APPLICATION TO OPERATE AS A TRANSPORTER OF RAILROAD EMPLOYEES Filing Procedure

This application packet is to be completed and filed annually by any motor carrier seeking to institute, renew, or reinstate a license to operate in Nebraska intrastate transportation for-hire of employees of a railroad carrier that is engaged in intrastate commerce to and from their work locations. The application package must be approved by the Commission prior to a company providing transportation of railroad employees in Nebraska.

- 1. This application package must be submitted to the Commission with required supporting documentation. The application form may also be downloaded from the Nebraska Public Service Commission website: http://psc.nebraska.gov, or contact the Commission to request an application form.
- 2. The application form must be completed by a person authorized to complete such forms on behalf of the company.
- 3. A non-refundable \$250 license fee is required with the application. Fees are payable online at http://tiny.cc/MotorCarrierFees or by check to the Nebraska Public Service Commission.
- 4. Insurance: Liability insurance must be a minimum of \$1,500,000 for vehicles with a rated seating capacity of fifteen (15) passengers or less, \$5,000,000 for vehicles with a rated seating capacity of sixteen (16) passengers or more, and uninsured/underinsured motorist coverage with a minimum of \$100,000 per person and \$300,000 aggregate per accident. Your insurance carrier should provide the Commission with the following filings:
 - Form E Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance, or
 - Form G Uniform Motor Carrier Bodily Injury and Property Damage Liability Surety Bond.
- 5. The application package with supporting documents may be filed:
 - Electronically: <u>psc.motorfilings@nebraska.gov</u>
 - Personal delivery: Nebraska Public Service Commission, 1200 N Street, Ste. 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.

LICENSE APPLICATION RAILROAD EMPLOYEE TRANSPORTATION CARRIER

APPLICATION TYPE (CHOOSE ALL THAT APPLY):							
NI	EW LICENSE						
LI	CENSE RENEWAL						
LI	LICENSE REINSTATEMENT						
NPSC License Nur	mber (if renewal or reinstatement):						
SECTION 1: API	PLICANT INFORMATION						
Owner/Officer:							
Carrier Name:							
D/B/A:							
Business Structure	: OIndividual OPartnership OCorporation OLLC OAssociation						
Nebraska Principal							
Business Address:							
Mailing Address:							
Telephone Number:							
Email Address:							
US DOT Number*:							
*If you do not have	e a USDOT Number, contact the Federal Motor Carrier Safety Administration						
at www.fncsa.dot.gov or the Nebraska State Patrol Carrier Enforcement at 402-471-4545.							

DESIGNATED NEBRASKA AGENT (For service of NPSC notices, orders, and process):			
Name			
Addre			
Telep	e		
Numb			
Email	lress:		
Has a	nse granted to this carrier ever been suspended or revoked by the Commission for comply with Neb. Rev. Stat. § 75-307, any rule or regulation of the Commission, or l order of the Commission?		
ADD]	ONAL INFORMATION REQUIRED (please check box to indicate enclosed):		
	nual license fee of \$250.00		
	opy of the Articles of Incorporation, Organization, or Certification to Transact Business of the Nebraska Secretary of State		
	opy of a statewide background check report from the Nebraska State Patrol or similar ty if Applicant is not located in Nebraska (if a new/reinstating applicant)		
	opy of the most current list of vehicles to be used by Applicant in its Nebraska		
	astate operations.		
	opy of the current insurance certificate.		
	on cancellation or non-renewal, a written notice must be sent to the Nebraska dic Service Commission by your insurance carrier.		
	one set the commission by your mourance carrier.		

DECLARATION OF APPLICANT

By signing this form, the Applicant agrees to adhere to and comply with the statutes of Nebraska and to all rules and regulations of the Nebraska Public Service Commission, including rules and regulations related to driver qualifications, equipment, operating standards, recordkeeping, and insurance. The Applicant also agrees, should any information submitted with this application change, to update any information provided to the Commission by the Applicant or its insurance carrier.

The Applicant understands the operate.	hat the filing	of this applicati	ion does not con	nstitute authority to
I attest that I have read and k and correct to the best of my k			cation and that t	he contents are true
Dated at	,, this	day of	,	
BySignature				
Printed Name				

Title

Licensee Equipment List Please Print

Date:
Contact Person:
Carrier Name:
Business Address:
Mailing Address (if different than above)
Telephone Number:
Email address:

YEAR	MAKE	MODEL	VIN/SERIAL#	VEHICLE TYPE	DMV PLATE#