



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 SIMPLE NAME CHANGE FOR ALL MOTOR CARRIERS

All Motor Carriers shall seek Commission approval prior to a name change pursuant to General Order (“General Order”) dated October 08, 2019. Name changes will only be considered after a written application, is made, filed and approved.

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** and **RETURNED** unprocessed.)

- Application Filing Fee in the amount **\$150.00** **NON-REFUNDABLE**
- Copies of the last four quarters of the Company’s Inspection & Supervision Fee Reports filed with the Louisiana department of Revenue and proof of payments for each quarter as required by General Order November 22, 2011.
- A copy of the Secretary of State Certificate and Articles of Incorporation, Organization or Formation from the state of origin or existence. Screen prints of the websites will not be accepted. If you do not have copies you may order duplicates from their website.
- For companies that are incorporated, formed or organized outside of the state of Louisiana shall also submit a copy of the Louisiana Secretary of State’s Certificate of Good Standing.

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. Motor carrier must be in full compliance with renewals, annual reports, leases, inspection and supervision fees etc. before the name change application will be accepted.
- 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. Name Changes will require 1) Insurance Filings in the new name; 2) a Tariff in the new name for carriers of passenger, household goods, saltwater, and waste; 3) a copy of the US Treasury’s Office letter showing the company’s FEIN and 4) current vehicle and driver registration (for passenger carriers if required)
- Upon completion of these requirements, the amended certificate/permit or approval letter will be issued and forwarded to the applicant.



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BUSINESS ENTITY- APPLICANT INFORMATION

Section 1

Form with fields for: Current Name as listed on the Certificate or Permit, DBA, Business Entity's Authorized Representative, LPSC Certificate and/or Permit number(s), Business Address, City, State, ZIP Code, Mailing Address, Telephone #, Fax #, Cell #, Email Address, FEIN #, SS#, Provide the new name you want on your LPSC certificate, Provide reasons for the requested name change.

BANKRUPTCY, LEVY AND RECEIVERSHIP INFORMATION

Section 2

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

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 "A"**.*

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 3

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 a name change 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. And 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