

NEBRASKA PUBLIC SERVICE COMMISSION

APPLICATION FOR 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 either institute a new for-hire passenger transportation company or extend the authority of an existing for-hire passenger transportation company. The application must be approved by the Commission prior to a company providing passenger transportation services in Nebraska.

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:
 - New Authority: \$300
 - Extension of Authority: \$200Fees 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

Definitions:

Charter – transportation of groups of seven or more persons who collectively contract for transportation on a particular trip paying one lump sum.

Common Carrier – any person who or which undertakes to transport passengers for the general public in intrastate commerce by motor vehicle for hire, whether on regular or irregular routes, upon the highways of this state.

Contract Carrier – any motor carrier which transports passengers for hire other than as a common carrier designed to meet the distinct needs of each individual customer or a specifically designated class of customers without any limitation as to the number of customers it can serve within the class.

Intrastate commerce – commerce between any place in this state and any other place in this state and not in part through any other state.

Irregular Route – The provision of services over any route.

Limousine – (1) the business of carrying passengers for hire by a vehicle (2) along a route under control of the person who hired the vehicle and not over a defined regular route (3) on prearranged and not on a demand basis (4) at a premium fare.

Open Class – (1) the business of carrying passengers for hire by a vehicle (2) along the most direct route between the points of origin and destination or along a route under the control of the person who hired the vehicle and not over a defined regular route (3) on a prearranged and not on a demand basis (4) at a mileage based, per trip fare, or an hourly rate.

Regular Route – a specific and defined route, with no deviation, followed each time in the provision of services by a carrier.

Special Party – transportation of a group or groups of one or more persons who individually contract for transportation to a common destination with each person paying an individual sum.

Taxicab – (1) the business of carrying passengers for hire, subject to the provisions of Commission Rule 010.02 (2) along the most direct route between the points of origin and destination or a route under the control of the person who hired the vehicle and not over a defined regular route (3) on a prearranged or demand basis (4) at a metered mileage based or per trip fare according to the provisions of Commission Rule 020.02H (5) commencing within and/or restricted to a defined geographic area.

Unique Purpose – (1) the business of carrying passengers for hire (2) by low-speed vehicle (3) by regular routes, irregular routes, or along a route under the control of the person who hired the vehicle (4) on a prearranged or on-demand basis (5) at a per trip fare or hourly rate approved and on file with the Commission.

Nebraska Public Service Commission Transportation Department **Carrier Authority Application**

Part I – Carrier Information

<p>Company Name <input style="width: 90%;" type="text"/></p> <p>Owner/Officer <input style="width: 90%;" type="text"/></p> <p>Business Address <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 15%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip Code <input style="width: 15%;" type="text"/></p> <p>E-mail Address <input style="width: 90%;" type="text"/></p>	<p>d/b/a <input style="width: 90%;" type="text"/></p> <p>Date of Birth <input style="width: 90%;" type="text"/></p> <p>Mailing Address <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 15%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip Code <input style="width: 15%;" type="text"/></p> <p>Phone Number <input style="width: 90%;" type="text"/></p>
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Does Applicant possess a USDOT Number? No Yes, DOT # _____

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

Name _____

Email address _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) ____ - _____

Please indicate the preferred method of contact for the Commission to contact you with questions concerning your application:

Email Phone Mailing

Part II – Business Entity Information

Applicant is: Individual Corporation LLC Partnership Association

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.

Part III – Type of Proposed Service

Applicant seeks to: Institute a New Operation Extend Authority NPSC Authority Number: _____

If Applicant seeks to extend its current authority by removing restrictions, describe the restrictions Applicant proposes to eliminate:

Has Applicant previously been authorized to provide for-hire intrastate passenger transportation by this Commission?

