

**PUBLIC UTILITIES COMMISSION**505 VAN NESS AVENUE  
SAN FRANCISCO, CA 94102-3298**POWER OF ATTORNEY DECLARATION FORM**

This declaration form will be used to authorize an individual (as provided on Probate Code 4000-4545) to represent a Corporation, Limited Liability Company, Limited Partnership, General Partnership, or a Sole Proprietor before the California Public Utilities Commission regarding Charter-Party Carrier & Passenger State Corporation authorities pursuant to Public Utilities Code Sections 5351 through 5445 & 1031 through 1046. The authorized representative will be able to sign forms, make decisions, and request and receive confidential information that can affect the carrier's Charter-Party Carrier operating authority. **An Officer of the Corporation, Managing Member of an LLC, General Partner of the Limited Partnership, General Partnership, or the Sole Proprietor must grant authorization.**

The Power of Attorney will remain effective until the responsible parties file a Revocation of Power of Attorney Declaration with the CPUC Transportation Licensing Section. **Carriers may only authorize one Power of Attorney at a time.**

**Part I – Carrier Information****Name of Carrier's Business**

**Name of Officer, Managing Member, Partner, or Sole Proprietor**

**TCP/PSG/PSC#**

**Street Address**

**City**

**State**

**Zip Code**

**Part II – Authorized Representative Information****Name of Authorized Representative**

**Job Title**

**Street Address**

**City**

**State**

**Zip Code**

**E-mail Address**

**Telephone Number**

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**Part III – Authorization**

I (we) declare, under penalty of perjury, that I (we) have read and understood that, **by signing below, I (we) am granting authority to the individual listed in Part II to represent me, the carrier, in connection to the transportation operating authority issued by CPUC, including signing and completing any required forms, declarations, certifications, and attestations.** I certify that the authorized representative appointed here will comply with the CPUC’s rules and regulations. I understand it is my responsibility to revoke this Power of Attorney when the authorized representative ceases to represent me.

**I (we) declare, under penalty of perjury, that the foregoing is true and correct.**

Print Name of

Officer/Managing Member/Partner/Sole Proprietor

Title

Signature

Date

I (we) declare, under penalty of perjury, that I (we) have read and understood that, **by signing below, the carrier has appointed me to represent the carrier in connection to the operating authority issued by CPUC, including signing and completing any required forms, declarations, certifications, and attestations.** I certify that I will comply with the CPUC’s rules and regulations. I understand the authority granted to me by this Power of Attorney will cease when the carrier revokes the Power of Attorney.

Print Name of Authorized Representative

Title

Signature

Date