____ No _____

If yes, please list the authority number(s) under which you hold or have held authority:

5. Please describe the public highway(s) and the fixed termini (end points/stops) between the regular route(s) where you intend to operate. Please be as specific as possible and describe all boundaries. For examples and guidance, please review the Motor Carrier Authority List on the Commission's Website (<https://psc.mt.gov/motorcarriers>) and Montana Administrative Rule 38.3.103.

6. Please describe in detail the type of service for which you are requesting authority: For example, transportation of property only (e.g., luggage/equipment) or people and property, on-call or scheduled transportation, etc. If you are requesting authority for scheduled transportation, please list a proposed time schedule.

7. Please explain why you believe a public need exists for the proposed service:

8. Please explain how you are fit, willing, and able to provide the proposed service:

Please include in your response (1) an explanation of your financial condition, (2) your experience transporting property or other relevant experience, (3) actions you have taken to demonstrate your intention to perform the proposed service, (4) and any other pertinent information.

9. Please attach a proposed schedule of the tariff or rates to be charged for the proposed service. This must include a complete schedule of, and all tariff provisions relating to, the rates, fares, charges, classifications, and rules of service. Mont. Code Ann. § 69-12-501(1). Tariffs must also comply with the Commission’s rules in Title 38, Subchapters 24–27, of the Montana Administrative Rules.

- 10. Please list all equipment (including, but not limited to vehicles, trailers, etc.) that will be used in the operation of the proposed service.** Please specify whether the Applicant intends to obtain the equipment or already owns it.

Equipment Description (if a vehicle please describe the make/model of the vehicle)	Seating Capacity	<u>AND/OR</u>	Tonnage Capacity

- 11. Please identify all Applicant assets and liabilities:**

Description	Assets	Liabilities
Total		

Further Instructions

Please enclose a bank draft, money order, or check for the \$500.00 filing fee. Please note the Commission will bill you for the cost of all legal notices. The fee must be mailed to the Commission at P.O. Box 202601, Helena, MT 59620, or delivered to the Commission at 1701 Prospect Ave., Helena, MT 59601. If the Commission receives a written request to withdraw the Application at least two business days before the scheduled hearing, \$300 of the application fee, minus the cost for all legal notices (if not paid separately), will be refunded.

You must submit your current W-9 form to allow the Commission to process any appropriate refunds. If your W-9 contains a Social Security Number, please submit the form through the State of Montana's secure File Transfer Service at transfer.mt.gov, and use the transfer service to send your W-9 to the Commission at transportation@mt.gov. If your W-9 contains an Employer Identification Number, please submit the form via email to transportation@mt.gov.

- ☐ I have either mailed or delivered the \$500 application fee.
- ☐ I have submitted a current W-9 to the Commission.
- ☐ I have attached at least one signed Affidavit (see below Affidavit Instructions)

Applicant Verification

I declare under penalty of perjury and under the laws of the State of Montana that the foregoing is true and correct.

Date and Place of Signing (City and State)

Signature

Affidavit Instructions

All applications must include at least one signed Shipper Witness Affidavit ("Affidavit") from an individual or entity, besides the Applicant, that supports the application.

Use the following Affidavit form to identify supporters of the application. Make as many copies of the Affidavit form as necessary. All Affidavits must be signed by the supporter, or by an authorized representative, upon whose support the applicant intends to rely. Attach all Affidavits to the application.

Except for a good cause shown, no application will be accepted for filing unless it is accompanied by at least one signed Affidavit. The submission of Affidavits does not limit the number of witnesses an applicant may call at a hearing. Affidavits merely serve as notification to the Commission of the type of evidence that may be presented at a hearing, as well as the potential number of witnesses who may be called by the applicant at a hearing.

**SHIPPER WITNESS AFFIDAVIT
(TO BE COMPLETED BY A SUPPORTER OF THE APPLICATION)**

Supporter's Name and Address: _____

I, the above-named Supporter, support the application filed by (the Applicant) _____
_____ for a Class A Certificate of Public Convenience and Necessity.

I have a need for the following type of Class A transportation service (i.e., the transportation of property, with or without persons):

I have a need for Class A transportation service, between fixed termini or over a regular route, within the following area(s) :

I have found existing Class A transportation service to be inadequate because:
(please specify your experience with existing carrier(s), if any):

If a public hearing is held on the Application, I am willing appear and testify on the Applicant's behalf. Should my support of this Application be withdrawn or changed in whole or part, I agree to inform the Montana Public Service Commission, 1701 Prospect Avenue, P.O. Box 202601, Helena, MT 59620-2601; phone: 1-800-646-6150, email: pschelp@mt.gov.

I declare under penalty of perjury and under the laws of the state of Montana that the foregoing is true and correct.

Date and Place of Signing (City and State)

Signature