APSC FORM NO. 18 (Carrier for Nonprofits)

DOCKET NO.

(Commission use only)

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 <u>\$10.00</u> filing fee (cashier's check or money order) with the Alabama Public Service Commission, P. O. Box 304260, Montgomery, Alabama 36130.

SECTION I				
Applica	ant			
		(Legal name)		
Doing	Business as	(Trade name)		
Busine	ss Address			
(Must be a physical address – cannot be a post office box)				
NC 11	(City)	(State)	(Zip Code)	
Mailing	g Address	(May be a post office	box)	
	(City)	(State)	(Zip Code)	
() <u>(</u>)		
	(Telephone Number)	(Facsimile Number	r) (Email address)	
SECTION II For a (Check only <u>one</u>): 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 <u>one</u>):	_		
	CORPORATION	브	LIMITED LIABILITY COMPANY (LLC)	
	LIMITED PARTNERSHIP (LP)		LIMITED LIABILITY PARTNERSHIP (LLP)	
	SOLE PROPRIETORSHIP*			
	PARTNERSHIP (Identify partners)*			
	OTHER (identify)	ompanies (LLC), Li	mited Partnerships (LP), Limited Liability Partnerships	
 (LLP) must register with the Alabama Secretary of State. *All Individual and Partner Applicants must comply with the provisions of <i>Code of Alabama</i> 1975, §31-13-29 by submitting a completed Proof of U.S. Citizenship form (available at <u>www.psc.alabama.gov</u>) confirming the Applicant's United States citizenship. 				

SECTION III (continued)				
	Alabama corporation, LLC, LP, or LLP,			
OR	State of Organization:			
	Out of State Corporation, LLC, LP, or LLP			
Copy of Commis	Articles of Incorporation or Articles of Organization is attached as Appendix "A" or is already on file with the Alabama Public Service sion.			
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)			
	All Individual and Partner Applicants have attached hereto a completed "Proof of U.S. Citizenship" form.			
	\$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)			
	(receptore Number)			
(Facsimile Number)				
	(Email Address)			
ОАТН				
County of				
State	of			
Name of Affiant being				
Name of Affiant				
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:				
(0.1	(Notary Public)			
(Seal	My Commission Expires:			
Revise	APSC Form No. 18			

Revised 2018

-2-