

NEBRASKA PUBLIC SERVICE COMMISSION

APPLICATION TO MODIFY A CERTIFICATE OR PERMIT OF AUTHORITY TO TRANSPORT PASSENGERS Filing Procedure

This application packet is to be completed and filed with the Nebraska Public Service Commission by any motor carrier seeking to modify their Certificate of Public Convenience and Necessity or Permit of Authority by consolidation, merger, acquisition, and/or transfer. The application must be approved by the Commission prior to a Certificate or Permit ownership change.

1. This application package must be submitted to the Commission with required supporting documentation. The application package may be downloaded from the Commission website: <https://psc.nebraska.gov>, or contact the Commission to request an application package. The application form lists the documentation that should be filed.
2. The application must be completed by a person authorized to complete such forms on behalf of the company.
3. A non-refundable application fee is required with the application:
 - Consolidation: \$200
 - Merger: \$200
 - Asset Acquisition: \$200
 - Transfer: \$200

Fees are payable online at <https://psc.nebraska.gov>, by check/money order by mail, or by cash/check/money order in person at the Commission. DO NOT SEND CASH IN THE MAIL.

4. The person named as the applicant must submit the results of a fingerprint-based background check conducted by the Nebraska State Patrol. The applicant may request that NSP send the results directly to the Commission, attention: Transportation Department.

At the discretion of the Transportation Department Director, an equivalent state-wide background check report from an out of state agency may be filed.

5. The application package with supporting documents may be filed:
 - Electronically: 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

Please contact the Transportation Department with any questions at 402-471-3101 or psc.motorfilings@nebraska.gov.

Nebraska Public Service Commission
Transportation Department
Authority Modification Application

Company Name
Owner/Officer
Business Address
City State Zip Code
E-mail Address

d/b/a
Date of Birth
Mailing Address
City State Zip Code
Phone Number

Applicant is: Individual Partnership Corporation LLC Association

Certificated Carriers Holding Authority:
Docket No. and Dates Granted:

Corporations only:

State in which incorporated:
Location of principal office:
List names and titles of Directors and Officers. If necessary, attach additional pages.

LLCs only:

State in which organized:
Location of principal office:
List names of Managers. If necessary, attach additional pages

Partnerships (General, LP, LLP, or LLLP) only:

List names, titles and addresses of all General and Limited Partners. If necessary, attach additional pages.

Designated Agent: (for service of PUC notices, orders, and process)

Name
Email address
Contact Person
Address
City State Zip Code
Phone (____) ____ - ____

Part I – Authority Transfer or Company Sale

Applicant understands that it must produce evidence at the hearing which demonstrates that the proposed change(s) is/are in the public interest and will not unduly restrict competition and that the Applicant is fit, willing, and able to properly perform the proposed service, and in the event the proposed merger, consolidation, transfer of the certificate will permit or result in a new or different service or operation that the proposed merger, consolidation, transfer, is or will be required by the present and future public convenience and necessity pursuant to NEB. REV. STAT. §§ 75-318 – 75-320, as amended.

- Applicant seeks to change an existing operation by:
- Consolidation
 - Merger
 - Asset Acquisition
 - Transfer
 - Other
 - Sale or transfer of stock ownership resulting in majority ownership change

Applicant seeks temporary operating authority.

Please provide a description of the transaction selected above:

If the transaction intends to transfer a current Certificate or Permit, provide the name of the carrier and their Certificate/Permit Number:

Any Name the Applicant previously provided service under and associated Docket Nos.:

If there is any internal operational reorganization along with the proposed transaction, please explain:

Are there any proposed changes to the Certificate/Permit as part of the transaction?

Yes No

If Yes, provide a description of the proposed changes:

Does the individual/company acquiring the Certificate/Permit have any experience managing/operating a business

Yes No

If Yes, please describe your experience:

Does Applicant possess any experience managing/operating a transportation business?

Yes No

If Yes, please provide the name of the company and describe your experience:

Do you expect to hire additional individuals to assist in operating your business (this would include drivers and other support staff)?

Yes No

If Yes, please describe the roles those individuals will possess:

Have you prepared a Business Plan for your business?

- Yes No

Please provide the following information for anyone (other than yourself) that you intend to have testify on your behalf in support of this application: (this can be an individual, corporation, association, partnership, or any other company)

Name _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone (____) ____ - ____

Name _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone (____) ____ - ____

Name _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone (____) ____ - ____

Name _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone (____) ____ - ____

(List additional supporting representatives on another sheet)

Part II – Payment, Supporting Documentation, Financial Information, Representation

Payment must be received in order for the application to be processed.

Consolidation: \$200

Merger: \$200

Asset Acquisition: \$200

Transfer: \$200

Please note all fees are non-refundable.

- Payment is Attached. Payment has been mailed separately. Payment has been made through the Nebraska PayPort.

