

Water Well Standards Program  
245 Fallbrook Blvd., Ste 100  
Lincoln, NE 68521  
(402) 471-0546/ fax: (402) 471-2909

## REINSTATEMENT APPLICATION FOR LICENSE

**\*\*Renewals that are received after midnight December 31<sup>st</sup> 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 require the licensee to retest and pass all exams to reinstate their license. \*\***

- You must submit proof of 12 hours of approved continuing education *obtained within the prior renewal cycle you are being reinstated for* to reinstate your license.
- CONTRACTORS ONLY: 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**. Email to: [ndee.ecmupload@nebraska.gov](mailto:ndee.ecmupload@nebraska.gov)
- EXPIRED LICENSE OVER 90 DAYS:** If your license has 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 Water, Energy and Environment (DWEE)) do not send cash.
- All licenses expire December 31 of even-numbered years.

SECTION A – License Category		Check below all types of licenses you are reinstating		
<b>Water Well License</b> <b>Check all categories that apply</b>		√		
Natural Resource Ground Water Technician		<input type="checkbox"/>		
Pump Installation Contractor		<input type="checkbox"/>		
Pump Installation Supervisor		<input type="checkbox"/>		
Water Well Monitoring Technician		<input type="checkbox"/>		
Well Drilling Contractor		<input type="checkbox"/>		
Well Drilling Supervisor		<input type="checkbox"/>		
<b>\$185 reinstatement fee is required for licensing.</b>				
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:		
<b>SECTION C- Business Information</b> -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:		
2.	Mailing Address:	Street/PO/Route:	
		City:	State:
			Zip:
3.	Telephone Number:		E-mail Address:
<b>SECTION D-Other State Licensing</b>			
1.	Are you licensed in any other state?      Yes      NO		
2.	If yes, what state(s) are you licensed in?	Provide license # for each state license held	Is your license in good standing?
<b>SECTION E- Insurance</b> (Contractors only need to complete this section)			
1.	Amount of Public Liability and Property Damage Insurance carried:		Expiration date:
	<b>Attach proof of current insurance from your insurance carrier</b>		
<b>SECTION G – ATTESTATION</b>			
For the purpose of complying with <u>Neb. Rev. Stat. §§ 38-129</u> , I attest as follows:			
Please check the appropriate box below:  <div style="margin-left: 40px;"> <input type="checkbox"/> I am a citizen of the United States; or   <input type="checkbox"/> 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.         </div>			
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.  Print Name: _____ <div style="margin-left: 100px;">(first, middle, last)</div>  Signature: _____  Date: _____			

Incomplete applications will be returned. Documentation to be submitted with this renewal application:

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