

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 CONTRACT CARRIER PERMIT

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

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

2. Type of Application, Please Check Only One:

Permanent Transfer of PUC Permit Number
 Temporary Transfer of Contract Carrier Operations
Applicant requests temporary authority for _____ days (180 days maximum)
 Emergency Temporary Transfer of Contract 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.
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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.
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Transferee's
Representative
Regarding This
Application

Name		
Street/PO Box		
City	State	Zip Code

Contact Numbers

Telephone No.	FAX No.
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7. Transferee 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 Transferee 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 Transferee is a Corporation:

State in which incorporated: _____

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

10. Complete if Transferee is a LLC:

State in which organized: _____

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

11. Designated Agent of Transferee:

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

12. Hearing Location Request:

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

13. Proposed Transfer of Authority:

If the application is for a transfer of a portion of an authority, explain which portions are being transferred and which are not.

14. Transferee Existing Authority, if applicable:

List all current authorities of the transferee 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):

15. Transferee 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.

16. List of Equipment:

List the vehicles to be used. If the required vehicles are not currently owned or leased by the applicant, 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

17. Statement of Support and Fact:

If necessary, attach additional pages.

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

b. **Transferor:** 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 transferred 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.

