Nebraska Public Service Commission 1200 "N" Street P.O. Box 94927 Lincoln, Nebraska 68509-4927

À	(Please Print) Application No: Date:		Contact Person:		1/2	* X
Carrier Name:			Phone No:			
	Camer Name.					
Business Address:		ddress:	Street City State			
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. N	lail Addre	ess: Street/Bo	x/RT#	City	Št	tate Zip
N	OTE: The ehicle)		for the plate assigned			
	MAKE	VIN/SERIAL #	VEHICLE TYPE	DMV PLATE #	LEASED	(PSC USE) PLATE #
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47						
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27	-					
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	the Follow # # Remit Fee	_ Truck Trailer/Tr _ Straight Truck, es To: Motor P.O. B	Be Attached To This actor Trailer Combine bus, van, taxi, limous Transportation Department 94927 n, NE 68509-4927	sine(s) x \$12 Sine(s) x \$	0.00 = \$ 50.00 = _ al Fees =	\$

Plates will NOT be issued without required insurance on file: NE Rev. Stat., Sec. 75-307 Rev 1-04