



Nebraska Public Service Commission

Remittance System Authorization Form

Some telecommunications carriers elect to hire a third party to file required remittances on their behalf. While this is permitted in Nebraska, please note that **it is the responsibility of the carrier to ensure filings are made accurately and on time.** Authorization of a third-party filer will allow that filer access to the carrier's remittance information and access to the Nebraska Remittance System on behalf of the carrier.

By submitting this form, a carrier may allow a third-party filer to take the following actions:

- Designate users who may access the system
- Submit worksheets
- Revise worksheets
- View past worksheets
- Make payments for worksheets, late fees, and administrative fines
- View payment receipts
- Use one-time late fee waivers

Carriers wishing to authorize a third-party filer to take these actions may fill out this form.

Carrier Name:

Business Address:

Mailing Address (if different):

Contact Name:

Phone Number:

Email Address:



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I, _____, acting on behalf of the above-listed carrier, hereby authorize the following third-party filer and its designees to access the Nebraska Remittance System for the purpose of filing required remittances.

Company Name:

Business Address:

Mailing Address (if different):

Contact Name:

Phone Number:

Email Address:

By submitting this form, I understand that the above-listed third-party filer and its designees will be able to access my company's remittance information, including past remittance information. I understand that this authorization will remain in effect until rescinded by my company, in writing, and submitted to the Nebraska Public Service Commission. I understand that it is my company's responsibility to safeguard its data by use of appropriate cybersecurity practices. I understand that any failure to submit any required remittances may result in penalties leveled against my company, up to and including administrative fines and/or the revocation of my company's operating authority in Nebraska.

Name:

Title:

Signature:

Date: