

# **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 FOR APPROVAL OF TARIFF RATE CHANGE**

Common Carriers operate under tariffs filed with and approved by the LPSC, which shows the services to be rendered and the basis for computation of rates. After the carrier's initial filing all changes must be effected through tariff publications approved by the LPSC. Generally proposed the staff can handle reductions informally, but increases require approval by the LPSC. These increases usually require formal handling, publication in the Commission's Bulletin, and approval before the Commissioners at the Business and Executive Meeting.

### **REQUIREMENTS AND APPLICATION**

1. Application must be notarized and filed in the Commission's office, Post Office Box 91154; Baton Rouge, Louisiana 70821-9154.
  
2. Filing fee for such application is:
  - a. Rate Increase - \$150.00
  - b. Rate decrease - \$ 10.00
  
3. The original application must be accompanied by:
  - a. Application fee as stated in item #2 above
  - b. Copy of the proposed tariff
  - c. Copies of your company's last four (4) quarters of Inspection and Supervision Fees (ISF) reports filed with the Louisiana Department of Revenue.

LOUISIANA PUBLIC SERVICE COMMISSION

Transportation Division

Post Office Box 91154 Baton Rouge, LA 70821-9154

Telephone: (888) 342-5717 or (225) 342-4439 LPSC Website: [www.lpsc.org](http://www.lpsc.org)

# TARIFF RATE CHANGE APPLICATION

Every applicant must complete the following affidavit and submit with the appropriate filing fee. All blanks must be completed even if the information requested is not applicable to the requested action. Failure to have this affidavit properly executed before a notary will result in the application being returned to the submitting party. Where corporate resolutions or other documentation is called for, attach same to this affidavit. If the responses require more space, attach separate pages as necessary.

<b>TYPE OF APPLICATION:</b> (Select one)		<b>COMMON CARRIER LPSC NUMBER:</b>	
<input type="checkbox"/> <b>RATE INCREASE</b> (\$150) <input type="checkbox"/> <b>RATE DECREASE</b> (\$10)			
<b>GENERAL INFORMATION</b>			
<b>Company Name -</b>		E-Mail Address	
Physical Address			
Physical City	Physical State	Physical Zip Code	
Mailing Address			
Mailing City	Mailing State	Mailing Zip Code	
<b>GIVE REASONS FOR THE REQUESTED CHANGE(S)</b> (If additional space is needed, attach a separate sheet.)			
<hr/> <hr/> <hr/>			
<b>REPRESENTATIVE:</b> (Person to whom inquiries may be made concerning this application)			
Name:		Title:	
Address:			
Phone:	Fax:	Email:	
<b>LEVIES - BANKRUPTCIES</b>			
<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> - Levy against this authority being held by the Louisiana Department of Revenue and Taxation, (If so, a copy of the Notice of Levy is attached)			
<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> - Any other levies against the authority. (If so, a copy of the Notice of Levy is attached providing a list names and addresses of parties holding the levies and the nature of same and amount(s) claimed under each levy and attach copy of same.)			
<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> - Is the certificate involved in any bankruptcy proceeding. (If so, a copy of the Notice of Bankruptcy including the name(s) of counsel for the party with an interest in the certificate is attached)			

VERIFICATION STATEMENT FOR TARIFF RATE CHANGE APPLICATION OF LPSC NO. \_\_\_\_\_:

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

IT KNOWN, that on this day, Before Me \_\_\_\_\_,

Notary Public, in and for the State and Parish/County aforesaid and in the presence of the undersigned witness personally came and appeared \_\_\_\_\_ (Representative/Applicant), who,

after being by me first duly sworn, deposed and represents that the foregoing responses are good, true, and accurate. Affiant 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. Affiant's signature reflects an understanding of the consequences attributable to misstatements or misrepresentations of fact.

\_\_\_\_\_  
(REPRESENTATIVE/APPLICANT SIGNATURE & TITLE)

SWORN TO AND SUBSCRIBED, Before Me, Notary, at

\_\_\_\_\_, \_\_\_\_\_,  
(City/Town) (State)

on this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month) (Year)

\_\_\_\_\_  
NOTARY PUBLIC (Signature & Seal)  
MY COMMISSION EXPIRES ON \_\_\_\_\_

**LPSC OFFICE USE ONLY**

Docket# \_\_\_\_\_ Published in Official Bulletin # \_\_\_\_\_ for 15 days on \_\_\_\_\_.

\_\_\_\_\_  
Application Accepted by:

\_\_\_\_\_  
Date