

Print or Type

# BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF SOUTH DAKOTA

PRINT

This form is only for persons who wish to be an active party in this docket. You do NOT need to be a party to submit comments.

In the Matter of the Application by SCS Carbon )  
Transport LLC for a Permit to Construct a Carbon )  
Dioxide Transmission Pipeline )

## APPLICATION FOR PARTY STATUS

HP24-001

Laborers' International Union of North America

\_\_\_\_\_, petitions the Public Utilities Commission to be granted party status in this proceeding.  
(Name of Applicant. This will be the person or entity named as a party.)

Place a check mark next to each item below that applies to you, adding a mileage number where requested.

\_\_\_\_ I am a person or organization that received official notification of the project via U.S. mail from the siting permit applicant.

\_\_\_\_ I reside within \_\_\_\_ miles of the proposed project.

Residential address if different from your mailing address:  
\_\_\_\_\_

\_\_\_\_ I own land within \_\_\_\_ miles of the proposed project.

Legal description: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ I officially represent a municipal, city, township, county or other affected governmental agency within \_\_\_\_ miles of the proposed project.

Explain your interest in applying for party status below.

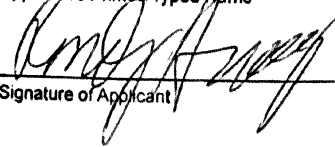
See attached application

Deadline: This application must be filed with the Public Utilities Commission on or before 5:00 p.m. CT, Jan. 24, 2025. File this completed form electronically at [puc.sd.gov/EFilingOptions.aspx](http://puc.sd.gov/EFilingOptions.aspx)

This section is to be completed by the person requesting party status. All fields are required.

Randall Harris

Applicant's Printed/Typed Name



1.23.25

Signature of Applicant

Date Signed

Name of Applicant's Organization (if Applicable)

Laborers International Union of North America

Applicant's Address (PO Box/ST/Ave/Road)

1 North Old State Capital Plaza, Suite 525, Springfield, Illinois 62701

Applicant's Address (City, State, ZIP Code)

Taylor Law Firm 605-906-0000

Applicant's Phone Number or, if represented, Applicant's Attorney's Phone Number

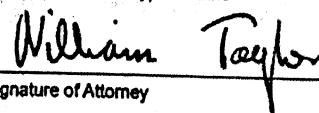
john.taylor@taylorlawsd.com. bill.taylor@taylorlawsd.com

Applicant's E-mail Address\* or, if represented, Applicant's Attorney's E-mail Address\*

The section below is to be completed by the Applicant's attorney, if represented. All fields are required.

John Taylor; William Taylor

Attorney's Printed/Typed Name



1.23.25

Signature of Attorney

Date Signed

Attorney's Address (PO Box/ST/Ave/Road)

4820 E 57th Street, Sioux Falls, SD 57108

Attorney's Address (City, State, ZIP Code)

\*The Commission processes its dockets electronically for time and cost efficiencies. Communication on the docket will be done via email to parties to this docket. Failure to provide an email address may result in documents being served upon the county auditor rather than sent directly to the party, pursuant to SDCL 49-41B-17.1.

If your submitted form is incomplete, you risk not being granted party status.