<b>RECREATIONAL VEHICLE SEAL REQUEST FORM / ON-SITE INSPECTION FORM</b>								
(1)	<ul> <li>APPLICATION IS FOR (CHECK ONLY ONE):</li> <li>(a) Seal issuance to a plant with previously approved specifications and Quality Control in accordance with section 004 of 291 NAC Seals will be sent directly to the plant designated. Seals must be used only by the plant named below, and must be affixed only t models approved by the Commission as shown on Manufacturer's Application for Recreational Vehicle Plan Approval (FORM RV (b) On-site inspection and seal issuance for individual vehicle(s).</li> </ul>							
(2)	FEE (CHECK AND COMPLETE APPROPRIATE LINE(S) AND SUBMIT WITH PAYMENT):							
	(a)	Issuance of Seals per (1)(a) above:		\$ <u>20.00</u>	X (Number of	= \$ seals requested)		
	(b)	On-site inspection per (1)(b) above:		\$ <u>250.00</u>	_ X (Number (	= \$ of units)		
		Plus: Seals for same number of units:		\$ <u>20.00</u>	X (Number	= \$ of units)		
				TOTAL TO	BE SUBMIT	TED: \$		
(3)	ON-SITE INSPECTION AND I	SSUANCE OF SEAL ON RETAIL LOT (CO	OMPLETE ONL					
(3)		SSUANCE OF SEAL ON RETAIL LOT (CO		Y IF APPLYII	NG PER (1)(b	) AND (2)(b) ABOVE):		
(3)	Retailer's Name:		City	Y IF APPLYII	NG PER (1)(b	) AND (2)(b) ABOVE):		
(3)	Retailer's Name: Unit #1 – Month/Year:		City V.I.N: _	Y IF APPLYII	NG PER (1)(b	) AND (2)(b) ABOVE):		
(3)	Retailer's Name: Unit #1 – Month/Year: Unit #2 – Month/Year:	Model:	City V.I.N: V.I.N:	Y IF APPLYII	NG PER (1)(b	) AND (2)(b) ABOVE):		
(3)	Retailer's Name: Unit #1 – Month/Year: Unit #2 – Month/Year:	Model:Model:	City V.I.N: V.I.N:	Y IF APPLYII	NG PER (1)(b	) AND (2)(b) ABOVE):		
	Retailer's Name: Unit #1 – Month/Year: Unit #2 – Month/Year: Unit #3 – Month/Year: APPLICANT INFORMATION:	Model:Model:	V.I.N:	Y IF APPLYI	NG PER (1)(b	) AND (2)(b) ABOVE):		
	Retailer's Name: Unit #1 – Month/Year: Unit #2 – Month/Year: Unit #3 – Month/Year: APPLICANT INFORMATION: Company or Busine:	Model: Model: Model:	V.I.N:	Y IF APPLYI	NG PER (1)(b	) AND (2)(b) ABOVE):		
	Retailer's Name: Unit #1 – Month/Year: Unit #2 – Month/Year: Unit #3 – Month/Year: APPLICANT INFORMATION: Company or Busine: Physical Address: _	Model: Model: Model: Ss name if applicable	City V.I.N: V.I.N: V.I.N:		NG PER (1)(b	) AND (2)(b) ABOVE):		
	Retailer's Name: Unit #1 – Month/Year: Unit #2 – Month/Year: Unit #3 – Month/Year: APPLICANT INFORMATION: Company or Busine: Physical Address: Mailing Address:	Model: Model: Model: ss name if applicable	City V.I.N: V.I.N: V.I.N:		NG PER (1)(b	) AND (2)(b) ABOVE):		

MAIL – Pay by check payable to the Nebraska Public Service Commission and mail this form and your check to our address at the top of this form.

ONLINE – Fax this form to (402) 471-7709 or email it to <u>psc.housing-rv@nebraska.gov</u>. Then pay by e-check or credit card (service fee for either will be applied) at <u>http://ne.gov/go/psc-housing</u>.

FOR OFFICE USE ONLY							
Beginning Seal Number:	Ending Seal Num	ber:	_ R#:				
Payment Type: Check	On-Line	Receipt Number:					
	Approved by:	_ Date Issued:	-				