

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 OPERATE AS A CONTRACT CARRIER OF PASSENGERS
BY MOTOR VEHICLE OR TO EXTEND CURRENT AUTHORITY**

1. Type of Authority Requested, Please Check One:

New Authority
 Extension of Existing Authority Permit No.: _____

2. Type of Application, Please Check One:

Contract Carrier Permanent Authority Application
 Contract Carrier Temporary Authority Application
Applicant requests temporary authority for _____ days (180 days maximum)
 Contract Carrier Emergency Temporary Authority Application
Applicant requests emergency temporary authority for _____ days (30 days maximum)

3. Type of Business Structure of Applicant, Please Check One:

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

4. Applicant 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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Applicant's
Representative
Regarding This
Application

Name		
Street/PO Box		
City	State	Zip Code

Contact Numbers

Telephone No.	FAX No.
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5. Attorney Information, if applicable:

Attorney

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

Contact Numbers

6. Partnerships Only:

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

7. Corporations Only:

State in which incorporated: _____

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

8. LLCs Only:

State in which organized: _____

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

9. Designated Agent:

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

10. Hearing Location Request:

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

11. List of Customers to be Served:

If necessary, attach additional pages.

Customer Name:

Address:

Date of Contract:

12. Proposed Authority:

Describe the area in Colorado in which the passenger service is to be provided. Include the proposed geographic area, originating and terminating points, or routes. **Be very specific.** If necessary, attach additional pages.

Proposed territory to be served:

Proposed restrictions to the requested authority, if applicable:

13. Existing Authority, if applicable:

List all current authorities 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):

14. 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.

17. Items to be Included:

The following additional items must be attached to the application:

- a. Thirty-five dollar (\$35) application fee.
- b. Corporations and LLCs: A Certificate of Good Standing authorizing the applicant to do business in Colorado, issued by the Colorado Secretary of State's Office within 14 days prior to the filing of this application.
- c. Partnerships, Sole Proprietors, Corporations and LLCs: If applicant will operate under a trade name, a Certificate of Assumed Trade Name or a Certificate of Fact of Trade Name issued by the Colorado Secretary of State's Office.
- d. Individuals/Sole Proprietors: A completed Affidavit of Eligibility of Lawful Presence in the United States.
- e. Letters from each proposed customer containing the author's name, address, and phone number. Each letter should indicate the proposed customer's distinctive need and whether the need can be met by existing services, whether and how existing services are inadequate and should support the applicants' particular request for authority. The letter shall contain a statement, signed by the author, stating that the letter contains only information that is true and correct to the best of the author's knowledge and belief. If the applicant is seeking Temporary Authority or Emergency Temporary Authority each letter should identify the immediate and urgent need for the proposed service and establish that no existing carrier is capable of providing the service.
- f. The original application and ten copies of the application including all documents.

18. Verification:

The undersigned states that he/she has read the application and has personal knowledge that the statements in it are true. The applicant also certifies that if the requested authority is granted, the applicant will (1) have its insurance agent file the required certificates of insurance with the Commission (the name on the certificate of insurance must agree exactly with the individual, partnership, corporate, or company name, as well as any trade name); (2) file the necessary tariffs; (3) pay the five dollar (\$5) issuance fee; (4) purchase the appropriate number of vehicle identification stamps; and (5) operate in accordance with the Commission's Rules Regulating Transportation By Motor Vehicle. The applicant understands that the filing of this application does not constitute authority to operate. The applicant understands that if there is any overlapping or duplicating authority granted that only one authority shall exist and that the Commission, in its discretion, will cancel any duplicating or overlapping authorities.

Signature of Applicant

Date
