

# NEBRASKA PUBLIC SERVICE COMMISSION

## COMMISSIONERS:

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## EXECUTIVE DIRECTOR:

JEFF PURSLEY

## NEBRASKA CONSUMER HOTLINE:

1-800-526-0017

## APPLICATION TO TRANSFER OF CONTROL

No reorganization or change of control of a jurisdictional utility shall take place without prior approval by the Nebraska Public Service Commission. See Neb. Rev. Stat. § 66-1828(1). Applicants seeking to transfer control must reasonably demonstrate that the reorganization or change of control will not adversely affect the utility's ability to serve its ratepayers. See Neb. Rev. Stat. § 66-1828(1).

A reorganization or change of control requiring an application to the Commission includes any transaction which, regardless of the means by which it is accomplished, results in a change in the ownership of a majority of the voting capital stock of a jurisdictional utility and does not include a mortgage or pledge transaction entered into to secure a bona fide borrowing by the party granting the mortgage or making the pledge. Neb. Rev. Stat. § 66-1828(2).

The following is for informational purposes only, and intended only to assist Applicants in the completion of their application. If any difference exists between this form and any law, regulation or case law, then such law, regulation or case law shall control.

Applicants seeking approval of a transfer of control shall submit an **original and eight (8) copies of the application** to the Commission at the address below. CNGPs/Aggregators should include a **\$200 application fee**. Jurisdictional utilities do not need to submit a filing fee as costs will be directly assessed.

Executive Director  
Nebraska Public Service Commission  
300 The Atrium, 1200 N Street  
P.O. Box 94927  
Lincoln, NE 68509-4927

The application fee is required to cover the administrative costs of accepting and processing a filing. In addition, each Applicant may be assessed additional costs and expenses reasonably attributable to the application consistent with Neb. Rev. Stat. § 66-1840.

Applicants **must notify** the Commission during the pendency of the certification request of any material change in the representations and commitments required by this subsection **within 14 days** of such change.

Questions should be directed to the Director of the Natural Gas Department of the Nebraska Public Service Commission at (402) 471-3101.

| <b>Current Jurisdictional Utility:</b>                                      |  |
|---|--|
| Company Name:   |  |
| Docket Number Granting Operating Authority (NG-_____)                       |  |
| Any d/b/a of Company: and Associated Docket Nos.                            |  |
| Names Company Previously Provided Service Under and Associated Docket Nos.: |  |
| Contact Name (Legal):   |  |
| Address:  |  |
| Telephone No.:  |  |
| Fax No.:  |  |
| E-mail Address:   |  |
| Contact Name (Regulatory):  |  |
| Address:  |  |
| Telephone No.:  |  |
| Fax No.:  |  |
| E-mail Address:   |  |

| <b>Entities Involved in Transfer of Control:</b>   |  |
|--|--|
| <b>Company 1:</b>  |  |
| Company Name:  |  |
| State of Incorporation:  |  |
| Contact Name:  |  |
| Address:   |  |
| Telephone No.:   |  |
| Fax No.:   |  |
| E-mail Address:  |  |
| Relationship to Certificated Company:  |  |
| Is this Company currently certificated in Nebraska?<br>If yes, please provide associated Docket Nos. |  |

|  |  |
|--|--|
| <b>Company 2:</b>  |  |
| Company Name:  |  |
| State of Incorporation:  |  |
| Contact Name:  |  |
| Address:   |  |
| Telephone No.:   |  |
| Fax No.:   |  |
| E-mail Address:  |  |
| Relationship to<br>Certificated Company:   |  |
| Is this Company currently<br>certificated in Nebraska?<br>If yes, please provide<br>associated Docket Nos. |  |

|                                    |
|------------------------------------|
| <b>Description of Transaction:</b> |
|                                    |

|   |  |
|---|--|
| <b>Anticipated<br/>Effective Date of<br/>Transaction:</b> |  |
|---|--|

|   |
|---|
| <b>Ways in which public interest served by the transfer of control:</b> |
|   |

|   |
|---|
| <b>Please describe what, if any, effect this transfer will have on customers, e.g. changes in rates or service, and method by which customers will be or have been notified of any changes:</b> |
|   |

|   |  |
|---|--|
| <b>Questions regarding application should be directed to (company contact):</b> |  |
| Name  |  |
| Address:  |  |
| Telephone No.   |  |
| Fax No.   |  |
| E-mail Address  |  |

**Other Information**

Applicant should attach any further information that may assist the Commission in evaluating this application.

Signature of Applicant or Applicant's Attorney

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title

\_\_\_\_\_

Date

