



## **Application to Establish/Amend Rates**

### **Introduction and Filing Instructions**

This application must be completed and filed with the Nebraska Public Service Commission (PSC) by any motor carrier seeking to either **establish their initial published rates** or **amend their current published rates**. This application must be reviewed and approved by the Commission before rates may be utilized.

### **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:

- **Establish or Amend rates:** \$100

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. 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

### **IMPORTANT NOTE:**

Pursuant to Neb. Rev. Stat. § 75-303.03(3), rates charged for **Medicaid Non-Emergency Medical Transportation (NEMT)** provided under a contract with:

1. The Nebraska Department of Health and Human Services (DHHS),
2. A Medicaid-managed care organization under contract with DHHS, or
3. Another agent acting on DHHS's behalf,

are **not subject to the jurisdiction of the Commission**. These rates are therefore **excluded** from the Commission's review or approval of this rate application.

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 Rates**

**Provide your proposed rates below:**

- If you are amending existing rates, list both the current rates on file with the Commission and the proposed changes.
- Unless otherwise specified in this application, the rates you submit here will replace all rates currently on file with the Commission.

**Basis for Proposed Rates:**

Explain the basis for your proposed rates. In your response, address the following:

- The factors you considered in setting these rates (e.g., operating costs, fuel, wages, vehicle expenses, overhead, etc.)
- Why you believe these rates are fair and reasonable for the services you provide.
- Whether you reviewed the rates currently approved for other carriers providing similar services, and if so, how your proposed rates compare.

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**Are you requesting that the Commission treat this filing as an application for an emergency rate order pursuant to Neb. Rev. Stat. § 75-121?**

- If “Yes,” explain the emergency circumstances that you believe justify expedited treatment.
- In your explanation, include why your proposed rates should take effect immediately rather than following the standard 30-day protest period.

*Note: If an emergency rate order is granted, the rates may be made effective immediately, subject to a 15-day protest period after five days’ notice to other carriers.*

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