- Yes No

If Yes, please provide the name and the authority number of the company:

Applicant will perform transportation as a: Common Carrier or Contract Carrier for:

Please indicate the type of service you intend to operate:

- Limousine Taxicab Open Class Special Party Charter Unique Purpose

Which type of vehicle(s) do you intend to operate:

- Sedan Van Bus SUV Luxury or Stretch Limousine Other:

Number of vehicle(s) intended to be operated:

Please provide an overview of your intended operations (service type and territory):

Applicant intends to provide service over: Irregular Routes Regular Routes

If Applicant intends to operate a/an regular route(s) please describe, in detail, regular route:

Applicant seeks to provide transportation for Health and Human Service Clients:

- Yes, I wish to have HHS Designation (a separate application is needed) No

Applicant proposes to impose the following restrictions:

Part IV – Consistent with the Public Interest (Applicable only to Contract Carrier)

Applicant understands that evidence must be produced showing that applicable is fit, willing, and able to properly perform the service proposed; to conform with the provisions of Neb. Rev. Stat. §§ 75-301 to 75-322, as amended; and the requirements, rules and regulations of the Commission; and that the proposed service is consistent with the public interest.

Explain how the service will meet the distinct needs of the individuals to be transported:

Please explain why the territories indicated in Part III were chosen:

If Applicant proposes to operate in multiple territories, does Applicant intend to have drivers stationed in each of the proposed territories?

- Yes
- No

If Applicant is applying to provide point-to-point transportation services statewide, please explain how you will be prepared to provide services across the entire state:

Have you conducted any research that you used to answer the preceding question(s)?

- Yes
- No

If Yes, please describe the research conducted:

Do you 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

Part V –Present or Future Public Convenience and Necessity (Applicable only to Common carriers)

Applicant understands that evidence must be produced showing that applicable is fit, willing, and able to properly perform the service proposed; to conform with the provisions of Neb. Rev. Stat. §§ 75-301 to 75-322, as amended; and the requirements, rules and regulations of the Commission; and that the proposed service is or will be required by the present or future public convenience and necessity.

If Applicant proposes to operate in multiple territories, does Applicant intend to have drivers stationed in each of the proposed territories?

Yes No

Explain how Applicant will provide transportation services to the general public in each territory indicated above:

If Applicant is applying to provide point-to-point transportation services statewide, please explain how you will be prepared to provide services across the entire state:

Is Applicant aware of any current carriers operating in the territories sought to be served?

Yes No

If Yes, please explain how current carriers are not adequately meeting the need for transportation services within these areas for the general public:

If No, has Applicant researched if there are current carriers operating in the territories sought to be served?

Please explain how your proposed service will meet proposed need for such services:

Please explain why the territories indicated in Part III were chosen:

Have you conducted any research that you used to answer the preceding question(s)?

- Yes No

If Yes, please describe the research conducted:

Do you 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

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

Payment must be received for the application to be processed:
 New Operation: \$300 Extension of Authority: \$200

Please note all fees are NON-REFUNDABLE.

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

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)

Attached or Forwarded Supporting Documentation

Required Documentation:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Financial documentation:
Balance Sheet and Sample
Pro Forma | <input type="checkbox"/> Fingerprint based criminal
background check (NSP) | <input type="checkbox"/> Copy of Contract
(if applying for contract
carriage) | <input type="checkbox"/> HHS Provider authorization
(if applying for HHS contract
carriage) |
| <input type="checkbox"/> Certificate of Good Standing
from Secretary of State (Ne) | | | |

If Corporation, Partnership, or LLC, provide the appropriate Entity Formation Documentation:

- partnership agreement articles of organization articles of incorporation

Non-required Additional Documentation:

- Business Plan HHS Designation Application
**(HHS application is required if
 HHS authority is sought)**

Legal Counsel

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

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

DECLARATION OF APPLICANT

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 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

Title

NEBRASKA PUBLIC SERVICE COMMISSION

Financial Document Instructions

Pursuant to Neb. Rev. Stat. § 75-311(1), the Nebraska Public Service Commission (“Commission”) must find an Applicant is “fit, willing, and able properly to perform the service proposed” and the proposed service “is or will be required by present or future public convenience and necessity” to grant an application to operate as a common carrier. Pursuant to Neb. Rev. Stat. § 75-311(2) the Commission must find an Applicant is “fit, willing, and able properly to perform the service” and “the proposed operation, to the extent authorized by the permit, will be consistent with the public interest by providing services designed to meet the distinct needs of each individual customer or a specifically designated class of customers” to grant an application to operate as a contract carrier.

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.

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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							