

When this form is completed, signed by the affiant, and notarized, it will be used as evidence in the matter in caption. Please typewrite or print the information called for in the blanks.

BEFORE THE NEBRASKA PUBLIC SERVICE COMMISSION

In the Matter of the Application of \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )

Application No. \_\_\_\_\_  
 Supplement No. \_\_\_\_\_

AFFIDAVIT OF APPLICANT

State of \_\_\_\_\_ )  
 \_\_\_\_\_ ) ss.  
 County of \_\_\_\_\_ )

\_\_\_\_\_ being duly sworn deposes and says:  
 (Name of Affiant)

1. Applicant's full name and address is:

\_\_\_\_\_  
 (Full name of applicant)

(ADDRESS: Street, Route, P.O. Box) (City) (State) (Zip Code)

2. Affiant has resided in the stated city or town \_\_\_\_\_ years,  
 \_\_\_\_\_ months.

3. Affiant's present business or occupation is \_\_\_\_\_

4. Affiant has been in the stated business or occupation \_\_\_\_\_ years,  
 \_\_\_\_\_ months.

5. Applicant owns or controls the Nebraska intrastate motor carrier authority in certificate or permit \_\_\_\_\_  
 (If this is applicant's first application, leave blank)

6. Affiant's association with the applicant is that of \_\_\_\_\_

7. The motor vehicles which applicant proposes to use in its operations if this application is granted are:

Year	Make of Unit	Type of Vehicle	Type of Bed or Box	Owned or Leased	Condition

(If additional space is needed, continue on separate sheet of paper)

8. The equipment listed in No. 7 will be properly maintained and repaired by:
9. The equipment listed in No. 7 will be regularly inspected to insure that it meets safety requirements.
10. The names of potential shippers who support the filing of this application are:
11. If this application is granted, the motor carrier operations conducted under that certificate or permit will be in accordance with the regulations governing the use of public roads in the state of Nebraska.
12. The business headquarters of the applicant will be at
13. Applicant seeks authority to transport Household Goods/Passengers. (Strike out the term that does not apply)
14. The motor carrier operations proposed by this application will be over regular routes, irregular routes or both. (Strike out terms which do not apply.)
15. The route or territory in which this applicant seeks authority to offer motor carrier service is:
16. If this application is granted, applicant will devote adequate time to the operation of the motor carrier business to serve the shipping public.
17. If this application is granted and demand for service should increase, applicant intends to put on additional equipment to take care of such increased demands.
18. If this application is granted, the service that will be provided under the authority of the certificate or permit therein will serve a useful public need.
19. Affiant is familiar with and will abide by the applicable Nebraska Official Household Goods Tariff or Passenger Tariff. (Strike out the term that does not apply)
20. Affiant is familiar with and will conform with the Nebraska statutes governing motor carriers and with the Commission's rules and regulations thereunder.
21. Affiant understands that if the authority is granted, it may, after due notice and hearing, be suspended, changed or revoked in whole or in part for willful failure to comply with the statutes, requirements, rules and regulations of the Commission.
22. (Check one)
  - Applicant submitted a financial statement with its application. The financial condition has not materially changed from that set forth.
  - Applicant's current financial statement is attached hereto marked "Exhibit A"

23. Additional evidence in support of this application is:

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(Signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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Notary Public

When the foregoing affidavit has been completed, it should be filed with: NEBRASKA PUBLIC SERVICE  
COMMISSION

MOTOR TRANSPORTATION DEPARTMENT  
P.O. Box 94927  
Lincoln, NE 68509-4927