



Louisiana Public Service Commission

Located at 602 North Fifth Street; Baton Rouge, LA 70802
Mailing Address PO Box 91154; Baton Rouge, LA 70821
Transportation Division: (888) 342-5717 or (225) 342-4439

APPLICATION

*FOR STOCK TRANSFER/CHANGE IN OWNERSHIP
LESS THAN 50% FOR ALL MOTOR CARRIERS*

OR

*FOR TRANSFER DUE TO ESTATE PLANNING, INHERITANCE OR
BUSINESS CONTINUITY FOR NON-WASTE OR SALTWATER CARRIERS*

All Motor Carriers shall seek Commission approval prior to a stock transfer or change in the ownership of the carrier less than 50% pursuant to Section IV of the General Order ("General Order") dated October 08, 2019. No motor carrier shall have a change in stock or ownership without prior approval from the Commission only after a written application, is made, filed and approved.

Motor Carriers holding a Non-Waste Certificate or Saltwater Certificate shall seek Commission approval to transfer the certificate or permit for reasons such as estate planning, inheritance or business continuity pursuant to Section I G of the General Order.

APPLICATIONS - SUBMISSION

Applications as outlined above must be filed in the Commission's office, Galvez Building, 602 N. 5th St., Baton Rouge, Louisiana 70802. (Mailing address is P.O. Box 91154, Baton Rouge, Louisiana 70821-9154.)

The original notarized application must be submitted in **DUPLICATE** and be accompanied by the following:

(NOTE: Any application that does not provide the minimum requirements as listed below will be **REJECTED**.)

- Application Filing Fee in the amount **\$150.00 NON-REFUNDABLE**
- A copy of the Amendments made to the Articles of Incorporation or Formation from the State of origin or existence and with the Louisiana Secretary of State's Office in formed outside of Louisiana. If amendments are not required with State of origin or existence, a corporate resolution shall be attached in lieu of the Amendments to the Articles.
- A copy of the Louisiana Secretary of State's Certificate of Good Standing.
- Copies of transfer documents, company resolutions or estate planning or inheritance documents or a statement from an authorized representative to outline business continuity.
- Copies of the last four quarters of the Company's Inspection & Supervision Fee Reports and proof of payments as required by General Order November 22, 2011.

APPLICATIONS – PROCESS

Once the completed application has been received by the Commission, it will go through the application process as follows:

- Staff will review the application to ensure that the applicant has submitted all required documents to the Commission.
- Once the Staff has accepted the application, it will be docketed, acknowledgment of application will be sent via email or US Postal Mail to applicant or applicant's legal counsel and application will be published in the official bulletin for 15 days where any party may intervene and conduct discovery regarding any issue that is relevant to the subject matter of the docketed proceeding, as long as the requested information is not privileged.
- Upon completion of publication, staff will request any other compliance filings needed.
- Once the application is approved, an approval letter outlining the ownership of the company will be sent to the applicant or applicant's legal counsel.
- Motor carrier must be in full compliance with renewals, annual reports, leases, inspection and supervision fees etc...before the transfer will be approved.

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**APPLICATION FOR STOCK TRANSFER/CHANGE IN OWNERSHIP
LESS THAN 50% FOR ALL CARRIERS OR TRANSFER DUE TO
ESTATE PLANNING, INHERITANCE OR BUSINESS CONTINUITY
FOR NON-WASTE OR SALTWATER CARRIERS**

BUSINESS ENTITY- APPLICANT INFORMATION

SECTION 1

Name as listed on the Certificate or Permit: (Including any doing business as "dba" name)		
DBA:		
Business Entity's Authorized Representative:		
Applicant currently holds Common Carrier Certificate or Contract Carrier Permit Number(s): A copy has been attached to this application as Exhibit "A"		
Business Address:		
City:	State:	ZIP Code:
Mailing Address:		
City:	State:	ZIP Code:
Telephone # (Include Area Code)	Fax # (Include Area Code)	Cell # (Include Area Code)
Email Address:		
Has your FEIN# changed? If so, please provide your new number: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
CONFIRM COMPANY TAX REPORTING YEAR (Check ONLY one box)		
<input type="checkbox"/> Company's Tax reporting year is on a CALENDAR basis reporting January 01 to December 31 each year. <input type="checkbox"/> Company's Tax reporting year is on a FISCAL basis reporting from _____ to _____ each year. <div style="text-align: right; margin-right: 100px;">Month/Day Month/Day</div>		
COMPANY BUSINESS STRUCTURE		
Check one box	<input type="checkbox"/> Louisiana Domestic Corporation <input type="checkbox"/> Louisiana Domestic Limited Liability Company (LLC) <input type="checkbox"/> Louisiana Domestic Partnership <input type="checkbox"/> Louisiana Limited Liability Partnership <input type="checkbox"/> Foreign* Corporation in the State of _____ <input type="checkbox"/> Foreign* Limited Liability Company (LLC) in the State of _____ <input type="checkbox"/> Foreign* Partnership in the State of _____	Date of Incorporation _____ Date of Formation _____ Date of Formation _____ Date of Formation _____ Date of Incorporation _____ Date of Formation _____ Date of Formation _____
MUST attach copies of the company's Secretary of State Certificate of Good Standing & Amendments made to the Articles of Incorporation, Organization or Formation along with copies of all amendments and last annual reports if applicable from your state of origin or existence as " Exhibit B ". *Foreign Entities must submit copies of the all amendments and last annual report filed with the Louisiana Secretary of State's Office along with a Certificate of Good Standing issued by the Louisiana Secretary of State's Office.		

