

NEBRASKA PUBLIC SERVICE COMMISSION
300 The Atrium, 1200 N Street
Lincoln, NE 68508
(402) 471-3101

APPLICATION TO TRANSFER CONTROL OF CERTIFICATED CARRIER

Fee: \$200.00

Certificated Carrier Holding Authority:	
Company Name:	
Docket Number Granting Operating Authority(C:)	
Any d/b/a of Company: and Associated Docket Nos.	
Any Name Company previously provided Service Under and Associated Docket Nos.:	
Contact Name (Legal):	
Address:	
Telephone No.:	
Fax No.:	
E-mail Address:	
Contact Name (Regulatory):	
Address:	
Telephone No.:	
Fax No.:	
E-mail Address:	

Other Companies Involved in Transfer of Control:	
Company 1:	
Company Name:	
State of Incorporation:	
Contact Name:	
Address:	
Telephone No.:	
Fax No.:	
E-mail Address:	
Relationship to Certificated Company:	
Is this Company currently certificated in Nebraska? If yes, please provide associated Docket Nos.	

Company 2:	
Company Name:	
State of Incorporation:	
Contact Name:	
Address:	
Telephone No.:	
Fax No.:	
E-mail Address:	
Relationship to Certificated Company:	
Is this Company currently certificated in Nebraska? If yes, please provide associated Docket Nos.	

Description of Transaction:

Anticipated Effective Date of Transaction:	
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How is Public Interest Served:

Please describe what, if any, effect this transfer will have on customers, e.g. changes in rates or service, and how customers will be or have been notified of any changes:

Does applicant agree to pay all preferred interexchange carrier charges (PIC charges) should customers choose to change providers as a result of this transaction?

Questions Regarding Application should be directed to:	
Name	
Address:	
Telephone No.	
Fax No.	
E-mail Address	

In addition to the information provided above, please provide the following:

- Filing Fee of \$200
- Copy of Certificate of Authority to Operate in Nebraska from the Nebraska Secretary of State
- Copy of any customer notifications related to this transaction
- Any other information helpful to the Commission in evaluating this application

Signature of Applicant or Applicant's Attorney

Signature

Print Name/Title

VERIFICATION

I, _____, being of proper age and duly sworn, states that state that I am the _____ of Applicant, that I have read the foregoing Application, that I am familiar with the contents thereof, and that such is true, accurate, and correct to the best of my knowledge.

Signature

STATE OF _____)
) ss.
COUNTY OF _____)

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20__.

Witness my hand and official seal.

Notary Public