

## 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	