



## 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

### ***APPLICATION TO AMEND WASTE CONTRACT CARRIER PERMITS***

Procedure and related information for making application to the Louisiana Public Service Commission to amend contract carrier permits of waste by motor vehicle for disposal pursuant to General Order dated January 23, 2018. No motor carrier shall operate as a contract carrier without having first obtained from the Commission a permit, which shall be issued only after a written application, is made, filed and approved.

#### **APPLICATIONS - PROCESS**

Applications to amend Contract Carrier Permits shall be subject to General Order dated January 23, 2018 and shall be limited to a maximum of 5 contracts. Application must be filed in the Commission's office, Galvez Building, 602 N. 5<sup>th</sup> 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 **TRIPLICATE** 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 must be remitted in the amount of **\$150.00** NON-REFUNDABLE
- A copy of the Secretary of State Certificate and Articles of Incorporation or Formation from the State of origin or existence.
- A copy of the Louisiana Secretary of State's Certificate of Good Standing.
- The company's operating structure, names of regulatory contacts, bookkeepers, CPA, dispatchers, or other employees anticipated to be involved with the transportation and disposal of waste.
- Financial income statements and balance sheets for the company for the last two complete years. For a newly formed company, a detailed statement from the owner(s) outlining the financial ability to operate all transportation functions authorized by the applied for authority. All financials should be marked as **CONFIDENTIAL**
- A complete list of equipment anticipated to be used if the Permit is granted.
- A letter or Acord Certificate from an insurance company (or agent) authorized to do business in Louisiana, stating such company will write the required insurance coverage as currently exist in the event Permit is granted.
- A complete copy of the company's safety manual either by printed hard copy, flash drive or CD.
- Copies of permits required by any and all other state and federal agencies for the transportation and disposal of waste or a detailed list of those required permits in which the applicant has applied for, including a detailed compliance history under any jurisdiction the Applicant is currently subject to for each regulatory agency's jurisdiction.

**\*\*The original notarized application and accompanied documents must be submitted in TRIPLICATE\*\***

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 evidence to demonstrate the following to the Commission:
  1. Applicant holds, or is capable of acquiring, an **insurance** policy providing coverage of two hundred fifty thousand dollars for injury or death per person or five hundred thousand dollars per occurrence, and ten thousand dollars property damage;
  2. Applicant has the **financial ability** to provide the transportation of waste for disposal in a safe and efficient manner;
  3. Applicant holds, or is capable of acquiring, **all of the necessary authorizations** required by any and all regulatory authorities for the transportation of waste for disposal;
  4. Applicant holds, or is capable of acquiring for use, **equipment and man power** to provide transportation services in a safe and efficient manner; and
  5. Applicant has in place, or is capable of establishing, a **safety program** necessary for the safe and efficient transportation of waste for disposal.
  
- 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 25 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, the application shall be assigned to the Administrative Hearings Division for the setting of a status conference(s) and hearing on the merits.
  
- Once the application hearing has been heard by the Administrative Law Judge (ALJ) an order will be issued by the Commission informing the applicant as to the status of their application.
  
- If the application is approved, a letter of compliance will be sent to the applicant advising of compliance filings required prior to the issuance of the certificate as outlined in the General Information section of this packet. Upon completion of these requirements, the authorized permit will be issued and forwarded to the applicant.

## GENERAL INFORMATION

### 1. INSURANCE

The commission shall require the following policies of insurance:

Public liability and property damage insurance on trucks operated by common carriers, providing coverage of (\$250,000.00) TWO HUNDRED FIFTY THOUSAND DOLLARS for injury or death to any one person not to exceed (\$500,000.00) FIVE HUNDRED THOUSAND DOLLARS per occurrence, and (\$10,000.00) TEN THOUSAND DOLLARS property damage; (\$510,000.00) FIVE HUNDRED TEN THOUSAND single/combined. These insurance policies shall be written by companies qualified to do business in this state.

The required proof of insurance shall be the filing of a Form E, Bodily Injury and Property Damage Certificate of Insurance, by the Insurance Underwriter of the policy, which must be received thirty (30) days from the date of the compliance letter. *The name and address on the Form E and name and address on the application for authority must match exactly.*

### 2. REGISTRATION OF VEHICLES

Carriers will be required to submit a "Vehicle Registration Form T-44" and remit a fee of \$10 per vehicle as part of compliance approval and annually thereafter.

