

This form may be completed online, printed and mailed to the address listed below.

State of Nebraska

Department of Health and Human Services
Public Health, Licensure Unit
301 Centennial Mall South, PO Box 94986
Lincoln NE 68509-4986

REQUEST FOR REISSUANCE OF LICENSE OR CERTIFICATION DOCUMENTS

1.	NAME:	First	Middle	Last
2.	ADDRESS:	Street/PO/Route		
		City	State	Zip
3.	DATE OF BIRTH:	Month/Day/Year		
4.	PROFESSION:			
5.	LICENSE/ CERT #:			

I hereby request reissuance of the following license/certification document(s):

<u>Document Name</u>	<u>Number of Documents Requested</u>
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Check all that apply:

- small-size card _____
- large-size license/certification _____

NOTE: YOU MUST SUBMIT **\$10.00** FOR EACH REISSUED DOCUMENT REQUESTED.

Reason(s) for requesting that license/certification document(s) be reissued.

- Check one:
- Name Change
 - Address Change
 - Duplicate Copy
 - Never Received
 - Destroyed by Accident
 - Lost
 - Stolen
 - Printed with the Wrong Name/Address
 - Other, please explain _____

Attached is the following type of proof of identity:

- Check one:
- copy of current driver's license showing photograph and signature
 - copy of birth certificate or other legal court documents verifying name change
 - copy of passport showing photograph and signature
 - other (specify) _____

State of _____ County of _____

Affiant, _____, hereby solemnly swear that the foregoing statements are true and correct and the documents attached are true copies of original documents. Dated this _____ day of _____ of 20____.

Signature of Licensee: _____

I viewed the photo I.D. and appearance of the person who appeared before me and attest that s/he is one and the same as affixed his/her signature upon this affidavit and I have viewed the original document and attest the attached copy is a true copy of the original.

Rev 10/93; 03/98; 01/00; 10/01; 4/04 http://dhhs.ne.gov/publichealth/Documents/reissue.pdf

 Notary Public Signature
 Notary Public Seal/Stamp