

DEPT. OF HEALTH AND HUMAN SERVICES Division of Public Health - Licensure Unit PO Box 94986 - Lincoln, NE 68509-4986 402-471-2299

APPLICATION FOR REINSTATEMENT TO PRACTICE A RADON OCCUPATION (Revoked, Expired, Placed on Inactive Status, Lapsed, or Voluntary Surrender without Disciplinary Action)

I hereby apply for reinstatement of my license to practice as a Radon Measurement Specialist or a Radon Mitigation specialist in the State of Nebraska and submit the required fee.

Prorated	d Fee: If y	our licens	e is reinsta	ated withir	n 180 days	s of the ex	piration d	ate the fee	for initial	licensure i	is \$60.	
Year	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Even	\$127	\$127	\$127	\$127	\$127	\$127	\$127	\$127	\$127	\$60	\$60	\$60
Odd	\$60	\$60	\$60	\$127	\$127	\$127	\$127	\$127	\$127	\$127	\$127	\$127

Make your check payable to "Licensure Unit"

All licenses expire March 31 of odd-numbered years.

 Check the type of license that you are reinstating:
 Radon Measurement Specialist
 Radon Mitigation Specialist

 This Application Can Be Completed Electronically, but Must Be Signed By the Applicant

- If you change your address, you must advise this office. Legal First: Middle/MI: Last: Mame: Other names you are known as (AKA) Present Address City: State: Zip: License number to reinstate: Phone #: Fax #: (optional) E-Mail Address: Additional information requested: This section is <u>not</u> public information and will <u>not</u> be displayed on the internet. Date of Birth: Place of Birth - City, State or Country SSN Additional SSN and an A#, you must report both. Neb. Rev. Stat. § 38-123 mandates disclosure of your social secur number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue. Employer Information Employer Address City State/Zip Phone Employer Address City State/Zip Phone Employer Address City State/Zip Phone Employer Address City State/Zip Phone Employer State/Zip Phone Employer State/Zip Phone State/Zip St		- Personal Information – <u>dhhs.ne.gov/looku</u> p NO							
Name: Other names you are known as (AKA) Maiden Name Street/Box/Route: Present Address Street/Box/Route: Display Street/Box/Route: Present Street/Box/Route: Display Street/Box/Route: Present Street/Box/Route: Display State: Zip: License number to reinstate: Fax #: (optional) E-Mail Address: Phone #: Fax #: (optional) E-Mail Address: Additional information requested: This section is not public information and will not be displayed on the internet. Date of Birth: Social Security Number (SSN); Alien Registration Number (SSN); Alien Registration Number (A#) SSN A# If you have both a SSN and an A#, you must report both. Neb. Rev. Stat. § 38-123 mandates disclosure of your social secur number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforceme purposes and to the Nebraska Department of Revenue. Employer Address Employer Address City State/Zip Phone Phone Phone	 If you change 	ge your address, you mus	t advise this	s office.			-		
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Employer Information City State/Zip Phone		Employer							
Information State/Zip Phone		Address							
State/Zip Phone		City							
	momation	State/Zip							
		Phone							
		E-mail							

SECTION B – Conviction and Licensure Information – Failure to disclose any such convict	on or disciplina	ry action,
regardless of when the action occurred, could result in disciplinary action, including, but not lim	ited to, paymen	t of a civil
penalty. Please answer each of the following questions with regard to the time period si	nce your licen	se was last
renewed. All 'yes' responses MUST be explained in detail and you must submit the requested	documentation	on another
page.		
	Yes	No

	103	110	Ł
Have you ever been convicted in any jurisdiction of a misdemeanor or felony?			

If you answered YES to the question above, you must contact the Nebraska Radon Program Office at 402-471-8320.

• <u>NOTE:</u> If you have any criminal charges or license disciplinary actions pending that results in conviction or license discipline, you must report such actions to this Department within 30 days of the conviction/action (<u>Neb. Rev. Stat.</u> §38-1,125)

ervices, health	related
Yes	No
Yes	No
ement of a cred as provided in t	
	Yes Yes

Have you practiced as a Radon Measurement Specialist or radon Mitigation Specialist in		Yes	No
Nebraska since your license was expired, on surrender?	inactive status or following voluntary		
If yes, what is the actual number of days you what are the business name, location and tel		# of days:	
Business Name:	Address:	Phone #:	

Attestation: For the purpose of com	plying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check ONE of the boxes below):
I attest that:	
\Box I am a citizen of the United States; \underline{O}	<u>IR</u>
\Box I am a qualified alien under the Fede	eral Immigration and Nationality Act; OR
□ I am a nonimmigrant lawfully present	t in the United States; <u>OR</u>
□ Check this box if you are NOT a citize Immigration and Nationality Act.	en of the United States, a nonimmigrant, nor a qualified alien under the Federal
	a certificate if you provide a photocopy of your unexpired Employment Authorization neeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.
5	s, you must submit proof of lawful presence in the U.S. Your certificate will NOT be renewed until ied through the Department of Homeland Security (may take 4-6 weeks).
Signature and Application At	testation: I attest that:
 I have read the renewal applicatio All statements on this renewal app 	n or have had the renewal application read to me; and plication are true and complete.
Print Name:	
Signature:	Date:

***NOTE:** The applicant must submit the following:

- 1. Age: Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
- 2. Citizenship, lawfully admitted/present information: You must submit a copy of at least one of the following documents:

Any of the following documents to provide proof of United States Citizenship:

- 1) A U.S. Passport (unexpired or expired);
- 2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States
- 3) bearing an official seal;
- 4) An American Indian Card (I-872);
- 5) A Certificate of Naturalization (N-550 or N-570);
- 6) A Certificate of Citizenship (N-560 or N-561);
- 7) Certification of Report of Birth (DS-1350);
- 8) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
- 9) Certification of Birth Abroad (FS-545 or DS-1350);
- 10) A United States Citizen Identification Card (I-197 or I-179);
- 11) A Northern Mariana Card (I-873);

If you are NOT a U.S. Citizen, you must submit a copy of one of the following:

If you are a Qualified Alien under the Federal Immigration and Nationality Act:

- Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
 - An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
- Form I-94 (Arrival-Departure Record) AND an unexpired foreign passport with a valid unexpired US visa.

If you are not a U.S. Citizen nor a Qualified Alien under the Federal Immigration and Nationality Act and are lawfully present in the United States, you may still be eligible for a license if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of one of the following documents under the Federal REAL ID Act: - Employment Authorization Card

AND

- An approved deferred action status (DACA);
- A pending application for asylum in the United States;
- A pending or approved application for temporary protected status in the United States;
- A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence; or in the United States or conditional permanent resident status in the United States.

NOTE: Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take 4-6 weeks.