### 3. CONTRACTS (RATES, FARES AND CHARGES)

The contracts under which the carrier operates under must show the services to be rendered and the basis for computation of rates and be filed with and approved by the Commission. No contract carrier shall operate under more than (5) FIVE contracts. Contracts must contain the following information:

1. Complete name and address of both parties to the contract;
2. Work to be performed and the specific rate(s) to be charged under the contract;
3. A specified term of no less than ninety (90) days; and
4. Execution (signed) by all parties to the contract

### 4. MERGER OF DUPLICATE OPERATING RIGHTS

No motor carrier shall be permitted to hold more than one certificate or permit granting the same authority in the same territory or over the same route. When a motor carrier holding operating authority acquires by purchase or leases another similar authority, the two shall be merged into one and both authorities reissued to the carrier as one. Should a certificate holder acquire additional rights which overlap the rights already held by him to some extent, that portion of the rights which overlap his original rights shall be merged into the original grant of authority.

### 5. SUSPENSION OF AUTHORITY OR CHANGES TO COMPANY INFORMATION

*Suspension* - If a carrier's business will be dormant for a short period of time, they may request a suspension of authority in writing. The letter must give detail as to why the business is dormant, before the LPSC will consider granting such a request.

*Changes To Company Information* - If a carrier's company information, such as name, address, contact information or any other relevant information changes, *it is the CARRIERS responsibility to make those changes with the Commission in writing* using the proper forms which may be obtained by contacting the LPSC's main office.

### 6. ANNUAL REPORTS AND INSPECTION AND SUPERVISION FEE (ISF) QUARTERLY REPORTS

All intrastate carriers subject to regulation by the LPSC are **REQUIRED** to file Annual Reports with the Transportation Division as stated in the Commission's General Order No. 2, dated July 1, 1921. Furthermore, motor carriers under the jurisdiction of the LPSC are also **ASSESSED** Inspection and Supervision fees which are collected by the Department of Revenue pursuant to La. R.S. 45: 1177-1179. More detailed information will be provided with your Contract Carrier Permit.

### 7. OWNER/OPERATOR LEASES

Any utilization of owner/operators by a permitted contract carrier will require the carrier place on file, prior to transportation and for duration of the lease period, a statement that owner/operators vehicle(s) is covered by and operating under the carrier's insurance. This statement must contain the owner/operators name, address and description of covered vehicles. The lease must be in writing, properly executed in quadruplicate. One copy is to be held by lessor, one by lessee, one must be immediately filed with the LPSC (along with a filing fee of \$10.00 per owner/operator lease), and one carried in the vehicle. (Link to Website "Intrastate Leasing Rules") [http://lpsc.louisiana.gov/regs3\\_motor.aspx](http://lpsc.louisiana.gov/regs3_motor.aspx).



LOUISIANA PUBLIC SERVICE COMMISSION

PO Box 91154; Baton Rouge, LA 70821

(888) 342-5717 or (225) 342-4439

WASTE BY MOTOR VEHICLE APPLICATION

Applicant desires to secure from the Louisiana Public Service Commission a Contract Carrier Permit authorizing applicant to operate as a CONTRACT CARRIER OF WASTE BY MOTOR VEHICLE.

BUSINESS ENTITY- APPLICANT INFORMATION

SECTION 1

Business Entity Name:
DBA: (Including any doing business as "dba" name)
Business Entity's Authorized Representative:
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:
FEIN #: OR SS#
COMPANY TAX REPORTING YEAR (Check ONLY one box)
Company's Tax reporting year is on a CALENDAR basis reporting January 01 to December 31 each year.
Company's Tax reporting year is on a FISCAL basis reporting from \_\_\_\_\_ to \_\_\_\_\_ each year.
Month/Day Month/Day
COMPANY OWNERSHIP AND/OR INTEREST
Check one box
Louisiana Domestic Corporation Date of Incorporation \_\_\_\_\_
Louisiana Domestic Limited Liability Company (LLC) Date of Formation \_\_\_\_\_
Louisiana Domestic Partnership Date of Formation \_\_\_\_\_
Louisiana Limited Liability Partnership Date of Formation \_\_\_\_\_
Foreign\* Corporation in the State of \_\_\_\_\_ Date of Incorporation \_\_\_\_\_
Foreign\* Limited Liability Company (LLC) in the State of \_\_\_\_\_ Date of Formation \_\_\_\_\_
Foreign\* Partnership in the State of \_\_\_\_\_ Date of Formation \_\_\_\_\_
MUST attach copies of the company's Secretary of State Certificate & Articles of Incorporation or Formation from your state of origin or existence. \*Foreign Entities must also register with the Louisiana Secretary of State's Office (La. SOS), submit copies of the paperwork filed with the La. SOS along with a copy of the Certificate of Good Standing issued by the La. SOS.

**BUSINESS ENTITY- APPLICANT INFORMATION**

SECTION 1 (Continued from Page 1)

List Names of Officers and/or Members and percentage of ownership or number of shares below and check one box to indicate title.

