

APPLICATION FOR CERTIFICATE FOR NONPROFITS
Before the
ALABAMA PUBLIC SERVICE COMMISSION

This Application should be typed or neatly printed, properly signed and sworn to, and filed with the \$10.00 filing fee (cashier's check or money order) with the Alabama Public Service Commission, P. O. Box 304260, Montgomery, Alabama 36130.

SECTION I

Applicant _____
(Legal name)

Doing Business as _____
(Trade name)

Business Address _____
(Must be a physical address – cannot be a post office box)

(City)

(State)

(Zip Code)

Mailing Address _____
(May be a post office box)

(City)

(State)

(Zip Code)

() _____
(Telephone Number)

() _____
(Facsimile Number)

(Email address)

SECTION II

For a (Check only one):

Certificate for Nonprofits A, to operate without restriction as to vehicle size or capacity

OR

Certificate for Nonprofits B, to operate only vehicles with a capacity of 14 passengers or less

Applicant states and represents subject to the penalties of law for false swearing, that this application is filed only for the purpose of operating as a carrier for nonprofits, as defined in the rules of the Commission, and that the operations will be in compliance with the rules of the Commission for such operations. Applicant understands that the filing of this application does not, in itself, constitute authority to conduct operations.

SECTION III

FORM OF BUSINESS (Check only one):

CORPORATION

LIMITED LIABILITY COMPANY (LLC)

LIMITED PARTNERSHIP (LP)

LIMITED LIABILITY PARTNERSHIP (LLP)

SOLE PROPRIETORSHIP

PARTNERSHIP (Identify partners) _____

OTHER (identify) _____

Out of State Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Limited Liability Partnerships (LLP) must register with the Alabama Secretary of State.

SECTION III (continued)

Alabama corporation, LLC, LP, or LLP,

OR

Out of State Corporation, LLC, LP, or LLP

State of Organization: _____

Attach Certificate of Registration from the Alabama Secretary of State

Copy of Articles of Incorporation or Articles of Organization is attached as Appendix "A" or is already on file with the Alabama Public Service Commission.

SECTION IV

Applicant has the required insurance and Form E proof of coverage properly filed with the Commission.
(Form E is provided by the Insurance Company)

\$10.00 filing fee paid (**cashier's check or money order only**)

SECTION V

Name and address of the contact person that can answer questions about this application or supply additional information:

(Name)

(Address)

(City) (State) (Zip Code)

(Telephone Number)

(Facsimile Number)

(Email Address)

OATH

County of _____

State of _____

Name of Affiant _____ being
duly sworn, states that he/she files this Application as (indicate whether owner, or proprietor, title as officer of applicant corporation or association, member of applicant partnership, or other authorized representative of applicant) _____
_____ that in such capacity, he/she is qualified and authorized to file and verify such Application; that he/she has carefully examined all the statements and matters contained in the Application, and that all such statements made and matters set forth herein are true and correct to the best of his/her knowledge, information and belief and that he/she is a United States citizen.

(Signature of Affiant) _____

Subscribed and sworn to before me, a notary in and for said State and County above named.

Date: _____

(Notary Public) _____

(Seal)

My Commission Expires: _____