

WATER OPERATOR RENEWAL

YOUR LICENSE EXPIRES 12-31-2015. THE RENEWAL FEE OF \$115.00 AND THIS DOCUMENT MUST BE POSTMARKED ON OR BEFORE 12-31-2015. IF YOU DO NOT RENEW YOUR LICENSE BY THE EXPIRATION DATE, YOU MAY NOT CONTINUE TO PRACTICE. IF YOU CONTINUE TO PRACTICE YOU WILL BE SUBJECT TO AN ADMINISTRATIVE PENALTY OF \$10.00 PER DAY UP TO \$1,000.00.

Enter Your Water Operator License # : _____

Check Your Grade Level : I II III IV VI

Full Name: _____

Check if new Street Address: _____

City/State: _____ Zip code _____

If you fail to renew your license on or before its expiration date, you will have to reinstate your license by submitting a reinstatement application and pay a \$35.00 reinstatement fee plus the renewal fee.

CHECK A BOX BELOW:

ACTIVE \$115 Fee

INACTIVE (No Fee)
 Cannot practice as a water operator but may represent you as having an Inactive License.

Military Waiver (No Fee)

TWO YEAR RENEWAL

Make Payable to: **DHHS, LICENSURE UNIT** **SUBMIT FEE AND THIS DOCUMENT**

YOU MUST ANSWER THE FOLLOWING QUESTIONS: If you fail to answer these questions, and provide the requested information, your renewal will not be processed and will be returned to you as incomplete.

| | | |
|---|---|--|
| 1 | Do you have a valid Social Security Number, Alien Registration Number, and/or I-94 Number? If yes, report below. Certain applicants may have both a SSN and an A# or I-94 number, and if so, must report both. Neb. Rev. Stat. § 38-123 mandates disclosure of your social security 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. Social Security # _____ Alien Registration # _____ Form I-94 (Arrival-Departure Record) # _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Social security numbers obtained are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.</i> | | |
| 2 | Alien or Non-immigrant Status: If you are NOT a citizen of the United States, you must submit evidence of lawful admittance/presence which may include a copy of: 1. A Green Card, otherwise known as an Permanent Resident Card (Form I-551), both front and back of the card; or 2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or 3. A Form I-94 (Arrival-Departure Record). | |
| 3 | Have you been convicted in any jurisdiction of any misdemeanor or felony between 01/01/2014 and 12/31/2015? If you answer YES to this question, you must request the following documents be sent directly to this office: <ul style="list-style-type: none"> • A list of any misdemeanor or felony convictions; • A copy of the court record, which includes charges and disposition; • Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions the applicant has taken to address the behaviors/actions related to the convictions; • All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and • A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 | Do you hold a credential that was issued by another jurisdiction(s) to provide health services, health-related services, or environmental services in another jurisdiction? If yes, What State? _____ Has any credential(s) been denied, refused renewal, or disciplined between 1-1-2014 and 12-31-2015? If yes, please provide a list of any disciplinary actions taken against your credential and a copy of the disciplinary action(s), including charges and disposition. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |

EMPLOYER:

Below please print the name, address and phone number of your employer:

Employer name: _____ Employer phone # _____

Employer Street address: _____

Employer City _____ Employer State _____ zip code _____

CONTINUING COMPETENCY REQUIREMENTS

WAIVER: You may request a waiver for the two reasons stated below.

I AM REQUESTING A WAIVER of _____ hours of continuing education. Below check the box that applies to you.

| | |
|--------------------------|--|
| <input type="checkbox"/> | I have served in the regular armed forces of the United States during part of the twenty-four (24) months immediately proceeding the biennial certification renewal date and request both my continuing education requirements and renewal fee be waived. (You MUST provide official documentation of Armed Forces Service, such as Active Duty Orders or a letter from Immediate Superior Officer to claim this exemption) |
| <input type="checkbox"/> | I was first licensed between 01/01/2015 and 12/31/2015. |

If you are requesting a waiver above, documentation (if required) must be provided to support your request for waiver of continuing education. **If the specified documentation is not submitted, review and processing of your license renewal cannot occur**

Attestation:

Lawful Presence in the United States Attestation:

For the purpose of complying with Neb. Rev. Stat. §§38-129, I attest as follows:
(Check the one appropriate box below)

- I am a citizen of the United States; or
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

Application Attestation: I further attest that:

1. I have read the application or have had the application read to me; and
2. All statements on the application are true and complete; and
3. I am of good character; and
4. I have or will have completed the required number of CE hours as specified in 179 NAC 10-006 between 01/01/2014 and 12/31/2015.

Print Name: _____

Signature: _____

Date: _____

Telephone Number (optional) _____

E-mail Address (optional) _____