STATE OF MAINE

PUBLIC UTILITIES COMMISSION

Application for Authorization to Provide Charter, Water Taxi, or

Unscheduled Freight Services in Casco Bay

1. Name of Applicant:

Address:

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant is: \_\_ individual \_\_ partnership \_\_ L.L.C. \_\_ corporation \_\_ other

If partnership, name and address of each partner (attach separate sheet if necessary):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If member-run L.L.C., name and address of each partner (attach separate sheet if necessary):

If manager-run L.L.C., name and address of each officer or manager (attach separate

sheet if necessary):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If corporation, name and address of each officer, each board member, and the registered agent, and where and when incorporated (attach separate sheet if necessary):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Application is for \_\_\_Charter \_\_\_Water Taxi

\_\_\_Unscheduled Freight Service

3. If application is for Water Taxi or Unscheduled Freight Service, please attach a list of all rates and charges for proposed service(s).

4. For Charter Service only: Do you intend to return all passengers? \_\_\_Yes \_\_\_No \_\_\_N/A

If no, the contract for returns will be with \_\_\_Casco Bay Island Transit District

\_\_\_other (please specify)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. For Water Taxi Service only: Hours of operation:

Cell Phone for service:

Work Phone for service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. For Unscheduled Freight Service Only:

Provide a general description of the type of freight services to be provided:

|  |
| --- |
| 7. Vessel Information. Applicants must attach a copy of the Maine Registration, a copy of the United States Coast Guard Certificate of Inspection, as applicable, including number, and issuance and expiration dates, and any other United States Coast Guard documentation. If you have more than one vessel, copy this sheet and include this information for each vessel to be employed in the proposed service(s).  Name of vessel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maine Registration.  Name and address of owner of vessel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    United States Coast Guard documentation  Vessel registration is port of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the name of  Length\_\_\_\_\_\_\_\_\_\_ Breadth\_\_\_\_\_\_\_\_\_\_ Gross Tonnage  Maximum number of passengers authorized:  United States Coast Guard Certificate of Inspection No.\_\_\_\_\_\_ Issued\_\_\_\_\_\_ Exp.  8. Does applicant have sufficient personnel properly licensed to operate the vessel(s) to be used in the proposed service? \_\_\_Yes \_\_No  Does applicant have sufficient liability insurance covering the proposed services?  \_\_\_Yes \_\_\_No  Name of Insurer:    \* Answers to questions 7 & 8 must be updated in accordance with Commission Rules, Chapter 520, Section (3)(B)(2)(ii). |

**APPLICANTS MUST REQUEST ELECTRONIC SERVICE BE MADE UPON CASCO BAY ISLAND TRANSIT DISTRICT (CBITD)**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_