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

STATE OF NEBRASKA
Department of Health and Human Services Regulation and Licensure
Credentialing Division
301 Centennial Mall South, PO Box 94986
Lincoln, NE 68509-4986

REQUEST FOR REISSUANCE OF LICENSE DOCUMENTS

1	Name of Facility/Service			
2	Address	Street/PO/Route:		
		City:	State:	Zip:
3	Facility/Service Type:			
4	License Number:			

I hereby request reissuance of the licensure document: Number of Documents Requested _____

Reason(s) for requesting that license document be reissued:

Check one:
- ❑ additional document
- ❑ replacement of original document due to loss, mutilation, or destruction
- ❑ other (specify)_____

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

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.

Sign Here_____ _____ _____
Name Typed/Printed Signature Date