



Nebraska Public Service Commission
Transportation Department
Carrier Application

Rev. 11-2017

Company Name	<input type="text"/>	d/b/a	<input type="text"/>
Owner/Officer	<input type="text"/>	Date of Birth	<input type="text"/>
Business Address	<input type="text"/>	Mailing Address	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
	Zip Code	<input type="text"/>	
E-mail Address	<input type="text"/>	Phone Number	<input type="text"/>
Applicant is: <input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> LLC <input type="radio"/> Association			

Applicants seeking new or extended authority should complete Part I.

Applicants seeking to change existing authority, including changes in name or ownership, should complete Part II.

All applicants must complete Part III.

PART I - New or Extended Authority

Applicant understands that evidence must be produced at the hearing showing that the applicant is fit, willing and able to properly perform the service proposed; to conform to 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, or that the proposed operation is consistent with the public interest.

Applicant seeks to: ☐ Institute a New Operation ☐ Extend Authority

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

Type of Service: ☐ Limousine ☐ Taxicab ☐ Open Class ☐ Household Goods Mover ☐ Special Party ☐ Charter

Vehicle Restriction: ☐ Sedan ☐ Luxury or Stretch Limousine ☐ Bus ☐ Van ☐ Other ☐ None

Applicant will provide transportation services over:

Regular routes as follows:

Irregular routes in the following territory:

Applicant will provide transportation for restricted passengers: ☐ Railroad Crew ☐ Health & Human Service Clients ☐ N/A

Other restrictions:

Please list individuals, corporations, associations or partnerships (other than yourself) that agree to testify in support this application.

Company Name	<input type="text"/>	Company Name	<input type="text"/>
Owner/Officer	<input type="text"/>	Owner/Officer	<input type="text"/>
	Phone <input type="text"/>		Phone <input type="text"/>
Business Address	<input type="text"/>	Business Address	<input type="text"/>
City	<input type="text"/>	City	<input type="text"/>
	State <input type="text"/>		State <input type="text"/>
	Zip Code <input type="text"/>		Zip Code <input type="text"/>

Company Name	<input type="text"/>	Company Name	<input type="text"/>
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	Phone <input type="text"/>		Phone <input type="text"/>
Business Address	<input type="text"/>	Business Address	<input type="text"/>
City	<input type="text"/>	City	<input type="text"/>
	State <input type="text"/>		State <input type="text"/>
	Zip Code <input type="text"/>		Zip Code <input type="text"/>

PART II - Change of Ownership or Name Change

Applicant understands that it must produce evidence at the hearing which demonstrates that the proposed changes is 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 ☐ Change in partnership

☐ Consolidation ☐ Merger ☐ Transfer ☐ Lease ☐ Name Change ☐ Other

Applicant seeks authority to change the following carrier:

Name:

Certificate/Permit Number:

☐ Applicant seeks temporary operating authority.

PART III - Payment, Supporting Documentation, Financial Information & Representation

Payment

Payment must be received in order for the application to be processed. The following amounts are due for the following items:

New Operations: \$300

Extended Authority: \$200

Transfer of Authority: \$200

Name change: \$125

Please note that 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

☐ Copy of Contract

☐ Copy of Articles of Incorporation, Organization or Partnership

☐ Purchase Agreement

☐ Lease Agreement

☐ Certificate of Trade Name

☐ Background Check or Background Check Waiver

Financial Statement

Assets

Cash on Hand and in Bank:

Notes Receivable

Accounts Receivable

Trucks

Cars

Real Estate

Other Assets

Total Assets

Liabilities

Unsecured Notes Payable to Banks and Others

Secured Notes

Mortgages or Liens on Real Estate

Accounts Payable

Other Liabilities

Total Liabilities

Net Worth

Legal Counsel

Represented by Attorney Name

Phone

Business Address

City

State

Zip Code

APPLICANT UNDERSTANDS THAT THE FILING OF THIS APPLICATION DOES NOT CONSTITUTE AUTHORITY TO OPERATE.

Signature
