

MONTANA PUBLIC SERVICE COMMISSION
1701 Prospect Avenue, Helena, Montana 59620

Transportation Division

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APPLICATION FOR INTRASTATE
TEMPORARY OPERATING AUTHORITY
(Pursuant to 69-12-207, MCA)

1. Name of Applicant _____
Address _____
Home Telephone _____ Business Telephone _____
2. Applicant proposes to operate as a Class _____ Carrier.
(Class A, B, C, or D)
3. Applicant proposes to transport the following commodity: _____

_____.
4. Points to, from or between which commodities are to be transported: _____

_____.
5. Names of motor carriers now furnishing similar service between any of the points or along any portion of the route proposed to be served: _____

_____.
6. The conditions which are relied upon by the Applicant as pertaining to the immediate and urgent need for the proposed service are: _____

_____.

STATE OF MONTANA)
COUNTY OF _____) ss

_____, being first duly sworn, deposes and says he is the applicant _____, named above; that there is an immediate and urgent need for the services listed above which cannot be met by existing certified carriers; that he has read the forgoing application and knows the contents thereof; that the same is true of his own knowledge, except as to matters which are therein stated on information or belief, as to those matters he believes it to be true.

Dated this _____, 20____.

Signature of Applicant

Subscribed and sworn to before me the _____ day of _____, 20____.

(S E A L)

Notary Public for the State of Montana
Residing at _____
My Commission Expires _____

AFFIDAVIT SUPPORTING APPLICATION FOR
TEMPORARY AUTHORITY
(69-12-207, MCA)

1. Applicant's Name and Address:

2. Commodity Description:

3. Points to, from or between which such commodities are to be transported:

4. Volume of traffic involved (frequency – how moved now, how moved in past):

5. Time during which such service will be necessary:

6. Consequences if service not provided:

7. Circumstances which created the immediate and urgent need for service:

8. Names of certified carriers previously furnishing service or capable of furnishing service:

9. Certified carriers contacted to provide the service (including name of contact person); dates contacted, carrier's response to the contact, comments:

10. Have you supported previous similar applications? If answer is yes, explain:

_____, being first duly sworn, deposes and says he is supporting the application for temporary authority of the applicant named previously; that there is an urgent and immediate need for the service listed above which cannot be met by existing certified carriers; that he has read the foregoing affidavit and knows the contents thereof; that the same is true of his own knowledge, except as to matters which are therein stated on information and belief, and as to those matters he believes to be true.

Shipper Represented: _____

Address: _____

Telephone Number: _____

Signature of Supporting Shipper

Date

Subscribed and sworn to before me the _____ day of _____, 20_____.

Notary Public for the State of Montana
Residing at _____

My Commission expires _____.

(S E A L)