

Good Life. Great Resources.

DEPT. OF ENVIRONMENT AND ENERGY

Water Well Standards Program 245 Fallbrook Blvd PO Box 98922 Lincoln, NE 68509 (402) 471-0546/ fax: (402) 471-2909

REINSTATEMENT APPLICATION FOR LICENSE

**Renewals that are received after midnight December 31st on even years, will be required to complete the reinstatement application, and will be assessed a late fee of \$35. Any license that has been expired over 90 days will be required to retest and pass all exams in order to reinstate their license. **

- You must submit proof of 12 hours of approved continuing education *obtained within the current renewal cycle* in order to reinstate your license.
- <u>CONTRACTORS ONLY</u>: INSURANCE: All contractors must provide proof of public liability and property damage insurance (Certificate of Commercial Liability Insurance) in the amount of at least \$100,000.
- **EXPIRED LICENSE OVER 90 DAYS**: If your license has been expired over 90 days, you will be required to retake all state exams needed prior to reinstatement. Continuing education hours cannot be substituted.
- Payment of reinstatement application fees (check or money order payable to the Department of Environment & Energy (NDEE)) do not send cash. To apply for re-instatement online: go to <u>http://dee.ne.gov</u>, you will need a credit or debit card.
- All licenses expire December 31 of even-numbered years.

SECTION A – License Category			Check be	Check below all types of licenses you are reinstating					
		Water Well License Check all categories that apply			\checkmark				
Nat	ural Reso	urce Ground Water Techni							
Pun	np Install	ation Contractor							
Pun	np Install	ation Supervisor							
Wa	ter Well N	Jonitoring Technician							
We	ll Drilling	Contractor							
We	ll Drilling	Supervisor							
\$185 reinstatement fee applies to all licenses.									
SECTION B -Personal Information									
NOTE: All mailings from this office will be sent to the address you indicate below. If you change your address, you must advise this office.									
1.	License #								
2.	Legal Name:	First:	Middle/MI:		Last:				
3.	Residence Address:	Street/PO/Route:							
		City:	State:		Zip:				
4.	Home Telephone:		Cell:						

5.	E-mail Address:	E-mail Address:							
SECTION C- Business Information-Identify the business with which you will be engaged in construction of water wells and/or installation									
of pumps and pumping equipment and/or water well monitoring, including Natural Resources Districts. 1. Business or Employer Name:									
1.	Business or Employer Name:								
2.	Mailing Address:	Street/PO/Route:							
		City:		State:	Zip:				
3.	Telephone Numb	Telephone Number: E-mail Address:							
SECTION D-Other State Licensing									
1.	Are you licensed in any other state? Yes NO								
	If yes, what state	(s) are you licensed in?	Provide lice	ense # for each state license held	Is your license in good standing?				
2.									
SECTION E- Insurance (Contractors only need to complete this section)									
_	Amount of Public Liability and Property Damage Insurance carried: Expiration date:								
1.			of of curre	nt insurance from your insura	ance carrier				
SECTI	ON G – ATTESTAT	ON							
For the purpose of complying with <u>Neb. Rev. Stat.</u> §§ 38-129, I attest as follows:									
Please check the appropriate box below:									
I am a citizen of the United States; or									
	I am qualified alien under the federal Immigration and Nationality Act. My immigration status and alien number are as								
	follows: I agree to provide a copy of my USCIS documentation upon request.								
I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate, and I understand that this information may be used to verify my lawful presence in the United States.									
Prir	nt Name:	(first, middle, last)							
Sigr	nature:								
Dat	e:								
Incom	plete application	s will be returned. Do	cumentatio	n to be submitted with this rer	newal application:				

- Commercial Liability Insurance (for contractors only) Copies of board approved completed CEs
- (A) (B) (C) Payment of license application fee (check or money order payable to the Department of Environment & Energy (NDEE)) do not send cash. To register online: go to <u>http://dee.ne.gov</u>, you will need a credit or debit card.