

M.C. Tariff Form No. 11
(M. C. Tariff Rule No. 19-A)

APPLICATION TO CHANGE RATES
STATE OF WEST VIRGINIA
THE PUBLIC SERVICE COMMISSION

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)