



DEPT. OF WATER, ENERGY, AND ENVIRONMENT

Mail the completed application to the address below.

Department of Water, Energy & Environment
 Drinking Water Division
 Water Operator Licensure
 245 Fallbrook BLVD STE 100
 Lincoln, Nebraska 68521
 Telephone #: 402-471-0523

APPLICATION FOR WATER OPERATOR LICENSE REINSTATEMENT

FOR DEPARTMENT USE ONLY

Exam Date:

Exam Ver.: Pass/Fail:

(Please **print legibly or type** application)**PERSONAL INFORMATION** (All applicants must complete this section)**This section is public information and may be displayed on the INTERNET****NOTE: All mailings will be sent to the address you indicate below– if you change your address, you must advise this office.**

1	Legal Name	First:	Middle/MI:	Last:
	Maiden Name	Name:	Other Names you are known as (AKA):	
2	Mailing Address	Street/PO/Route:		
		City:	State or Country:	Zip:

Additional information requested: (***This information is not displayed on the internet***)

3	Phone #:	Fax #: (optional)	E-Mail Address: (optional)
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What Water Operator Grade Level License Do You Wish to Reinstate and What is the Current Status?

☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI License Number & Exp. Date _____

☐ Expired ☐ Disciplinary Matter (**Documentation Required – SEE Note 1 on last page**)

Do you hold or have you held a credential in environmental services, health services, or health-related services in another State?

☐ Yes ☐ No If Yes, List the State and Credential Information in the table below.

STATE	DESCRIPTION	LICENSE/CERT. #	EXPIRATION DATE

 Has any disciplinary action been taken or pending by the Department or another jurisdiction against your current or past held credential in environmental services, health services, or health-related services?..... ☐ Yes ☐ No
If yes - SEE Note 1 on last page - Documentation Required**Failure to disclose any such disciplinary action, regardless of when the action occurred, could result in disciplinary action.**
 Have you practiced as a licensed water operator in Nebraska since the time your license has expired, or revoked / suspended for disciplinary reasons? ☐ Yes ☐ No

If yes, what is the actual number of days practiced as a licensed operator in Nebraska since your license has expired, or revoked/suspended for disciplinary reasons?

The Department may assess an administrative penalty for making water system process control or system integrity decisions without being licensed.
Continued on next page

Did you meet the continuing education requirements for each renewal period during which the license was expired or revoked/suspended for disciplinary reasons? ☐ Yes ☐ No

List the Department approved continuing education obtained during each renewal period that is consistent with the requested License reinstatement (Documentation Required – SEE Note 2 on last page)

PROGRAM NAME	PROGRAM LOCATION (City, State)	PROVIDER OF PROGRAM	PROGRAM DATES (Month/Day/Year)	HOURS EARNED

CONTINUING EDUCATION WAIVER FOR MILITARY SERVICE: If you **have not** completed the continuing education requirement and served in the regular armed forces of the United States during part of the credentialing period immediately preceding the renewal date, or are actively engaged in military service, you are not required to pay the application fee or to meet the continuing competency requirements if acceptable documentation is submitted to the Department.

Military service means full-time duty in the active military service of the United States, 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. Military service may also include any period during which a service member is absent from duty on account of sickness, wounds, leave, or other lawful cause.

If you request a waiver for military service, check the box below:

☐

Military: I have served in the regular armed forces of the United States during part of the 24 months immediately preceding the biennial licensure renewal date. (**Attach official documentation** stating dates of service) If you meet this exemption, you are not required to pay the application fee. (**Documentation is Required – SEE NOTE 3 on last page**)

FEES

Reinstatement Fee (To reinstate a license from expired or disciplined status)		\$35.00
Application Fee (Required to receive water operator license):	Grade 5 \$31.00 <input type="checkbox"/> Grades 1 – 4 & 6	\$115.00
Check Enclosed: <input type="checkbox"/> (Make check payable to Nebraska DWEE)	Total Charges	\$150.00

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, (check **ONE** of the boxes below):

I hereby attest that:

Please check the appropriate box(s) below:

☐ I am a citizen of the United States

☐ I am not a citizen of the United States. I am a 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 further attest that:

1. I am of good character and that my response and information provided on this application are true, complete, and accurate.

Print Name: _____

Signature: _____ Date: _____

WATER OPERATOR LICENSE REINSTATEMENT

Information and Details

All water operator licenses, grades I – IV & VI expire on **December 31st** of each odd-numbered year.

When reinstated, ten hours of continuing education must be obtained prior to the expiration date of the current license period.

When a license is expired for two or more years, the applicant must retake the respective examination and obtain a passing score to reinstate the license.

When continuing education requirements are not met for each renewal period, the applicant must retake the respective examination and obtain a passing score to reinstate the license.

NOTE: Documentation that may be required. The applicant must submit the following documentation as applicable:

1. Past, Current, or Pending Disciplinary Action against a Nebraska Water Operator License, or a Credential in environmental services, health services, or health-related services issued by another Jurisdiction. The applicant must submit:
 - (a) A copy of the disciplinary action(s), including charges and disposition.
 - (b) A statement of the reason the applicant believes the credential should be reinstated.
2. Continuing Education: Proof of attendance at acceptable Department approved continuing education such as certificate of attendance or copy of the sign-in sheet from the program provider.

For training events not previously approved by the Department, submit name, and contact information of the provider, a copy of the agenda, proof of attendance, and description of the topics that were presented.
3. Waiver for Military Service: The individual must document his/her military service by submitting to the Department:
 - (a) Military identification proving that s/he is in active service;
 - (b) Military orders; or
 - (c) A letter from his/her Commanding Officer indicating that s/he is on active duty.
4. Fee: The required license and reinstatement fees.

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.