NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

STATE OF NEBRASKA – Department of Health and Human Services
Division of Public Health – Licensure Unit
P.O. Box 94986, Lincoln, NE 68509-4986

Fees:
$10.00 For Each Reissued Document Requested
Make Payment to DHHS

Request for Reissuance of License Documents

This form may be completed online, printed, and then mailed to DHHS Licensure Unit at the address listed above.

1	**NAME OF FACILITY/SERVICE:**			
2	**ADDRESS:**	Street/PO/Route:		
		City:	State:	Zip Code:
3	**FACILITY/SERVICE TYPE:**			
4	**LICENSE NUMBER:**			

I hereby request reissuance of license document: Number of Documents Requested: _____

Reason(s) for requesting that the license document be reissued *(Check One)*:

☐ Additional Document
☐ Replacement of Original Document Due to Loss, Mutilation, or Destruction
☐ Other *(Please Specify)*: _____

The information contained in this request is true and correct to the best of my knowledge. I understand that incorrect or erroneous statements may cause the Request for Reissuance to be devoid, or facility/service continued licensure to be terminated.

AUTHORIZED REPRESENTATIVE – PRINTED NAME	SIGNATURE	DATE