

APPLICATION FOR:

**CHANGE IN FORM OF LEGAL ENTITY, NAME OR CHANGE OF
CONTROL OF A HOLDER OF THE CERTIFICATE OR PERMIT**

In addition to filling out the application that follows on page 2, the following exhibits must be attached. You must submit a cover page for each exhibit.

EXHIBIT A

1. Copy of the original certificate or permit.

EXHIBIT B

1. **A summary of the intended changes.** If change of legal entity, from what form to what form; if change in name, from what name to what name; and if a change in control of holder, from what holder, to what holder.

EXHIBIT C

If applicant is a corporation:

1. Evidence that the applicant is authorized by the office of the secretary of state to do business in New Mexico and that it is in good corporate standing in New Mexico. (Current NM Certificate of Good Standing)
2. Names and addresses of any shareholders who own 10% or more of the voting stock of the corporation.

EXHIBIT D

1. The applicable insurance filing forms (form E) in the new name.
(See 18.3.3 NMAC)

EXHIBIT E

1. A written statement that the proposed change is not being made to avoid any previously incurred taxes or other legal obligations, or to circumvent any otherwise applicable requirements of these rules or the Motor Carrier Act.
2. A tax clearance certificate from the New Mexico Taxation and Revenue Department

EXHIBIT F

1. A statement that all assets will or will not be transferred to the new entity.

EXHIBIT G

1. The applicant's tariff



**NEW MEXICO PUBLIC REGULATION COMMISSION
TRANSPORTATION DIVISION
P.O. BOX 1269
SANTA FE, NEW MEXICO 87504-1269**

APPLICATION FOR

Change in Form of Legal Entity, Name or Control of a Holder for:

Certificate Permit

Filing Fee:

\$10.00

**NOTE: DO NOT SEND ANY FEES UNTIL INSTRUCTED TO DO SO BY TRANSPORTATION
DIVISION STAFF**

Change of Legal Entity, Name or Control of Holder

From Carrier: _____ PRC # _____

All D/B/A Names _____

To Carrier: _____ PRC # _____

All D/B/A Names _____

Street Address _____

City, State, Zip Code _____

New Mexico CRS No. (Tax Id) _____ Telephone No. (____) _____

Mailing Address (If different from above) _____

Email _____

(Note: the PRC provides direct notices of many proceedings, including rulemakings and applications for new authorities only through email. The PRC will also post notices of these proceedings on its website, at <http://www.nmprc.state.nm.us/transportation/legal-notices.html>. If you wish to receive direct notices of these future proceedings, you must provide an email address.)

I. FORM OF BUSINESS: (Check only one)

- LIMITED LIABILITY COMPANY
- CORPORATION
- PARTNERSHIP
- SOLE PROPRIETORSHIP
- GOVERNMENTAL/TRIBAL ENTITY

PRIOR ILLEGAL ACTIVITIES

Has the Applicant (if a sole proprietor), or any officer or board member (if a corporation), or any partner (if a partnership), ever been indicted for, or convicted of fraud, fraudulent misrepresentation, or embezzlement?

- NO YES, INDICTED YES, CONVICTED

Name of Person _____

Offense _____

PARENTAL RESPONSIBILITY

18.3.10 NMAC

If Sole Proprietor, are you subject to court ordered spousal or child support payments?

- NO YES

II. APPOINTMENT OF A RESIDENT AGENT FOR SERVICE OF PROCESS

You must appoint an agent other than yourself who is a resident of the State of New Mexico upon whom all legal notices may be served. Section 65-2A-28 NMSA 1978

Name of Agent _____

Street Address _____

Telephone No. & email _____

III. DESIGNATION OF AN ATTORNEY LICENSED IN NEW MEXICO If an attorney has assisted you in preparing this application or will be representing you before the Commission.

Name of Attorney _____

Law Firm _____

Address _____

Telephone No. & Email _____

IV. DESCRIPTION OF TRANSPORTATION SERVICE ON CERTIFICATE/PERMIT:

AMBULANCE SERVICE (NMSA 1978, §65-2A-3(B)):

“Ambulance service means the intrastate transportation of sick or injured persons in an ambulance meeting the standards established by the commission under the Ambulance Standards Act [in 18.3.13 NMAC]

TERRITORY TO BE SERVED AS AUTHORIZED ON CERTIFICATE/PERMIT:

From Points and Places in (By county only):

and Return.

To Points and Places:

and Return

STATEWIDE (To and from all Counties throughout the State of New Mexico) _____

V. EQUIPMENT TO BE STATIONED (Physical address):

OATH OF APPLICANT Signature must be that of the Applicant, not legal representative.

I certify that I will abide by all New Mexico Public Regulation Commission (NMPRC) Rules & Regulations. I understand that the NMPRC has also adopted & enforces Federal Motor Carrier Safety Regulations and Federal Hazardous Materials Regulations found in Title 49, Code of Federal Regulations, Chapter 3, with the variances adopted by the Motor Transportation Division of the New Mexico Department of Public Safety.

I certify that all motor vehicles, and the drivers operating the vehicles, used in providing the services sought to be authorized meet the safety requirements of the Federal Motor Carrier Safety Regulations and the Federal Hazardous Materials Regulations.

I certify that I have sent in a complete application. I understand that if my application is incomplete my application will be returned to me and I will have twenty (20) days to cure the deficiencies. I also understand that all fees paid will be forfeited to the state.

I certify that I am fit and able to provide the applied for transportation service, as evidenced by this affidavit, the above balance sheet, and all exhibits attached here to.

I also certify that I abide by all rules and regulations stated in the New Mexico Public Regulation Commission Motor Transportation Rules.

I further certify that I am authorized to make this application and affirm that the facts, statements and representations contained in this application and its attachments are true and correct to the best of my knowledge. I know that willful misstatements or omissions of material facts constitute administrative and criminal violations punishable by imprisonment and fines.

I hereby swear and attest that I have read the Motor Carrier Act §§ 65-2A-1 to 40 NMSA 1978 and the Commission's Motor Transportation Rules, and have a working knowledge of the contents therein, and will operate any authority permitted by the Commission in compliance with the Motor Carrier Act and the Commission's Rules.

Signed: _____ **Print Name** _____

Title (If Any): _____ **Date:** _____

STATE OF _____

COUNTY OF _____

The person listed above personally appeared before the undersigned Notary Public in & for said County, in said State, who, being by me first duly sworn, says that he/she is authorized to make this application and that the facts, statements & representations contained in the application and attachments are true and correct to the best of his/her knowledge, information & belief.

Sworn & subscribed to before me this _____ **day of** _____ **20**____.

Notary Public

(SEAL)

My Commission Expires: _____

APPLICATION CHECK LIST

Before mailing or hand delivering your application, check to be sure that you have:

- Completed all sections of the application form; Pages 2-5
- Signed and notarized the required forms
- Have attached ALL other required documents and exhibits;
- Have not stapled any part of the application