

NEBRASKA PUBLIC SERVICE COMMISSION
P.O. BOX 94927
LINCOLN, NE 68509-4927
402-471-3101

APPLICATION TO RENEW HOUSEHOLD GOODS MOVER LICENSE
Filing Procedure

All licenses to provide for-hire household goods moving services in Nebraska must be renewed on an annual basis. Renewal applications must be submitted to the Nebraska Public Service Commission prior to the expiration of the license or the license expires and you will no longer be authorized to operate. A new license application would need to be filed for Commission approval.

1. A licensed household goods mover should complete the included renewal form. Renewal forms are also available on our website: <https://psc.nebraska.gov>.
2. Renewal application must be completed by a person authorized to complete the form on behalf of the company.
3. A non-refundable \$250 license fee is required with the application. Fees are payable online at <https://psc.nebraska.gov> or by business or certified cashier's check to the Nebraska Public Service Commission.
4. The application package may be filed:
 - Electronically: psc.motorfilings@nebraska.gov
 - Personal delivery: Nebraska Public Service Commission, 1200 N Street, Suite 300, Lincoln, NE 68508
 - U.S. Mail: Nebraska Public Service Commission, Attn: Transportation Department, P.O. Box 94927, Lincoln, NE 68509-4927

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

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APPLICATION TO RENEW HOUSEHOLD GOODS MOVER LICENSE

Date License Granted:	
License No.:	
Company Name:	
Contact Name:	
Nebraska Business Address:	
Telephone:	
Email:	
Customer Service Telephone Number:	
Registered Agent:	
Nebraska Operating Territory:	

Please mark below:

- All information listed above is current.
- The information listed above must be updated and has been updated on the next page.
- There have been changes in the License Holder's rates, vehicle equipment list, and/or insurance filings. Updated documents have been attached.

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Please update company information below, if applicable:

Company Name:	
D/B/A:	
Contact Name:	
Business Address:	
Mailing Address:	
Telephone Number:	
Email Address:	
Customer Service Telephone Number:	

REGISTERED NEBRASKA AGENT:	
Name:	
Address:	
Telephone Number:	

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By signing this form, Applicant agrees to adhere to and comply with the statutes of Nebraska and to all rules and regulations of the Nebraska Public Service Commission. Applicant also agrees, should any information submitted with this application change or any changes occur in Applicant's rates, equipment, or insurance policies, to update any information provided to the Commission by Applicant or its insurance carrier.

Applicant understands that the filing of this application does not constitute authority to operate.

I attest that I have read and know the contents of this application and that the contents are true and correct to the best of my knowledge and belief.

Dated at _____, _____, this ____ day of _____, _____

By _____
Signature

Printed Name

Title