



Division of Public Health
 Licensure Unit
 PO Box 94986
 Lincoln, NE 68509-4986

ORDER/INVOICE FORM

Name and Street Address of Requestor:

Contact person:

Phone Number:

E-Mail Address:

Indicate the type of list (hard copy or electronic) or labels you are requesting:

Health Professionals or Occupation

Hardcopy*

Electronic

Mailing Labels

List below Health Professionals or Occupation requested, as indicated on the fee schedule.

Health Facilities or Services

Hardcopy*

Electronic

Mailing Labels

List below Health Facilities or Services requested, as indicated on the fee schedule.

Early Childhood Programs

Hardcopy*

Electronic

Mailing Labels

List below Early Childhood Programs requested, as indicated on the fee schedule.

***Select the order in which you want the hard copy sorted**

Alphabetical

Zip Code

Labels are sorted by Zip Code Only.

E-mail orders can be sorted as needed on your computer

Select correct amount from the enclosed fee schedule.

Amount Enclosed: \$ _____

Make check payable to **Licensure Unit**.

FOR OFFICE USE ONLY

COST OF ORDER: _____

DATE PAYMENT RECEIVED: _____

DATE List/Label/ MAILED: _____