

APPLICATION FOR WATER OPERATOR LICENSE REINSTATEMENT

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

FOR DEPARTMENT USE ONLY	
Exam Date:	
Exam Ver.: Pass/Fail:	

(Please **print legibly or type** application)

Piec	ise print legibly	or type a	pplication)							
			applicants must complete this		NET					
NO			to the address you indicate			nge your addres	ss, you m	ust advise this		
1	Legal Name	First: Dav	vid	Middle/MI: P			Last: Shively			
	Maiden Name	Name:		Other Names you are known as (AKA):						
2	Mailing Address	Street/PC	D/Route:							
			State or Country:			Zip:				
Addi	tional information	requested	: (This information is not d	lisplayed on	the inte	ernet)				
3	Phone #: Fax #: (optional)				E-Mai	Address: (optio	nal)	al)		
	ou hold or have you	held a cred	☐ IV ☐ V (Documentation Required dential in environmental services the State and Credential I	- SEE Note	1 on la	ast page) or health-related		r & Exp. Daten		
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?										
	re you practiced as a siplinary reasons?	a licensed v	vater operator in Nebraska si	nce the time y	your lice	ense has expired,	, or revoke	ed / suspended for		
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		ent (Doc	umentation F	Required - SE					
ŀ	PROGRAM NAME	(City, State)		PROVIDER (OF PROGRAM	(Month/Day/Year)	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									
Reinstate Applicati	ement Fee (To reinstate	e a license from expired	or disciplir	ned status)	1		\$35.00			
	to receive water operato	or license):	Grade 5	\$31.00	Grades 1 – 4	& 6	\$115.00			
Check Enclosed: (Make check payable to Nebraska DWEE) Total Charges \$15										
For the pu	rpose of complying with	Neb. Rev. Stat. §§ 4-10	8 through	4-114, (check	ONE of the bo	exes below):				
I hereby a	ttest that:									
Please ch	neck the appropriate bo	ox(s) below:								
☐ Iama	☐ 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 Nam	e:		_							
Signature: Date:										

WATER OPERATOR LICENSE REINSTATEMENT

Information and Details

<u>All</u> water operator licenses, grades I – IV & VI expire on **December 31**st 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 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:

- 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 <u>Jurisdiction</u>. 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. <u>Continuing Education</u>: 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.

<u>For training events not previously approved</u> 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. <u>Waiver for Military Service</u>: 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.