

**THE NEW MEXICO PUBLIC REGULATION
COMMISSION TRANSPORTATION DIVISION**

**TARIFF CHANGE
APPLICATION**

COVER SHEET

FOR OFFICIAL USE ONLY

IF UNCONTESTED	IF CONTESTED
DOCKET NUMBER _____	DOCKET NUMBER _____
DATE FILED _____	DATE FILED _____
DATE OF CERTIFICATE OF MAILING _____	DATE SUBMITTED TO GC _____
DATE OF NOTICE TO PUBLIC _____	HEARING OFFICER ASSIGNED _____
DATE OF DIRECTOR APPROVAL _____	DATE OF PREHEARING CONFERENCE _____
DATE CERTIFIED BY HEARING OFFICER _____	DATE OF CERTIFICATE OF MAILING _____
	DATE OF NOTICE OF PUBLICATION _____
	DATE OF HEARING _____
	DATE OF RECOMMENDED DECISION _____
	FINAL ORDER DATE _____

NOTES:

**THE NEW MEXICO PUBLIC REGULATION COMMISSION
TRANSPORTATION DIVISION**

**TARIFF CHANGE APPLICATION
(EFFECTIVE NOVEMBER 30, 2016)**

TARIFF APPLICATION PROCEDURES

Tariff applications for both **ambulance services and towing services** shall file one copy of their tariff application to the Transportation Division for pre-filing review. When Staff has reviewed and has determined that the application is complete, Staff will request three additional copies for filing, and the \$200 filing fee.

All other services may file their own applications in docketing on the 4th floor of the PERA building, with the filing fee of \$200. Any service who docket their own tariff change application must also email a copy to Staff of the Transportation Division **ON THE SAME DAY**, please call **505-827-4519** to request appropriate email addresses. Please note that failure to do so may result in disapproval of your application. Please also note that if you file an incomplete application, your application will be disapproved. You are welcome to have Staff review your application before filing to make sure that it is complete, and the tariff is in the correct form. All Tariffed service carriers shall comply with §65-2A-20 NMSA 1978, and §65-2A-21 NMSA 1978.

§65-2A-20 B NMSA 1978 – “A tariffed service carrier shall file with the commission proposed tariffs showing the rates for transportation and all related activities and containing a description of the type and nature of the service, territory and all terms of service for transportation and related services. The rates shall be stated in terms of United States currency. Tariffs for individual carriers shall also include the carrier’s legal name, all business trade names used by the carrier, contact information, information for service of process, the territory authorized for each transportation service listed in the tariff and any terms of service contained in the operating authorities for that particular carrier...”

Specific requirements on rates:

Tour and sightseeing: Rates must apply to each individual passenger. **18.3.1.7 O NMAC**

Limousine: May *not* charge rates that apply to each individual **18.3.2.9 D (2) NMAC**. “Must be a fixed charge for the motor vehicle and chauffeur for a period of time that is not less than 30 minutes...” **18.3.1.7 F NMAC**

Taxi: Shall charge metered rates based on one charge for the first person and an additional small fixed charge for each additional person, or may charge, at the passenger’s informed option, a predetermined calculated full fare based on dropflag and mileage rates as provided by tariff, and may use surge pricing as provided by tariff. **18.3.2.9 G(2) & 18.3.2.9 H(2) NMAC**

Shuttle: Must have a set fare for each passenger. **§65-2A-3 BBB NMSA 1978**

1. Application Requirements:

A. For an ambulance or towing service:

1. A proposed tariff including the proposed changes in rates (Attachment #1)
2. A balance sheet for the preceding fiscal year (Attachment #2)
3. An income statement for the preceding fiscal year (Attachment #3)
4. All documentary evidence which the applicant believes supports its proposed change in rates (Attachment #4)
5. Pre-filed direct testimony explaining why a change in rates is required for the motor carrier to achieve revenue levels that will provide a flow of net income adequate to support reasonable expense levels, including reasonable depreciation expense and repayment of a reasonable level of debt, and the raising of needed equity capital. (Attachment #5)

B. For a household goods service carrier/municipal taxicab/scheduled shuttle:

1. A proposed tariff including the proposed changes in rates (Attachment #1)
2. A side-by-side comparison of the **household goods service** carrier's proposed increased rates and the rates contained in the household goods service carrier's maximum tariff. (Attachment #6)
3. A side-by-side comparison of all changes in rates and terms of service for a **municipal taxicab service** or a **scheduled shuttle service** carrier.

C. For any carrier not listed previous in A & B; application shall include a proposed tariff. (Attachment #1)

D. An application for a change in terms of service or a change in a daily time schedule for a scheduled shuttle service shall include:

1. A proposed tariff including the proposed changes in terms of service or daily time schedule. (Attachment #1)
2. A description of the proposed changes and an explanation as to why they are needed (Attachment #7)

DIRECTIONS

This application is organized into a series of attachments, the attachment cover sheet will identify the required information that must be attached to that particular attachment.

Ensure that all signatures are verified.

If you have any questions please call the Transportation Division at 505-827-4519 or 505-827-4640.

