



State of Nebraska  
 DHHS – Division of Public Health  
 P.O. Box 94986 - Lincoln, NE 68509-4986  
 Telephone: (402) 471-2299 FAX 402-742-1152  
 E-mail: matthew.hayden@nebraska.gov

# WATER WELL RENEWAL NOTICE

Your **Water Well** credential expires **December 31, 2016**. The renewal fee of **\$150** and this document must be postmarked on or before **December 31, 2016** to avoid expiration of your credential and removal of authorization to practice. An administrative penalty of \$10 per day up to \$1000 will be assessed for practicing after your credential expires.

**NAME & ADDRESS CHANGES:**

If your name or address has changed, check the appropriate box(s) below. For name change, you must submit a photocopy of marriage certificate, court order, etc. If not submitted, the license will be issued in the name of record.

**NAME CHANGE**     **CHANGE OF ADDRESS**    LICENSE # \_\_\_\_\_

|            |  |
|------------|--|
| Name:      |  |
| Address:   |  |
| City:      |  |
| State/Zip: |  |
| Employer   |  |
| Address    |  |
| City       |  |
| State/Zip  |  |
| Phone      |  |

**FEE:** Check Requested Status:

- Active                    **\$150**
- Inactive                    No Fee
- Active Military            No Fee

If you do **NOT** renew your license by **December 31, 2016** any future work will be in violation of the Water Well Standards and Contractor's Licensing Act and you will be subject to an administrative penalty.

**2-YEAR RENEWAL.**

You are required to have 12 hours of continuing education

**INACTIVE STATUS:** If you elect not to renew your credential, you may select inactive status. Inactive means that you cannot practice but may represent yourself as having an inactive license. You do not have to meet the continuing competency requirements to request inactive status but you must sign and date this renewal form. To change from inactive to active status, you must contact our office at (402) 471-2299

**Insurance:** All contractors must provide proof of public liability and property damage insurance (Certificate of Liability Insurance) in the amount of at least \$100,000. If your insurance expiration date is before December 31, 2016, you will need to renew your insurance and send the certificate of liability with this renewal notice to our office. Proof of insurance must be maintained and submitted annually. If you change insurance companies you will need to submit a new certificate of liability.

|    |   |  |
|----|---|--|
| 1  | To renew your credential you must have a valid Social Security Number, Alien Registration Number, and/or I-94 Number. Enter your number below. If you have both a SSN and an A# or I-94 number you must report both. <b><u>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.</u></b><br>Social Security # _____<br>Alien Registration # _____   |  |
| 2  | Were you convicted of any misdemeanor or felony in any jurisdiction between <b>January 1, 2015</b> and <b>December 31, 2016</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If you answer <b>YES</b> to this question, you must submit the following documentation directly to this office: <ul style="list-style-type: none"> <li>• A copy of the court record(s), which includes charges and disposition;</li> <li>• Explanation of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the conviction(s);</li> <li>• 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</li> <li>• A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation.</li> </ul> <b>NOTE:</b> If you have any criminal charges or license disciplinary actions pending that result in conviction or license discipline, you must report such actions to this department within 30 days of the conviction/action (Neb. Rev. Stat. 38-1,125). Failure to disclose any such convictions/licensure discipline could result in disciplinary action. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3a | Have you held a credential that was issued between <b>January 1, 2015</b> and <b>December 31, 2016</b> by another jurisdiction to provide health services, health-related services, or environmental services in another jurisdiction?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3b | Has this credential been denied, refused renewal, or disciplined between <b>January 1, 2015</b> and <b>December 31, 2016</b> by another jurisdiction? 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 |

I AM REQUESTING A WAIVER of \_\_\_\_\_ continuing education hours. Check applicable reason(s) for waiver below:

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <b>Military:</b> I have served full-time duty in the active military service of the United States, or a National Guard call to active service for more than 30 consecutive days, or active service as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration during part of the 24 months immediately preceding the biennial licensure renewal dated <b>(01/01/2015 to 12/31/2016)</b> . (You <b>MUST</b> provide official documentation of Armed Forces Service, such as Active Duty Orders or Military Identification Card to claim this exemption. If you meet this exemption, you are not required to pay the renewal fee.) |
| <input type="checkbox"/> | I was first licensed within the twenty-four (24) months immediately preceding the license renewal date.<br>Date of issuance of license: _____   |
| <input type="checkbox"/> | <b>Illness/disability:</b> have suffered a serious or disabling illness or physical disability which prevented completion of the required number of continuing education hours during the twenty-four (24) months immediately preceding the license renewal date. (Attach a statement from treating physician(s) stating that you were injured or ill, the duration of the illness or injury and of the recovery period, and that you were unable to attend continuing education programs during this period.)  |

If you have met the renewal requirement of **12 C.E. hours**, no further action is required by you -- Please proceed to the Attestation. The C.E. hours must have been completed between the dates of **01/01/15 and 12/31/16**. Hours earned prior to this date will not be acceptable; and hours earned in excess of this requirement may not be carried over for the next renewal. List below any additional **approved** C.E. hours that you have obtained and **SUBMIT DOCUMENTATION** of attendance such as certificate of completion. The approved courses can be found at: <http://dhhs.ne.gov/publichealth/Documents/ApprovedCE.pdf> If the C.E. courses you attended are not approved you must submit an application for approval.

| PROGRAM NAME  | PROGRAM LOCATION<br>(City, State) | PROVIDER | PROGRAM DATES<br>(Month/Day/Year) | HOURS EARNED |
|---|-----------------------------------|----------|-----------------------------------|--------------|
|   |                                   |          |                                   |              |
|   |                                   |          |                                   |              |
| *Attach additional information if space above is inadequate |                                   |          | <b>TOTAL HOURS EARNED:</b>        |              |

**ATTESTATION: All credential holders must complete this section and sign and date this form**

For the purpose of complying with Neb. Rev. Stat. § 38-129, I attest as follows:  
**Please check the appropriate box below:**

I am a citizen of the United States; **or**  
 I am a qualified alien under the Federal Immigration and Nationality Act; **or**  
 I am a nonimmigrant lawfully present in the United States; **or**  
 Check this box if you are **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

**Alien or Non-immigrant Status:** If you are a qualified alien lawfully admitted into the United States **OR** a non-immigrant lawfully present in the United States, you must submit evidence of lawful presence.

**Your credential will NOT be renewed until such proof is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take four to six weeks.**

**Application Attestation:** I further attest that:

- I have read the application or have had the application read to me;
- All statements on the application are true and complete;
- I am of good character.

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You **may** provide the following information if you wish to be contacted by these means:

Phone (optional): \_\_\_\_\_ E-mail Address (optional): \_\_\_\_\_