



Application for Common Carrier Authority

Introduction and Filing Instructions

This application must be completed and filed with the Nebraska Public Service Commission (PSC) by any motor carrier seeking to provide intrastate passenger transportation services within Nebraska **as a common carrier of passenger – the transportation of members of the general public**. The application must be reviewed and approved by the Commission **before** any transportation services may begin.

Important Filing Instructions

1. **Application and Documentation**

Submit a completed application along with all required supporting documentation. The application packet may be downloaded from the Commission's website at <https://psc.nebraska.gov>, or you may contact the Commission to request a copy. The checklist of required documentation is included in the application form.

2. **Authorized Representative**

The application must be completed and signed by a person who is legally authorized to act on behalf of the applicant company.

3. **Application Fees**

A **non-refundable fee** must be submitted with your application:

- **New Authority:** \$300

Payments may be made:

- Online at <https://psc.nebraska.gov>
- By check or money order via mail. **Do not send cash through the mail.**
- In person by cash, check, or money order.

4. **Background Check**

The applicant must submit a fingerprint-based background check completed by the Nebraska State Patrol (NSP). You may request that NSP send the results directly to the PSC, Attn: Transportation Department. *Note:* At the discretion of the Transportation Department Director, an equivalent statewide background check from another state may be accepted.

5. **Submission Options**

Submit the completed application and supporting materials using one of the following methods:

- **Email:** psc.motorfilings@nebraska.gov
- **U.S. Mail:**
Nebraska Public Service Commission
Attn: Transportation Department
P.O. Box 94927
Lincoln, NE 68509-4927
- **Personal Delivery:**
Nebraska Public Service Commission
1200 N Street, Suite 300
Lincoln, NE 68508

If you have questions or need assistance, contact the Transportation Department at **402-471-3101** or psc.motorfilings@nebraska.gov.

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Part I – Carrier Information

Company Name				d/b/a (if applicable):			
Owner (name):					D.O.B. (mm/dd/yyyy):		
Business Address:			City:			State:	Zip:
E-mail:					Phone Number: (###) ###-####		
Designated Agent <i>(individual who is a designated contact for all Commission notices, orders, and other mailings):</i>							
Name:							
Address:			City:			State:	Zip:
E-mail:					Phone Number: (###) ###-####		
Legal Representation <i>(Only complete this part if you have retained an attorney to represent you in this matter. If represented, all communications will be made through your attorney. Leaving this blank does not prohibit you from retaining counsel at any point in the process.)</i>							
Attorney Name and Law Firm:							
Address:			City:			State:	Zip:
E-mail:					Phone Number: (###) ###-####		

Part II – Business Entity Information

Entity Type:	<input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Other		
State Organized/Incorporated:		Principal Office Location:	

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Part III – Service Details

Service Type:	<input type="checkbox"/> Open Class <input type="checkbox"/> Charter (bus) <input type="checkbox"/> Limousine <input type="checkbox"/> Taxicab <input type="checkbox"/> Special Party (bus) <input type="checkbox"/> Unique Purpose (low-speed vehicle)
<p><i>Note: Service Types are defined terms within the Commission’s Rules and Regulations (291 NAC Chapter 3 § 003.01) that have specific meanings:</i></p> <p><u>Taxicab</u> is service where rides can be completed on an <u>on-demand</u> or prearranged basis – taximeter is REQUIRED.</p> <p><u>Open Class</u> is service where rides can ONLY be done on a prearranged basis.</p> <p><u>Limousine</u> is service by limousines and fares must be considered “premium.” (premium is defined in Commission rules)</p> <p><u>Special Party</u> is bus service where individuals pay separately.</p> <p><u>Charter</u> is bus service where individuals pay collectively.</p> <p><u>Unique Purpose</u> is service where only low-speed vehicles can be used.</p>	
Types of vehicles to be used:	<input type="checkbox"/> Sedan <input type="checkbox"/> Bus <input type="checkbox"/> Limousine <input type="checkbox"/> Van <input type="checkbox"/> SUV
Number of vehicles to be used:	
<p>Will all vehicles to be used in your for-hire operations be owned by your company, or leased to your company under a written lease agreement that meets Commission requirements? <i>Note: Personal vehicles not owned or leased to the company cannot be used in operations.</i></p>	
<p>Do you plan to provide any transportation services to the Department of Health and Human Services (DHHS)? If so, indicate what service (i.e. Medicaid Non-Emergency Medical Transportation (NEMT), Children and Family Services, etc.)</p>	
<p>Geographic territory to be served <i>(List EACH county where you would provide service. Indicate “statewide” if service would be in all counties. Indicate specifically if you only wish to “originate” and/or “terminate” in the listed counties)</i></p>	

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Part IV – Qualifications to Operate

Describe your management experience *(specifically indicate if the experience is related to management in the transportation sector. If not, explain how your experience will translate to managing a transportation business).*

Explain your process for recruiting drivers, verifying their qualifications (including background checks), and providing initial and ongoing training. *Your response should demonstrate how you will ensure drivers meet all legal and safety requirements before operating.*

Describe your plan for ensuring the ongoing safety and roadworthiness of all vehicles in your fleet, including routine inspections, preventative maintenance schedules, and prompt repairs. *Your response should show how you will comply with all applicable safety standards and keep vehicles in safe operating condition at all times.*

Do you currently have commercial liability insurance that specifically covers for-hire transportation or livery services, and that meets or exceeds the minimum coverage requirements set in Commission rules?

