

BEFORE THE NEBRASKA PUBLIC SERVICE COMMISSION

PO BOX 94927
LINCOLN, NE 68509-4927
402-471-3101

Application for intrastate motor carrier authority by:

Owner/President _____ Date of Birth _____
Social Security # _____ - _____ - _____
Company Name _____ Federal ID # _____

d/b/a _____
(If a dba is used, a copy of the registration on file with the Secretary of State's office is required with the application)

Business Address _____
Street Address _____ Mailing Address _____
City _____ State _____ Zip Code _____ Telephone No. (____) _____

Applicant is: () Individual () Partnership () Corporation () LLC () Association

Applicant seeks authority to:

(Complete Part I if seeking new or extended authority, Part II if seeking to change an existing authority)

PART I

() **Institute a new operation.** () **Extend Authority.** Applicant understands that evidence must be produced at the hearing showing that the applicant is fit, willing and able properly to perform the service proposed, to conform to the provisions of Neb. Rev. Stat. §§ 75-301 to 75-322.04, 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 will perform transportation a () common carrier () contract carrier for: _____

Type of Service: () Limousine () Taxicab () Open Class () Household Goods () Special Party () Charter

Vehicle Restriction: () Sedan () Luxury or Stretch Limousine () Bus () Van () Other _____ () None

Applicant will provide transportation services over: () Regular route as follows: () Irregular routes in the following territory:

Applicant will: () Carry Railroad crew () Carry Health and Human Service clients*
*Separate public convenience and necessity showing required for HHS clients

() Other Restrictions (describe): _____

A criminal history check is required to be submitted with the application. Check with the state patrol in your area.

PART II

Change an existing operation by: () Sale or transfer of stock ownership () Change in partnership
() Consolidation () Merger () Transfer () Lease () Other _____

The holder of authority for which a change is proposed is:

Name _____ Certificate/Permit Number _____

() Applicant seeks temporary operating authority.

Applicant understands that it must produce evidence at the hearing which demonstrates that the proposed change is in the public interest and will not unduly restrict competition pursuant to Neb. Rev. Stat. § 75-318, as amended.

COMPLETE BOTH SIDES OF THIS FORM

PART III (Complete for all applications)

Attached to this application find: () New Operations \$300.00 or () Extend Authority \$200.00 or () Name Change \$125.00
() Copy of Contract () Copy of Articles of Incorporation , Organization or Partnership () Purchase Agreement
() Lease Agreement () Certificate of Trade Name

SUPPORT INFORMATION

(Required for new or extended authority applications only)

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

Name _____

Contact Person _____

Address _____

Phone (____) _____

Name _____

Contact Person _____

Address _____

Phone (____) _____

(List additional supporting representatives on another sheet)

THE REPRESENTATIVES LISTED ABOVE WILL APPEAR AND TESTIFY ON APPLICANT'S BEHALF IN ANY ORAL HEARING ON THIS APPLICATION.

FINANCIAL STATEMENT

Assets

Cash on Hand and in Bank \$ _____
Notes Receivable \$ _____
Accounts Receivable \$ _____
Automotive Equipment \$ _____
 (a) Truck Equipment \$ _____
 (b) Cars \$ _____
Real Estate \$ _____
Other Assets \$ _____
Total \$ _____

Liabilities

Unsecured Notes Payable
To Bank and Others \$ _____
Secured Notes \$ _____
Mortgages or Liens on
 Real Estate \$ _____
Accounts Payable \$ _____
Other Liabilities \$ _____
TOTAL \$ _____

SUMMARY: Total Assets \$ _____
Total Liabilities \$ _____
Net Worth \$ _____

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

Dated at _____, Nebraska, this _____ day of _____, _____

By _____ Signature _____ Title _____

Represented by _____, Attorney at Law

_____ Address _____ City, State & Zip Code _____

_____ Telephone Number _____