APPLICATION FOR CERTIFICATE OF AUTHORITY TO TRANSPORT
PASSENGERS IN FERRY OPERATIONS

Docket No.______________
Filing Fee $______________

TO: NORTH CAROLINA UTILITIES COMMISSION
4325 MAIL SERVICE CENTER, RALEIGH, NORTH CAROLINA 27699-4325

____________________________________________________________________________
C

Corporate or Individual/Trade Name

_________________________________________________________________________

Address    City  State  Zip   Telephone
________________________________________________________________________________________________

E - M a i l  A d d r e s s

hereby makes application under the provisions of the Public Utilities Act for a certificate to transport
passengers as a common carrier in ferry operations via boat.

1. That the Applicant will be sole owner and in control of the passenger transportation business herein
proposed; that said Applicant is:  (  ) an individual;  (  ) a partnership;  (  ) a corporation incorporated
under the laws of the State of ________________; that the names and addresses of the partners (if a
partnership), or of the principal managing officers (if a corporation) are as follows:

Name    Address    City    State    Zip

2. That the Applicant has a copy of the Public Utilities Act and/or is familiar with the meaning of terms as
defined in Section 62-3; with the procedure and proof required for a certificate as set forth in Section
62-262 (also outlined in the instructions attached hereto); with the insurance requirements as set
forth in Section 62-268 and Commission Rule R2-36 (also outlined in the instructions attached
hereto); and with the requirements with respect to rates and charges and the filing of tariffs as set
forth in Section 62-138.

3. That in support of this application, Applicant completes applicable Exhibits A, B, and C on the reverse
side of this application.

ALL APPLICATIONS FILED ON BEHALF OF A CORPORATION OR AN ASSOCIATION MUST
BE SIGNED AND FILED BY AN ATTORNEY LICENSED TO PRACTICE IN THE STATE OF
NORTH CAROLINA IN ACCORDANCE WITH COMMISSION RULE R1-5.
VERIFICATION

_________________________________
Attorney for Applicant       Name of Applicant

______________________________  ______________________
Address             Signature

STATE OF ____________________  COUNTY OF ______________________

The above-named Applicant, ____________________________, personally appeared before me this day and, being first duly sworn, says that the facts stated in the foregoing application and all exhibits, documents, and statements attached hereto or completed herein are true as he/she verily believes.

WITNESS my hand and notarial seal, this _______ day of ____________, ______.

Notary Public

My Commission Expires ______________________

EXHIBIT A - The Applicant proposes to operate regular schedules over the following fixed routes:
(Example: Transportation of passengers and their personal effects from Beaufort to Shackleford Banks and return.)

EXHIBIT B - The Applicant proposes to engage in irregular route operations within the following area(s) of North Carolina:

EXHIBIT C - Applicant's assets and liabilities are as follows:

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>LIABILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Real Estate</td>
<td>Liens on Real Estate $___</td>
</tr>
<tr>
<td>Rolling Equipment</td>
<td>Liens on Equipment</td>
</tr>
<tr>
<td>Cash on Hand</td>
<td>Judgements</td>
</tr>
<tr>
<td>Cash in Bank</td>
<td>Other Liabilities</td>
</tr>
<tr>
<td>Other Assets</td>
<td>Total $_________________</td>
</tr>
<tr>
<td>Total</td>
<td>Total $_________________</td>
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