- If “Yes,” provide the insurance company name, policy number, and coverage limits.
- If “No,” explain your understanding of these requirements and describe your plan and timeline for obtaining compliant coverage. *Note: Personal auto policies do not satisfy this requirement.*

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Explain how you will ensure you have qualified personnel—such as drivers, mechanics, or maintenance staff—available to operate and maintain your vehicles in compliance with Commission requirements. Include your approach to hiring, training, and retaining these individuals.

Part V – Need Evaluation

Explain, in detail, how you will provide transportation services to the general public in each territory indicated above. *(as a common carrier, you will have an obligation to provide service to EVERYONE in your territory – if they are able to pay your fare and do not pose any safety risks. You would not be able to decline rides due to them not be “profitable.” Explain how you will be prepared to transport all individuals, especially if you are seeking a geographic territory with multiple counties).*

Explain why the territories indicate above were chosen. *(what made you choose the geographic area you are seeking? Did you do market research in those areas? Do you have specific knowledge of the transportation options currently available in those areas? Etc.)*

Explain why there is a need for your service. Specifically, address how there is a need for services if there are already transportation providers in your proposed geographic area. *(See Neb. Rev. Stat. § 75-311).*

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If requesting to provide Medicaid Non-Emergency Medical Transportation (NEMT) services, explain why there is a need for Medicaid NEMT services in your proposed geographic area. Specifically address:

- *How your service will meet the transportation needs of Medicaid-eligible individuals that are not currently being met by existing NEMT providers; and*
- *Why, even with other NEMT carriers operating in the area, there remains a need for your company to also provide this service.*

Note: This question is separate from the general “need” requirement for common carrier authority under Neb. Rev. Stat. § 75-311 and focuses only on the demand for Medicaid NEMT services.

Please provide the following information for anyone (other than yourself) that you intend to have **testify at A COMMISSION HEARING on your behalf in support of this application**: (this can be an individual, corporation, association, partnership, or any other company). A minimum of 3 are required.

Name and Occupation:					
Address:		City:		State:	Zip:
E-mail:				Phone Number: (###) ###-####	

Name and Occupation:					
Address:		City:		State:	Zip:
E-mail:				Phone Number: (###) ###-####	

Name and Occupation:					
Address:		City:		State:	Zip:
E-mail:				Phone Number: (###) ###-####	

Name and Occupation:					
Address:		City:		State:	Zip:
E-mail:				Phone Number: (###) ###-####	

(List additional supporting representatives on another sheet)

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Part V – Financial Literacy

Attach a complete Balance Sheet and a Pro Forma. The Balance Sheet should show a breakdown of the Applicant's assets and liabilities. Assets could be your cash on hand, vehicles owned, etc. Liabilities could be any debt the Applicant is obligated to pay (both short-term and long-term), any leases/mortgages, etc. The Pro Forma is a document used to present financial projections for a specific period of time. The purpose of this document is for the Applicant to visually showcase the projected viability of the proposed service while displaying its financial fitness. Although a Pro Forma is based on projections, Applicant's should detail as much as possible to showcase their financial capabilities.

Confirm Filing:	<input type="checkbox"/> Balance Sheet	<input type="checkbox"/> Pro Forma
Describe your overall financial position and ability to operate this transportation service. Your response should include: <ul style="list-style-type: none">• <i>Any financial assumptions made in your filed Pro Forma;</i>• <i>The amount and source of your startup capital, including whether it is from personal funds, a loan, or other sources;</i>• <i>Your contingency plan for keeping the business operational if you encounter financial difficulties; and</i>• <i>Any other information you believe demonstrates your financial fitness.</i>		

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DECLARATION OF APPLICANT

By signing this application, the Applicant agrees to adhere to and comply with the statutes of Nebraska and all rules and regulations of the Nebraska Public Service Commission. The Applicant also agrees, should any information submitted with the application change, to update any information provided to the Commission by the Applicant or its insurance carrier.

The Applicant understands that this application does not constitute authority to operate.

The Applicant understands that if this application is not complete within 30 days of filing, the Commission will take action to dismiss.

The Applicant understands that all fees paid to the Commission in association with this application are **non-refundable**.

I attest that I have read and know the contents of this application and that they are true and correct to the best of my knowledge and belief.

Dated at _____, this _____, day of _____, _____

By _____
Signature

Printed Name

Title

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