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

BEFORE THE NEBRASKA PUBLIC SERVICE COMMISSION AFFIDAVIT OF APPLICANT

	being duly swo			rn deposes and says:	
1.	Applicant's full name and address is				
	Applicant's full name and address is(Full name of Applicant)				
	(ADDRESS: Street, P.O. Box)) (City)	(State)	(Zip Code)	
2.	Affiant's association with applicant is that of				
3.	Affiant has been employed by	fiant has been employed by the applicant for		months.	
4.	Affiant is familiar with and will conform with the Nebraska statutes governing telecommunications and with the Commission's rules and regulations thereunder.				
5.	Affiant understands that if authority is granted, the Commission may, after due notice and hearing, suspend, change or revoke such authority in whole or in part for failure to comply with the statutes, requirements, rules and regulations of the Commission.				
	tify that all statements made and of my knowledge, information ar		oplication are true	and correct to the	
	SUBSCRIBED AND SWORM	N to before me this	_ day of	, 20	
		Notary Public			
The	foregoing affidavit must be filed	with your application for	r authority.		
	**************************************		*******	******	
APP	LICATION NO	DATE FILED:			