



# Application for Extension of 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 remove restrictions on their current authority. The application must be reviewed and approved by the Commission **before** any transportation services beyond those previously approved by the PSC 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:

- **Restriction Removal:** \$200

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](mailto: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](mailto:psc.motorfilings@nebraska.gov).

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**Part I – Carrier Information**

<b>Company Name and B-Number</b>		<b>d/b/a (if applicable):</b>	
<b>Owner (name):</b>		<b>D.O.B. (mm/dd/yyyy):</b>	
<b>Business Address:</b>		<b>City:</b>	<b>State:</b>
<b>E-mail:</b>		<b>Phone Number: (###) ###-####</b>	
<b>Designated Agent</b> <i>(individual who is a designated contact for all Commission notices, orders, and other mailings):</i>			
<b>Name:</b>			
<b>Address:</b>		<b>City:</b>	<b>State:</b>
<b>E-mail:</b>		<b>Phone Number: (###) ###-####</b>	
<b>Legal Representation</b> <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>			
<b>Attorney Name and Law Firm:</b>			
<b>Address:</b>		<b>City:</b>	<b>State:</b>
<b>E-mail:</b>		<b>Phone Number: (###) ###-####</b>	

**Part II – Business Entity Information**

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

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**Part III – Proposed Changes**

**Describe the specific change(s) you are requesting to your existing authority. Indicate whether you are seeking to:**

- Alter your authorized geographic territory (specify current and proposed areas);
- Alter the type(s) of vehicles you use (specify current and proposed vehicle types);
- Alter the type(s) of service you provide (specify current and proposed service types);
- Add the ability to provide Medicaid NEMT service pursuant to a contract with DHHS;
- Or a combination of the above.

*Note: Service Types are defined terms within the Commission’s Rules and Regulations (291 NAC Chapter 3 § 003.01) that have specific meanings:*

*Taxicab is service whereby rides are completed on an on-demand AND prearranged basis – taximeter is REQUIRED.*

*Open Class is service whereby rides can ONLY be done on a prearranged basis.*

*Limousine is service by limousines and fares must be considered “premium.”*

*Special Party is bus service whereby individuals pay separately.*

*Charter is bus service whereby individuals pay collectively.*

*Unique Purpose is service whereby only low-speed vehicles can be used.*

**For each change identified above, explain how it meets the legal standard for your carrier type:**

- **Common Carrier:** Show why there is a *public need* for this change, even with other authorized carriers in your proposed service area.
- **Contract Carrier:** Show how this change is in the *public interest* for the specific passengers you are currently authorized to transport.

*Your explanation must directly relate to the specific change(s) requested, whether geographic, vehicle type, or service type. Even if you are seeking the ability to utilize a new vehicle type, you still must show the appropriate standard.*

**Part IV – Qualifications to Extend Operations**

**Describe your management experience as it relates to the change you are requesting (e.g., expanded service area, new vehicle types, or new service types). Explain how your skills and experience will translate to successfully managing the expanded or modified operations under this extension.**

**Explain your process for recruiting drivers, verifying their qualifications (including background checks), and providing initial and ongoing training for the operations under this extension. *Your response should demonstrate how you will ensure all drivers meet legal and safety requirements before operating in the expanded or modified service.***

**Describe your plan for ensuring the ongoing safety and roadworthiness of all vehicles that will be used under this extension. *Include details on routine inspections, preventative maintenance schedules, and prompt repairs. Your response should show how you will comply with all applicable safety standards for the expanded or modified operations.***

**Have you discussed your proposed extension with your insurance provider to determine whether it will affect your coverage, policy limits, or premium costs?**

- *If “Yes,” describe any anticipated changes to your policy, including coverage limits, exclusions, or costs.*
- *If “No,” explain why you have not confirmed this information and how you can be certain your extension is operationally and financially viable without it.*

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

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.

<b>Name and Occupation:</b>					
<b>Address:</b>		<b>City:</b>		<b>State:</b>	
<b>E-mail:</b>				<b>Phone Number:</b> (###) ###-####	

<b>Name and Occupation:</b>					
<b>Address:</b>		<b>City:</b>		<b>State:</b>	
<b>E-mail:</b>				<b>Phone Number:</b> (###) ###-####	

<b>Name and Occupation:</b>					
<b>Address:</b>		<b>City:</b>		<b>State:</b>	
<b>E-mail:</b>				<b>Phone Number:</b> (###) ###-####	

<b>Name and Occupation:</b>					
<b>Address:</b>		<b>City:</b>		<b>State:</b>	
<b>E-mail:</b>				<b>Phone Number:</b> (###) ###-####	

(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 it’s financial fitness. Although a Pro Forma is based on projections, Applicant’s should detail as much as possible to showcase their financial capabilities.

<b>Confirm Filing:</b>	<input type="checkbox"/> Balance Sheet	<input type="checkbox"/> Pro Forma
<p><b>Describe your financial capacity to implement and sustain the change(s) requested in this extension. Your response should include:</b></p> <ul style="list-style-type: none"> <li>• <i>Any financial assumptions made in your updated Pro Forma related to this extension;</i></li> <li>• <i>How you will fund the change, including whether you will use existing capital, new financing, or other resources;</i></li> <li>• <i>Your contingency plan for maintaining operations if the extension increases costs or results in financial challenges; and</i></li> <li>• <i>Any other information that demonstrates you have the financial fitness to support the expanded or modified operations.</i></li> </ul>		

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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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