BUSINESS ENTITY- APPLICANT INFORMATION

SECTION 1 (Continued)

List the Names and Titles of all Officers and/or Members and percentage of ownership and/or number of shares (if applicable) **PRIOR** to the transfer as currently recognized with the Commission.

Name	Title (Corporations list President, Vice President, Secretary, Treasurer and LLC companies list Members)	Ownership Percentage of ownership and/or number of shares

REPRESENTATION OF APPLICANT

SECTION 2

If Applicant is represented by legal counsel or if this application is being filed by legal counsel, please provide the following:

LEGAL COUNSEL'S NAME:

FIRM NAME:

Mailing Address:

City:

State:

ZIP Code:

Telephone # (Include Area Code)

Fax # (Include Area Code)

Cell # (Include Area Code)

Email Address:

DETAILS OF STOCK TRANSFER OR CHANGE IN OWNERSHIP

SECTION 3

Please attach a copy of the transfer or change in ownership agreement, a certified copy of the corporate resolution authorizing the stock transfer, and the appropriate stock certificate numbers (if applicable), to this application as **Exhibit "C"** and provide the details of the stock transfer or change in ownership below:

(If additional space is needed, attach a separate sheet listing details to Exhibit C)

DETAILS OF STOCK TRANSFER OR CHANGE IN OWNERSHIP

SECTION 3 (Continued)

If the stock transfer is approved, list the Names and Titles of all Officers and/or Members and percentage of ownership and/or number of shares (if applicable) **AFTER** the proposed transfer is complete.

Name	Title (Corporations list President, Vice President, Secretary, Treasurer and LLC companies list Members)	Ownership Percentage of ownership and/or number of shares

BANKRUPTCY, LEVY AND RECEIVERSHIP INFORMATION

SECTION 4

(If additional space is needed, attach a separate sheet for each responses as needed)

1. Is the certificate holder current with inspection and supervision fee reports and payments with the Louisiana Department of Revenue? NO YES

*Copies of the Certificate or Permit Holder's last 4 quarters of Quarterly Inspection & Supervision Reports filed with the LDR along with proof of payments MUST be attached to this application as **Exhibit "D"**.*

2. Is the common carrier certificate or contract carrier permit pledged or otherwise encumbered? NO YES*

*If you answered yes to number 2, give the names and addresses of those whose favor the authority is encumbered:

3. Does the Louisiana Department of Revenue and taxation hold a levy against this the common carrier certificate or contract carrier permit? NO YES*

*If you answered yes to number 3, attach a copy of the Notice of Levy to this application as an **Exhibit**

4. Are there any other levies against the common carrier certificate or contract carrier permit? NO YES*

*If you answered yes to number 4, attach copies of the levies to this application as an **Exhibit** and list the names and addresses of parties holding the levies; the nature of the levies and amount(s) claimed under each levy below.

5. Is the applicant involved in any bankruptcy proceeding? NO YES*

*If you answered yes to number 5, attach a copy of the Notice of Bankruptcy to this application as an **Exhibit** and list the name(s) of counsel for the party(s) with an interest in the common carrier certificate or contract carrier permit below:

VERIFICATION

SECTION 5

STATE OF _____ PARISH/COUNTY OF _____

BEFORE ME, the undersigned authority, _____ (Applicant as Authorized Representative) who represents _____

(Business Entity) personally came and appeared, who, after being duly sworn, did depose and say that he/she is the APPLICANT in the above application; that he/she desires to TRANSFER stock or ownership in its Common Carrier Certificate or Contract Carrier Permit, he/she represents that the foregoing responses are good, true, and accurate. Applicant acknowledges that should any response be shown to have been either a negligent or intentional misrepresentation of the facts, action taken by the Louisiana Public Service Commission in reliance of the responses contained herein may be declared void ab initio and revocable upon complaint by any interested party or by ex parte motion of the Louisiana Public Service Commission. Applicant further understands that the information contained in this application may be shared with the Louisiana Department of Revenue for purposes of Inspection and Supervision Fees.

Applicant's signature reflects an understanding of the consequences attributable to misstatements or misrepresentations of fact.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

PRINTED NAME OF NOTARY PUBLIC

SIGNATURE OF NOTARY PUBLIC
(including Notary Number)

LPSC OFFICE USE ONLY

Accepted by Staff _____ Date _____

DOCKET # _____ PUBLISHED IN BULLETIN # _____ ON _____
Date