

INFORMATIONAL FILING FOR WATER COMPANIES

**All water companies authorized
to provide water 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 four copies** of completed filing and application form.
(See sample application **Form No. 3** located on Page 4)
- An **original and four copies** of tariffs and rules and regulations **must** be on file prior to service provision.

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

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

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 water 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:

Form No. 3:

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 _____