

As all applications for certificates of public convenience and necessity must be supported by evidence from witnesses other than applicant, the following affidavit must be prepared by the supporting witnesses. All affidavits are to be attached to the application prior to the submission of the application to the Public Service Commission.

Applicant MUST attach to this application affidavits of support from supporting witnesses who will testify in applicant's behalf. These affidavits must be signed by the individual, or by an authorized representative of the corporation, association, or partnership, upon whose support the applicant intends to rely.

Except for good cause shown, no application for certificate of public convenience and necessity will be accepted for filing unless it is accompanied by the certifications of support of such witnesses. The submission of the certifications will not prevent applicant from presenting evidence of additional witnesses. The certifications of support will not be considered as supporting evidence but merely as notification to the Commission of the type and quantity of evidence to be received. The certifications will serve the additional purpose of notifying this Commission of the approximate number of witnesses who will be present in support of an application.

**AFFIDAVIT
(TO BE COMPLETED BY A SUPPORTING SHIPPER)**

Shipper's Name and Address: _____

I, the above-named shipper (one who arranges for and/or pays for the transportation), support the application by _____ for a Montana Intrastate Certificate of Public Convenience and Necessity.

Specifically, I have a need for the transportation of _____
(passengers, household goods, garbage)
within the following service area: _____

I have found the service provided by existing carriers to be inadequate because: _____

If a public hearing is held on the application, either I or an authorized and qualified representative of my corporation/association/partnership will appear and testify on the applicant's behalf.

Should the support for this application be withdrawn or changed in whole or part, I agree to inform the Public Service Commission of the State of Montana, 1701 Prospect Avenue, P.O. Box 202601, Helena, Montana 59620-2601.

The undersigned hereby states that he is duly qualified and authorized to make this certification of support.

Dated _____, 20____

(Signature)

(Title)

(Firm, corporation, association, partnership, etc., represented)

(Address)

(Telephone Number)