

ALABAMA PUBLIC SERVICE COMMISSION
APPLICATION FOR A COMMUTER CERTIFICATE

This application must be legibly and completely filled in, properly signed and notarized, and the original and one copy filed with the Commission.

I. This is the application of:

(Name)

a (an) _____
(individual, partnership, corporation)

whose address is _____

(City) (State) (Zip Code)

Mailing Address: _____

(Telephone Number) (Fax Number) (Email Address)

- II. to register as a commuter carrier in the transportation of passengers, but not more than 14 passengers per vehicle, to and from their regular places of employment, by motor vehicle in intrastate commerce from and to _____.
(City)
- III. Applicant states and represents, subject to the penalties of law for false swearing, that it will not conduct a not-for-profit operation; that it will transport no more than 14 passengers per vehicle; that it is not otherwise engaged in transportation for hire; and that it will comply with the requirements of the Commission's rules that are applicable to commuter carriers. Applicant understands that the filing of this application does not, in itself, constitute authority to conduct operations.
- IV. Attached to this application, and filed herewith, is a Form EC, Certificate of Insurance, duly completed by applicant's insurance agent or carrier.
- V. Attached hereto is a () cashier's check or () money order in the amount of \$ 10.00 in payment of application fee.

OATH

COUNTY OF _____

STATE OF _____

_____ being duly sworn, states that he/she files this
(Name of Affiant)

application as _____, that, in such capacity, he is qualified and
(Operator or other title)

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 therein 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, in and for said state and county above named.

Date: _____

(Notary Public) _____

(Seal)

My Commission Expires _____ .