

STATE OF NEBRASKA – Department of Health and Human Services Division of Public Health – Licensure Unit P.O. Box 94669, Lincoln, NE 68509-4669

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					
	$\ \square$ 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.					
AUTI	HORIZED REPRESENTATIVE – PRINTED NA	AME SIGNA	ATURE	DATE	