**APSC FORM** **12** DOCKET NO.

**(Taxi)** (Do not fill in)

# **BEFORE THE**

## **ALABAMA PUBLIC SERVICE COMMISSION**

This application should be properly filled in, signed and sworn to, and the original and one (1) copy returned to:

# Alabama Public Service Commission

P O Box 304260

Montgomery, AL 36130

I. Application of

(Legal Name)

DBA

(Trade Name)

BUSINESS ADDRESS

(Street, Highway, or Rural Route and Box Number)

(City) (State) (Zip Code)

MAILING ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

for a certificate of public convenience and necessity to operate as a common carrier under the provisions of the Alabama Motor Carrier Act in intrastate transportation of passengers and their baggage in special or charter taxi operations over irregular routes within the territory hereinafter described, and respectfully shows:

II. That applicant is ( ) \*Individual ( ) \*Partnership ( ) Corporation.

\*All Individual and Partner Applicants must comply with the provisions of *Code of Alabama* 1975, §31-13-29 by  
 submitting a completed Proof of U.S. Citizenship form (available at [www.psc.alabama.gov](http://www.psc.alabama.gov)) confirming the  
 Applicant’s United States citizenship.

1. That in support hereof, Exhibits “A” , “B” , “C” , “D” , and “E” are attached hereto and made a part  
   hereof. Individual and Partner Applicants must also attach a completed Proof of U.S. Citizenship form.
2. That there is attached hereto a ( ) Cashier’s Check ( ) Money Order in the amount of $100.00 in payment of application fee required by law. (Make payable to: Alabama Public Service Commission.)
3. That applicant will submit such additional information in connection with this application as the Commission may require and will comply with such requirements of the Alabama Motor Carrier Act and the Commission’s rules and regulations thereunder as are applicable to the operations herein proposed.

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| --- |
| 1. PROPOSED TERRITORY   From: (A)  (base area)  To: (B) ;    and from points in (B) to points in (A) .  Instructions:  The base area in Section (A) should represent the primary territory in which a carrier conducts operations and should be specifically defined in terms of a city or county area. The territory in Section (B) should include all points the carrier desires to serve outside the base area. The above language describes operations transporting passengers:   1. Between points within the base area. 2. From points in the base area to the territory described in Section (B). 3. From the territory described in Section (B) to the base area.  EXHIBIT “A”COPY OF ARTICLES OF INCORPORATION, PARTNERSHIPS OR ASSOCIATION (Attach Separately)  EXHIBIT “B” STATEMENT CONCERNING QUALIFICATIONS AND EXPERIENCE OF APPLICANT |

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# EXHIBIT “C”

STATEMENT CONCERNING OWNERSHIP OF PROPERTY AND FINANCIAL CONDITION OF APPLICANT. (Note: If a partnership, file a statement separately as to each partner.)

ASSETS: As of , .

(latest current date)

Cash on hand and in bank $

Land and building

Trucks (value as of balance sheet date)

Tractors

Trailers

Buses

Automobiles

Investments (Stocks, bonds, other securities)

Other assets (describe)

#### TOTAL $

LIABILITIES:

Mortgage on land and buildings $

Balance owed on vehicles

Other liabilities (describe)

#### TOTAL $

#### NET WORTH $

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# EXHIBIT “D”

## PUBLIC CONVENIENCE AND NECESSITY

(Set forth briefly the reasons why the proposed service is or will be required by present or future public convenience and necessity.)

EXHIBIT “E”

DESCRIPTION OF EQUIPMENT

(Describe all vehicles to be used by applicant in the operation covered by this application.)

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| --- | --- | --- | --- | --- | --- |
| TYPE | MAKE | MODEL | SEATING  CAPACITY | MOTOR NO. | LICENSE |
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| **AFFIDAVIT** STATE OF COUNTY OF Before me, , a Notary Public in and for said county, in  said state, personally appeared , who being by me first duly sworn, says that he/she is authorized to make this affidavit on behalf of applicant in the above and foregoing application; that the allegations and statements contained in said application and exhibits thereto attached are  full, true, and correct, according to the best of his knowledge, information and belief and that he/she is a  United States citizen.  (Affiant)  Sworn to and subscribed before me, this day of , .  (Notary Public)  ( Seal )  My Commission expires .    ATTORNEY OR REPRESENTATIVE:  (Name)    (Address)      (Telephone Number)    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Email Address) |

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