

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

**PROTEST TO APPLICATION FOR INTRASTATE CLASS D
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (PCN)**

Class D—Transportation of garbage, as defined in Montana Code Annotated § 69-12-101(10).

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

Further instructions are outlined on page 4.

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.

PLEASE ANSWER EACH QUESTION

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

1. Class D Applicant's Name: _____

2. Montana Public Service Commission ("Commission") docket number of the Class D Application you are protesting:

3. Protestant Information:

(a) Protestant Name: _____

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

(c) Mailing Address: _____

(d) Primary Telephone No.: _____

(e) Additional Telephone No.: _____

(f) Email Address: _____

4. Attorney Representing Protestant:

****Please note that Protestants, 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: _____

5. If you are an existing PCN holder, please identify the number(s) of your PCN authority(ies) that conflict with the proposed service and/or service area:

6. If you are an existing PCN holder, please specifically identify:

(1) the proposed service you believe conflicts with your PCN authority, and

(2) the proposed service area you believe conflicts with your PCN authority.

7. If you are an existing PCN holder, what is the annual revenue* you received for the specific service area conflict identified in your answer to question 6, above?

\$ _____

**Revenue to be based on the same time period identified in your latest annual report on file with the Commission.*

8. Please provide all reasons for your Protest:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

9. Are you protesting the Class D Application in whole or in part?

Whole

Part

If you are protesting the application in part, please explain what part:

10. Date you served a copy of this Protest on the Applicant: _____

Further Instructions

Please enclose a bank draft, money order, or check for the \$500.00 protest filing fee. 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 Protest at least two business days before the scheduled hearing, the full \$500 fee will be refunded. Mont. Admin. R. 38.3.402(1)(d).

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 protest filing fee.

☐ I have submitted a current W-9 to the Commission.

Protestant 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