<b>Name</b>	<b>Title</b> (Corporations list President, Vice President, Secretary, Treasurer and LLC companies list Members)	<b>Ownership</b> percentage of ownership 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:

<b>LEGAL COUNSEL'S NAME:</b>		
<b>FIRM NAME:</b>		
Mailing Address:		
City:	State:	ZIP Code:
Telephone # (Include Area Code)	Fax # (Include Area Code)	Cell # (Include Area Code)
Email Address:		

**AUTHORITY TYPE**

SECTION 3

(Please check all types of waste you desire to acquire in this application below)

<input type="checkbox"/> Non-hazardous oilfield wastes (i.e. Exploration & Production wastes as defined by RS 45:162)
<input type="checkbox"/> Non-hazardous industrial solid waste (as defined by RS 45:162)
<input type="checkbox"/> Hazardous waste (as defined by RS 45:162)

## GEOGRAPHICAL LOCATION

### SECTION 4

	<b>Mark this box if you are seeking authority STATEWIDE</b>
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OR applicant desires to transport waste as outlined in Section 3 originating in the following parishes:

	Acadia		Allen		Ascension		Assumption
	Avoyelles		Beauregard		Bienville		Bossier
	Caddo		Calcasieu		Caldwell		Cameron
	Catahoula		Claiborne		Concordia		DeSoto
	East Baton Rouge		East Carroll		East Feliciana		Evangeline
	Franklin		Grant		Iberia		Iberville
	Jackson		Jefferson		Jefferson Davis		Lafayette
	Lafourche		LaSalle		Lincoln		Livingston
	Madison		Morehouse		Natchitoches		Orleans
	Ouachita		Plaquemines		Pointe Coupee		Rapides
	Red River		Richland		Sabine		St. Bernard
	St. Charles		St. Helena		St. James		St. John the Baptist
	St. Landry		St. Martin		St. Mary		St. Tammany
	Tangipahoa		Tensas		Terrebonne		Union
	Vermilion		Vernon		Washington		Webster
	West Baton Rouge		West Carroll		West Feliciana		Winn

## EQUIPMENT

### SECTION 5

Applicant proposes to commence operations with the following equipment:  
( If additional space is needed, attach a separate sheet listing each vehicle)

Year (Ex. 2016)	Make (Ex. Peterbuilt)	Model (Ex. Tractor or Trailer)	Type (Ex. Vacuum, dump, roll-off, flat bed etc...)

## TERMINALS AND SERVICE OF PROCESS

### SECTION 6

Please check one		
<p>Applicant is located outside of Louisiana and understands, if authority is granted a LOUISIANA TERMINAL in which operations shall commence, must be established prior to issuance of the permit.</p> <p>Applicant proposes to commence operations from the following LOUISIANA TERMINAL/LOCATION(S) as listed below: ( If applicant has additional Louisiana terminals or locations, attach a separate sheet listing each location)</p>		
LOUISIANA TERMINAL/LOCATION address:		
City:	State:	ZIP Code:

**TERMINALS AND SERVICE OF PROCESS**

SECTION 6 (Continued)

OUT OF STATE CARRIERS MUST LIST AGENT FOR SERVICE OF PROCESS BELOW Any carrier domiciled outside of Louisiana and providing the intrastate transportation of waste for disposal in Louisiana shall register the company's name, address and telephone number with the Louisiana secretary of state and the Louisiana Public Service Commission. Service of process with respect to all civil, criminal, or administrative proceedings brought before any court or administrative agency located in the state may be served on the registered agent as filed with the Louisiana secretary of state by any means provided by the applicable rules or procedure for that court or agency providing service of process.

Agent For Service Of Process Name

Mailing Address:

City:

State:

ZIP Code:

**VERIFICATION**

SECTION 7

STATE OF \_\_\_\_\_ PARISH/COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, \_\_\_\_\_ (Applicant)

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 secure from the Louisiana Public Service Commission a Contract Carrier Permit, authorizing the applicant to operate as a carrier of **Waste** as stated; and that he/she has read same and is familiar with the contents thereof and that facts as stated therein are true and correct, and to the best of his/her knowledge. FURTHERMORE, APPLICANT agrees to comply with all provisions of law and the rules and regulations of the Louisiana Public Service Commission respecting the operation of public service motor vehicles, and to file with the Commission a contracts with no more than 5 shippers which shows the services to be rendered and the basis for computation of rates, schedules and other required data; and to file such evidence of insurance or bonds as required by law and by the rules and regulations of the Louisiana Public Service Commission prior to commencement of operations.

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
PRINTED NAME OF **APPLICANT**

\_\_\_\_\_  
PRINTED NAME OF **NOTARY PUBLIC**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC  
(Including Notary Seal & Number)

**LPSC OFFICE USE ONLY**

Accepted by Staff \_\_\_\_\_

Date \_\_\_\_\_

DOCKET # \_\_\_\_\_ PUBLISHED IN BULLETIN # \_\_\_\_\_ ON \_\_\_\_\_  
Date