NEBRASKA PUBLIC SERVICE COMMISSION

EXEMPTION RECOGNITION APPLICATION PACKET
Filing Procedure

Anyone providing for-hire transportation of passengers or household goods must apply for authority from the Nebraska Public Service Commission prior to commencing services except for the services described in this packet. If the for-hire services provided match one or more of the exemptions listed, and no other for-hire transportation is provided, then an exemption request may be filed.

- The following documents must be submitted for consideration:
  - A cover letter detailing the transportation services you provide and which exemption you are requesting from the list of exempted services in this packet; and
  - The completed and signed attestation form in this packet.

- The documents should be completed by a person authorized to complete such documents on behalf of the organization.

- No application fee is required.

- The exemption request documents may be filed:
  - Electronically: psc.motorfilings@nebraska.gov
  - U.S. Mail: Nebraska Public Service Commission, Attn: Transportation Department, P.O. Box 94927, Lincoln, NE 68509-4927
  - Personal Delivery: Nebraska Public Service Commission, 1200 N Street, Suite 300, Lincoln, NE 68508

Please allow 7 business days for review, after which you will be notified of the exemption determination. If the exemption request is recognized, a letter will be sent confirming your exemption status. If the exemption is not recognized, we will work with you to attain the proper authority for your services.

If there are any questions, contact the Transportation Department at 402-471-3101 or psc.motorfilings@nebraska.gov.

NEBRASKA PUBLIC SERVICE COMMISSION

NEB. REV. STAT. § 75-303 EXEMPTIONS

1. A motor carrier for hire in the transportation of school children and teachers to and from school
2. A motor carrier for hire operated in connection with a part of a streetcar system
3. An ambulance, ambulance owner, hearse, or automobile used exclusively as an incident to conducting a funeral
4. A motor carrier exempt by subdivision (1) of this section which hauls for hire (a) persons of a religious, fraternal, educational, or charitable organization, (b) pupils of a school to athletic events, (c) players of American Legion baseball teams when the point of origin or termination is within five miles of the domicile of the carrier, and (d) the elderly as defined in section 13-1203 and their spouses and dependents under a contract with a municipality or county authorized in section 13-1208
5. A motor carrier operated by a city and engaged in the transportation of passengers, and such exempt operations shall be no broader than those authorized in intrastate commerce at the time the city or other political subdivision assumed ownership of the operation
6. A motor vehicle owned and operated by a nonprofit organization which is exempt from payment of federal income taxes, as provided by section 501(c)(4), Internal Revenue Code, transporting solely persons over age sixty, persons who are spouses and dependents of persons over age sixty, and handicapped persons
7. A motor carrier engaged in the transportation of passengers operated by a transit authority created under and acting pursuant to the laws of the State of Nebraska
8. A motor carrier operated by a municipality or county, as authorized in section 13-1208, in the transportation of elderly persons
9. A motor vehicle having a seating capacity of twenty or less which is operated by a governmental subdivision or a qualified public-purpose organization as defined in section 13-1203 engaged in the transportation of passengers in the state
10. A motor vehicle owned and operated by a nonprofit entity organized for the purpose of furnishing electric service
11. A motor carrier engaged in attended services under contract or subcontract with the Department of Health and Human Services or with any agency organized under the Nebraska Community Aging Services Act
12. A motor carrier engaged in residential care transportation services if the motor carrier complies with the requirements of the Department of Health and Human Services adopted, promulgated, and enforced to protect the safety and well-being of the passengers, including insurance, training, and age requirements
13. A motor carrier engaged in supported transportation services if the motor carrier complies with the requirements of the Department of Health and Human Services adopted, promulgated, and enforced to protect the safety and well-being of the passengers, including insurance, training, and age requirements
14. A motor carrier engaged in licensed care transportation services if the motor carrier files a certificate with the commission that such provider meets the minimum driver standards, insurance requirements, and equipment standards prescribed by the commission. Insurance requirements established by the commission shall be consistent with the insurance requirements established by the Department of Health and Human Services for attended services, residential care transportation services, and supported transportation services

Exempt Provider Attestation Form

Service Provider Name: _____ Date: _____

I certify that I am an exempt service provider consistent with Neb. Rev. Stat. § 75-303 (Reissue 2018) because my operations are limited in scope to the following (list all exemptions that apply):

_____

_____

_____

I understand that if I change my operations in a way that they are not so limited, I will notify the Director of the Transportation Department as I may be required to obtain a certificate of public convenience and necessity or permit of authority.

I declare under penalty of perjury that the information provided to the Transportation Department of the Nebraska Public Service Commission is true and correct and that I am authorized to submit this attestation on behalf of the above-named service provider. I acknowledge that a false statement on this form could subject this service provider to administrative penalties.

_____
Signature

_____
Printed Name

_____
Title/Position

_____
Company Name

_____
Address

_____
Phone Number