

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 TRANSFER CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

1. Type of Transfer of Authority Requested, Please Check One:

Transfer of Full Authority Certificate No.: _____
 Transfer of Partial Authority (be sure to complete item 13) Certificate No.: _____

2. Type of Application, Please Check Only One:

Permanent Transfer of Certificate of Public Convenience and Necessity
 Temporary Transfer of Common Carrier Operations
Applicant requests temporary authority for _____ days (180 days maximum)
 Emergency Temporary Transfer of Common Carrier Operations
Applicant requests emergency temporary authority for _____ days (30 days maximum)

3. Transferor 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. |
|-----------------|-----------------------|

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

4. Transferor Attorney Information, if applicable:

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

5. Transferee Business Structure, Please Check One:

- Sole Proprietor/Individual
 Partnership (General, LP, LLP, or LLLP)
 Corporation
 Limited Liability Company
-

6. Transferee 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. |
|---------------|---------|

Transferee's
Representative
Regarding This
Application

| | | |
|---------------|-------|----------|
| Name | | |
| Street/PO Box | | |
| City | State | Zip Code |

Contact Numbers

| | |
|---------------|---------|
| Telephone No. | FAX No. |
|---------------|---------|

7. Transferee Attorney Information, if applicable:

Attorney

| | | |
|---------------|-------|----------|
| Name | | |
| Street/PO Box | | |
| City | State | Zip Code |

Contact Numbers

| | |
|---------------|---------|
| Telephone No. | FAX No. |
|---------------|---------|
