

NEBRASKA PUBLIC SERVICE COMMISSION

APPLICATION FOR COMPANY MODIFICATION Filing Procedure

This application packet is to be completed and filed with the Nebraska Public Service Commission by any motor carrier seeking to make any company modifications. Company modifications that this application applies to are: name change, dissolution of partner/member, change in partnership, change in stock power, and/or change in stock ownership that does not result in a change in majority ownership.

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:
 - Change in Partnership: \$200
 - Transfer: \$200
 - Dissolution of Partner/Member: \$200
 - Transfer of stock ownership: \$200
 - Name change: \$125Fees 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 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
Company 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 Carrier Holding Authority:
NPSC Authority Number:

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 – Ownership Modification or Name Change

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 pursuant to NEB. REV. STAT. §75-318, as amended.

Applicant seeks to change an existing operation by:

Sale or transfer of stock ownership, not resulting in majority ownership change.

Change in Partnership

Change in Stock Power

Name Change

Dissolution of Partner/member

Other:

Please provide a description of the transaction selected above:

[Empty text box for transaction description]

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

[Empty text box for previous service and docket numbers]

Proposed Name Change:

[Empty text box for proposed name change]

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

[Empty text box for internal operational reorganization explanation]

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. The amount due ranges as follows:

Change in Partnership: \$200	Transfer: \$200	Name Change: \$125
Dissolution of Partnership/Member: \$200	Sale or transfer of stock ownership: \$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):

<input type="checkbox"/> Amended and Restated Partnership Agreement	<input type="checkbox"/> Amended and Restated Articles of Incorporation	<input type="checkbox"/> Amended and Restated Articles of Organization
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Non-Required Additional Documentation:

<input type="checkbox"/> Board Resolutions	<input type="checkbox"/> Board/Shareholder Minutes	<input type="checkbox"/> Change of Registered Agent/Office
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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 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

 Title