**THE NEW MEXICO PUBLIC REGULATION
COMMISSION
TRANSPORTATION DIVISION**

**TARIFF CHANGE APPLICATION
(EFFECTIVE November 30, 2016)**

SECTION I: APPLICANT INFORMATION

Applicant's Name: _____
(If corporation you must use the same name as stated on your Articles of Incorporation).

d/b/a/ Name: _____

d/b/a/ Address: _____

Mailing Address (if different from above): _____

Email Address _____

New Mexico Taxpayer ID No. _____ Telephone No. () _____

Social Security Number _____ Fax No. () _____

NMPRC# _____

SECTION II: NEW MEXICO AGENT FOR SERVICE OF PROCESS

Each Applicant must provide the following information identifying an individual available to receive legal service and other correspondence on behalf of the Applicant. (Must be a New Mexico Resident)

Name _____ Title (if any): _____

Address _____ State: **New Mexico** Zip Code: _____

Agent's Phone Number: _____ (Optional) Fax: _____

SECTION 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 or if your business is not a sole proprietorship you *must* designate an attorney (see Rules of Procedure Rule 10).

Name of Attorney: _____

Name of Law Firm: _____

Address: _____

Telephone No. _____ Fax No. _____

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

No _____ *Yes, indicted _____ *Yes, convicted _____

Name of Person _____

Offense _____

NOTE * If the answer above is "yes," the Applicant must be prepared to explain how this would not affect its ability to serve the public fairly,

SECTION V: OATH OF APPLICANT

Applicant's Name _____

(If corporation you must use the same name as stated on your Articles of Incorporation).

Title _____ of d/b/a Name _____ hereby swear that I have read the Application and all its attachments submitted and either know or believe that the matters stated herein are true.

Dated this _____ day of _____, 20 _____

TITLE AND SIGNATURE OF APPLICANT

(Printed Name)

If an Attorney has assisted in preparing this Application or will be representing the Applicant before the State Corporation Commission.

SIGNATURE OF ATTORNEY

(Printed Name of Attorney)

ATTACHMENT #1

PROPOSED RATE INFORMATION

PROPOSED RATES

Rates are increased _____ or decreased _____ by _____ %

Annual Revenue the proposed increases are expected to generate:
\$ _____

Percentage of increase in annual revenue that is expected to be
generated: _____ %

ATTACHMENT #2

BALANCE SHEET (YOU MAY ATTACH YOUR OWN)

FINANCIAL STATEMENT AS OF _____, 20_____

REVENUE

Cash on hand in Bank	\$ _____
Notes Receivable	\$ _____
Accounts Receivable	\$ _____
Investments, Bonds and Stocks, etc.	\$ _____
Equipment	\$ _____
Real Estate	\$ _____
Other Assets	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
TOTAL ASSETS	\$ _____

LIABILITIES

Notes Payable	\$ _____
Accounts Payable	\$ _____
Liens, Encumbrances or Chattel on Equipment	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
Liens on Real Estate	\$ _____
Other Liabilities	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
TOTAL LIABILITIES	\$ _____

ASSETS – LIABILITIES = NET WORTH \$ _____

ATTACHMENT #3

INCOME STATEMENT (YOU MAY ATTACH YOUR OWN)

PROFIT AND LOSS STATEMENT AS OF _____, 20_____

REVENUE

\$ _____
\$ _____
\$ _____

TOTAL REVENUE

\$ _____

OPERATING EXPENSES

Fixed Expenses

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Variable Costs & Expenses

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

TOTAL EXPENDITURES

\$ _____

REVENUE – EXPENDITURES = PROFIT OR LOSS

\$ _____

ATTACHMENT #4

SUPPORT INFORMATION

(FOR AMBULANCE SERVICES OR TOWING SERVICE CARRIERS)

ATTACH ADDITIONAL SUPPORT INFORMATION THAT SHOWS THE FOLLOWING:

1. Increase/decrease in the cost of labor
2. Increase/decrease in the cost of equipment
3. Increase/decrease in the cost of replacement parts
4. Increase/decrease in the cost of insurance.
5. Increase/decrease in the cost of worker compensation (if applicable).
6. Increase/decrease in the cost of fuel.
7. Increase/decrease in the cost of supplies
8. Any other data that supports the request for an increase/decrease.

ATTACHMENT #5

(FOR AMBULANCE SERVICES OR TOWING SERVICE CARRIERS)

PRE-FILED DIRECT TESTIMONY: By 18.3.5 A (1)(e), must include pre-filed testimony explaining why a change in rates is required for the motor carrier to achieve revenue levels that will provide a flow of net income adequate to support reasonable expense levels, including reasonable depreciation expense and repayment of a reasonable level of debt, and permit the raising of needed equity capital.

ATTACHMENT #6

(FOR HOUSEHOLD GOODS SERVICE CARRIERS/MUNICIPAL TAXI/SCHEDULED SHUTTLE)

Household goods service: A side-by-side comparison of the household goods service carrier's proposed increased rates and the rates contained in the household goods service carrier's maximum tariff.

Municipal taxicab service/scheduled shuttle service: A side-by-side comparison of all changes in rates and terms of service.

ATTACHMENT #7

(FOR A CHANGE IN TERMS OF SERVICE / CHANGE IN SCHEDULE FOR A
SCHEDULED SHUTTLE)

- A description of the proposed changes and an explanation as to why they are needed