Attached or Forwarded Supporting Documentation

If Corporation, Partnership, or LLC (at least one of the following):

- Partnership Agreement Articles of Incorporation Articles of Organization

Required if Applicant is a New Transportation Provider:

- Financial Documentation Fingerprint Based Criminal Background Check (NSP)

Required Documentation, Depending on the Transaction

- Asset Purchase Agreement Articles or Plan of Merger Stock Purchase Agreement
 Consolidation Agreement

Non-required Documentation:

- Business Plan (if new Transportation Provider)

Other:

Legal Counsel

Represented by: Attorney Name _____ Phone (____) ____ - ____
Business Address _____
City _____ State ____ Zip Code _____

If you are not currently represented by counsel but at some point in the future hire legal representation, please inform the Commission as soon as possible.

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 is subject to NEB. REV. STAT. §§ 75-318 through 75-320.

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

NEBRASKA PUBLIC SERVICE COMMISSION

Financial Document Instructions

Pursuant to Neb. Rev. Stat. § 75-318, whenever a consolidation, merger, purchase, or acquisition of control of a certificate or permit is proposed, the Nebraska Public Service Commission (“Commission”) must find that the Applicant is “fit, willing, and able to properly perform the proposed service.”

As part of its review, the Commission examines an Applicant’s financial capabilities. The burden is on the Applicant to prove their financial fitness. The financial documentation provided with an application does not prevent the Commission nor a Protester from requesting additional information regarding financial viability.

The following documents must be completed and filed with the application package to show an Applicant’s financial status:

- **Balance Sheet**: document intended to give a report on the Applicant’s assets and liabilities at the time the application is filed. Unlike the values provided in the “Sample Pro Forma,” these values are not projections. The financial figures provided in this document need to be an accurate assessment of the Applicant’s assets and liabilities. An Applicant must ensure this document is completed with the financials used in the backing of the business seeking to offer the proposed service. If the Applicant is an LLC, corporation, or partnership, the financials provided in this document need to be those of the company itself. If the Applicant is a sole proprietorship or another business entity that is financially supported by an individual, then the individual’s financials will suffice.
- **Sample Pro Forma**: an opportunity for the Applicant to present financial projections for a specific period of time. The Applicant can use this document to project their business expenses and revenues to visualize the viability of the proposed service and to display Applicant’s financial fitness. The Commission, in turn, can use these projections to more accurately view the Applicant’s fitness and ability to provide the citizens of Nebraska a safe and reliable means of transportation for the present and future. The attached sample pro forma should lay out the Applicant’s projected financial projections for the first year of their new or extended operations.

Each document should be as accurate as possible. The Commission is aware that projections are not proven numerical values that precisely reflect reality. Use your best judgement and knowledge of the industry to provide information that will be as accurate as possible to foreseen expenditures and estimates of production. If you expect growth leading to hiring more employees or the introduction of additional vehicles, please file an additional “Sample Pro Forma” to account for such growth. The documents do not need to be completed by a certified public accountant nor does the Commission require compliance with Generally Accepted Accounting Principles (GAAP). The application package will not be considered complete until these required documents are filed.

If you have any questions, please contact the Transportation Department at 402-471-3101 or psc.motorfilings@nebraska.gov.

Balance Sheet

Assets

Current Assets

Cash:	\$
Accounts receivable:	\$
Vehicles:	\$
Cars:	\$
Trucks:	\$
Vans:	\$
Buses:	\$
Other:	\$
Inventory:	\$
Fixed Assets:	\$
Marketable Securities:	\$
Total Current Assets:	\$

Long-term Assets

Long-term Assets:	\$
Accumulated Depreciation:	\$
Total Assets	\$

Liabilities

Current Liabilities

Accounts Payable:	\$
Unsecured Notes:	\$
Secured Notes:	\$
Short-term debt	\$
<i>Subtotal Current Liabilities</i>	\$

Long-term Liabilities

Long-Term debt:	\$
Office Mortgage:	\$
Loans:	\$
<i>Subtotal Long-term Liabilities</i>	\$
Total Liabilities	\$

Net Worth: \$

Revenue

	Jan	Feb	Mar	Apr	May	Jun	MID-YEAR
Number of Vehicles							
Estimated number of working days in month							
Trips per day – total for all vehicles							
Average rate per trip							
Estimated Gross Revenue							

Cost of Sales

Vehicle Cost							
Gasoline							
Vehicle insurance							
Advertising & Promotion							
Repair and maintenance							
Worker's compensation insurance							
Salaries, Benefits & Wages							
Rent							
Office Supplies							
Telephone/Internet							
HHS tablets							
Compliance Costs							
Software							
Dispatch equipment							
Total Operating Expenses							
Total Income							

Revenue

	July	Aug	Sept	Oct	Nov	Dec	FULL YEAR
Number of Vehicles							
Estimated number of working days in month							
Trips per day – total for all vehicles							
Average rate per trip							
Estimated Gross Revenue							

Cost of Sales

Vehicle Cost							
Gasoline							
Vehicle insurance							
Advertising & Promotion							
Repair and maintenance							
Worker's compensation insurance							
Salaries, Benefits & Wages							
Rent							
Office Supplies							
Telephone/Internet							
HHS tablets							
Compliance Costs							
Software							
Dispatch equipment							
Total Operating Expenses							
Total Income							