

**M. C. TARIFF FORM NO. 11  
(M. C. TARIFF RULE NO. 19-A)**

**APPLICATION TO CHANGE RATES**

1. THE CERTIFICATE HOLDER IS:

Certificate Number(s) \_\_\_\_\_

Name of Carrier \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

2. THE PERSON RESPONSIBLE FOR THE BOOKS AND RECORDS IS:

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

3. LIST A COMPLETE SCHEDULE OF THE APPLICANT'S PROPOSED RATES. Attach a schedule if the space below is not sufficient. However, if the Applicant chooses to omit this section, the Form will be accepted for filing.

4. ATTACH A COPY OF THE APPLICANT'S MOST RECENTLY FILED FEDERAL INCOME TAX RETURN. If not available, include an explanation, and substitute a statement of income and expenses for the most recent accounting year used by the carrier for bookkeeping purposes.

\_\_\_\_\_  
(Signature of Owner or Officer)