

# INFORMATIONAL FILING FOR GAS COMPANIES

**All gas companies authorized  
to provide gas services in Wyoming.**

**Please complete this Application of Public Convenience  
and Necessity form and return it to:**

The Wyoming Public Service Commission  
Docketing Section  
Hansen Building, Suite 300  
2515 Warren Avenue  
Cheyenne, WY 82002

DATE OF FILING

Receipt Stamp (for Commission use only)

**All** questions on this form must be completed in detail or appropriate reference made before the form can be processed. If some questions are Not Applicable, please indicate N/A.

The following documents must accompany the completed Registration form:

- Registration form must be notarized.
- Filing Fee of \$15.00 **MUST** accompany the Registration form.
- A copy of the Wyoming Secretary of State's Affidavit for Authority to Conduct Business in Wyoming.
- An **original and seven copies** of completed filing and application form.  
(See sample application **Form No. 3** located on Page 4)
- An **original and seven copies** of tariffs and rules and regulations **must** be on file prior to service provision.

<b>HEADQUARTERS (H):</b> (Name of the business as registered with the Wyoming Secretary of State (SOS))					
Name:		Address:		Telephone ( ) _ _ - _ _ _	
		City State		Fax ( ) _ _ - _ _ _	
		ZIP		E-mail	
<b>REGISTERED WITH THE WYOMING SECRETARY OF STATE</b> (Person affirming that business is registered with the (SOS))					
Name:				Title:	
Signature:				Date:	
<b>LIST ALL PREVIOUS BUSINESS NAMES AND D.B.A.s THAT REGISTRANT HAS USED IN WYOMING</b>					
<b>REGULATORY AFFAIRS CONTACT (R):</b> (The person responsible for overall regulatory matters)					
Name:		Address:		Telephone ( ) _ _ - _ _ _	
				Fax ( ) _ _ - _ _ _	
City State		State ZIP		E-mail	
<b>ASSESSMENT CONTACT (S):</b> (The person responsible for processing the payment of the Wyoming PSC assessment)					
Name:		Address		Telephone ( ) _ _ - _ _ _	
				Fax ( ) _ _ - _ _ _	
City State		ZIP		E-mail	
<b>ANNUAL REPORT CONTACT (N):</b> (The person responsible for Annual Report Filings)					
Name:		Address:		Telephone ( ) _ _ - _ _ _	
				Fax ( ) _ _ - _ _ _	
City State		ZIP		E-mail	
<b>CUSTOMER COMPLAINTS CONTACT (P):</b> (The person responsible for resolving customer complaint issues)					
Name:		Address:		Telephone ( ) _ _ - _ _ _	
				Fax ( ) _ _ - _ _ _	
City State		ZIP		E-mail	

<b>REGISTERED AGENT (G):</b> (The person or firm officially registered as the Registrant's agent in Wyoming)		
<b>Name:</b>	<b>Address:</b>	<b>Telephone</b> ( ) _ _ _ - _ _ _ _
		<b>Fax</b> ( ) _ _ _ - _ _ _ _
<b>City</b> <b>State</b>	<b>ZIP</b>	<b>E-mail</b>

**ARE YOUR TARIFFS and RULES AND REGULATIONS ATTACHED?**

**YES** Tariffs and rules and regulations are attached (One original and seven copies)  
My company understands that it cannot commence gas services until tariffs and rules and regulations have been filed with the Wyoming PSC for such services.

**SIGNATURE OF REGISTRANT**

**Signature:** \_\_\_\_\_  
**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STATE OF** \_\_\_\_\_ )  
**COUNTY OF** \_\_\_\_\_ )

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_ ,

**Witness my hand and official seal.**

(Signed) \_\_\_\_\_  
Notary Public

(SEAL)

\_\_\_\_\_  
(Print or type name)

\_\_\_\_\_  
My Commission Expires:

APPLICATION FOR A CERTIFICATE OF PUBLIC  
CONVENIENCE AND NECESSITY

BEFORE THE PUBLIC SERVICE COMMISSION OF WYOMING

Application of \_\_\_\_\_ )  
for a Certificate of Public Convenience ) Docket No. \_\_\_\_\_  
and Necessity )

APPLICATION

The above-named applicant respectfully shows the Commission as follows:

1. That ( . . . describe in detail what applicant proposes to do for which authority is desired, either in the way of new construction or extension . . . ).
2. etc. (Information required by Sections \_\_\_\_, \_\_\_\_, \_\_\_\_, of Chapter II.)

WHEREFORE, applicant prays ( . . . state specifically what type of authority and the terms of the authority requested . . . ).

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .

Signed \_\_\_\_\_  
Applicant

\_\_\_\_\_ Attorney

Address \_\_\_\_\_