

**BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF COLORADO**

1560 Broadway, Suite 250 Denver, Colorado 80202  
<http://www.dora.state.co.us/puc>

Docket No. \_\_\_\_\_ (To be assigned by the Commission.)

**APPLICATION TO LEASE A CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

1. **Certificate of Public Convenience and Necessity No.:** \_\_\_\_\_ Provide a copy of the authority.

2. **Type of Application, Please Check Only One:**

- \_\_\_\_ Lease of Certificate of Public Convenience and Necessity
- \_\_\_\_ Temporary Authority To Transfer Control of Common Carrier Operations  
 Applicant requests temporary authority for \_\_\_\_\_ days (180 days maximum)
- \_\_\_\_ Emergency Temporary Authority To Transfer Control of Common Carrier Operations  
 Applicant requests emergency temporary authority for \_\_\_\_\_ days (30 days maximum)

3. **Lessor Information:**

Company, Partnership, or Sole Proprietor's Name	
Trade Name, if applicable	
Physical Address in Colorado	Street
	City State COLORADO Zip Code

Mailing Address	Street/PO Box
	City State Zip Code

Contact Numbers	Telephone No. FAX No.
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Lessor's Representative Regarding This Application	Name
	Street/PO Box
	City State Zip Code
Contact Numbers	Telephone No. FAX No.

4. **Lessor Attorney Information, if applicable:**

Attorney	Name
	Street/PO Box
	City State Zip Code
Contact Numbers	Telephone No. FAX No.

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**5. Lessee Business Structure, Please Check One:**

- Sole Proprietor/Individual  
 Partnership (General, LP, LLP, or LLLP)  
 Corporation  
 Limited Liability Company
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**6. Lessee Information:**

Company, Partnership, or  
Sole Proprietor's Name

Trade Name, if applicable

Physical Address in  
Colorado

Street			
City	State	COLORADO	Zip Code

Mailing Address

Street/PO Box		
City	State	Zip Code

Contact Numbers

Telephone No.	FAX No.
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Lessee's Representative  
Regarding This  
Application

Name		
Street/PO Box		
City	State	Zip Code

Contact Numbers

Telephone No.	FAX No.
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**7. Lessee Attorney Information, if applicable:**

Attorney

Name		
Street/PO Box		
City	State	Zip Code

Contact Numbers

Telephone No.	FAX No.
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**8. Complete if Lessee is a Partnership:**

Is there a written Partnership Agreement? NO \_\_\_ YES \_\_\_

If YES, provide a copy of the agreement and all subsequent amendments.

List all General and Limited Partners. If necessary, attach additional pages.

Name Title Address

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**9. Complete if Lessee is a Corporation:**

State in which incorporated: \_\_\_\_\_

List names of Directors and Officers.  
If necessary, attach additional pages.

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**10. Complete if Lessee is a LLC:**

State in which organized: \_\_\_\_\_

List names of Managers.  
If necessary, attach additional pages.

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**11. Designated Agent of Lessee:**

This person, who is at least 18 years of age and resides in the State of Colorado, is named as the Designated Agent for service of process.

Name
Street
City State COLORADO Zip Code

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**12. Hearing Location Request:**

If the application is assigned for hearing, please name the city where you request that the hearing be held: \_\_\_\_\_, Colorado

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**13. Proposed Lease of Authority:**

If the application is to lease a portion of an authority, explain which portions are being leased and which are not.

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**14. Lessee Existing Authority, if applicable:**

List all current authorities of the lessee issued by the Public Utilities Commission and/or a federal agency authorizing the applicant, or affiliate of the applicant, to provide for-hire transportation of passengers in Colorado. Attach a copy of any existing authority to this application.

Common Carrier Certificate No(s):
Contract Carrier Permit No(s):
Federal ICC or MC Registration or US DOT No(s):

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**15. Lessee Overlapping Authority, if applicable:**

Describe the extent of overlap between this application and any existing certificate and/or permit listed above. If necessary, attach additional pages.

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**16. List of Equipment:**

List the vehicles to be used. If the required vehicles are not currently owned or leased by the lessee, include a summary of the number and types of vehicles which are proposed to be acquired if the application is granted. If necessary, attach additional pages.

Manufacturer make and model

Year

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**17. Statement of Support and Fact:**

If necessary, attach additional pages.

a. **Lessee:** Describe the qualifications of the lessee to conduct the proposed operations. Qualifications include operational, managerial and financial fitness. Include how the lessee will meet the financial requirements of the transaction. Include statements that show why the application should be granted.

b. **Lessor:** If the applicant is seeking Temporary Authority or Emergency Temporary Authority, include statements that establish that failure to grant such approval may result in harm to the utility's properties being leased or will substantially interfere with their future usefulness in providing service to the public. In the case of an Emergency Temporary Application, include a statement explaining the nature and extent of the emergency.

