



Application to Remove Restrictions

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 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
- **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 and B-Number		d/b/a (if applicable):	
Owner (name):		D.O.B. (mm/dd/yyyy):	
Business Address:		City:	State:
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:
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:
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 – Proposed Changes

Describe the specific restriction(s) that you are requesting to have removed from your authority. Indicate whether you are seeking to:

- Remove a restriction relating to geographic territory (specify what the current restriction is and how you want to address it)
- Remove a restriction relating to type(s) of vehicles you may use
- Remove a restriction relating to type(s) of service you provide
- Or a combination of the above

For each, specify what the current restriction is and how you want to address it.

For each restriction you are seeking to remove, explain why the change meets the legal or operational standard for your carrier type:

- **Common Carrier:** Show why removing the restriction serves a public need or benefits the community.
- **Contract Carrier:** Show how removing the restriction is in the public interest for the specific passengers you currently transport.

Provide sufficient detail to demonstrate that lifting the restriction will not compromise service quality or safety.

Part IV – Qualifications to Extend Operations

Describe your management experience as it relates to operating without the current restriction(s). Explain how your skills and experience will allow you to manage operations under the proposed unrestricted conditions.

Explain your process for recruiting drivers, verifying their qualifications (including background checks), and providing initial and ongoing training to meet all legal and safety requirements under the unrestricted operations.

Describe your plan for ensuring the ongoing safety and roadworthiness of all vehicles that will be used once the restrictions are removed. Include routine inspections, preventative maintenance, and prompt repairs. Show how this plan will maintain compliance and safe operation in the expanded scope.

Have you discussed with your insurance provider whether removing your current restrictions 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 and how you can ensure operations remain compliant and financially viable.*

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Explain how you will ensure you have sufficient and qualified personnel—drivers, mechanics, or maintenance staff—to operate under the unrestricted conditions. Include your approach to hiring, training, and retaining staff.

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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:	
E-mail:				Phone Number: (###) ###-####	

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

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

Name and Occupation:					
Address:		City:		State:	
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 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.

Confirm Filing:	<input type="checkbox"/> Balance Sheet	<input type="checkbox"/> Pro Forma
Describe your financial capacity to without the current restriction(s). Your response should include: <ul style="list-style-type: none">• <i>Any financial assumptions made in your updated Pro Forma related to the removal of the restrictions;</i>• <i>How you will fund the expanded service with the removal of the restrictions.</i>• <i>Your contingency plan for maintaining operations if removing the restriction increases costs or results in financial challenges; and</i>• <i>Any other information that demonstrates you have the financial fitness to support the expanded or unrestricted operations.</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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psc.motorfilings@nebraska.gov.