

**NEBRASKA PUBLIC SERVICE COMMISSION
APPLICATION TO CHANGE NAME**

PURPOSE

The following form is for informational purposes only, and intended only to assist Applicants in the completion of their application. If any difference exists between this document and any law, regulation or case law, then such law, regulation or case law shall control.

All jurisdictional utilities and competitive natural gas providers (CNGPs) certificated by the Nebraska Public Service Commission shall provide an application and filing fee as set forth below in order to change the name under which services are provided.

Applicants seeking approval of a name change shall submit an **original and eight (8) copies of the application** to the Commission to the address below.

Executive Director
Nebraska Public Service Commission
300 The Atrium, 1200 N Street
P.O. Box 94927

Lincoln, NE 68509-4927

CNGPs/Aggregators should include a **\$125 application fee**. Jurisdictional utilities need not include a fee as costs will be directly assessed to them.

The application fee is required to cover the administrative costs of accepting and processing a filing. In addition, each Applicant may be assessed additional costs and expenses reasonably attributable to the application consistent with Neb. Rev. Stat. § 66-1840. Notice of the application will be published in the Daily Record, Omaha, Nebraska.

Applicants **must notify** the Commission during the pendency of the certification request of any material change in the representations and commitments required by this subsection **within 14 days** of such change.

Questions should be directed to the Natural Gas Department of the Nebraska Public Service Commission at (402) 471-3101.

PROVIDER HOLDING AUTHORITY:

Current Company Name:	Docket Number Granting Operating Authority:	For Commission's use
	NG -	
Any d/b/a of Company and Associated Docket Nos.:		
Names Company Previously Provided Service Under and Associated Docket Nos.:		

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PROVIDER CONTACT INFORMATION:		
Legal Contact Name:		
Legal Contact Address:		
Legal Contact Phone Number:	Legal Contact Fax Number:	Legal Contact Email Address:
Regulatory Contact Name:		
Regulatory Contact Address:		
Regulatory Contact Phone Number:	Regulatory Contact Fax Number:	Regulatory Contact Email Address:
Questions Regarding this Application Should be Directed to (Contact Name):		
Contact Address:		
Contact Phone Number:	Contact Fax Number:	Contact Email Address:

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PROPOSED NAME CHANGE:

DATE PROPOSED NAME APPROVED BY SECRETARY OF STATE:

ANY CHANGES TO d/b/a of COMPANY:

OTHER INFORMATION:

Applicant ***shall*** attach evidence of authority to do business in Nebraska, certificates of registration by the Nebraska Secretary of State for all approved trade names under which the applicant will operate, and the applicant's state of incorporation and any further information that may assist the Commission in evaluating this application.

