

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 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 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 prior renewal cycle you are being reinstated for* in order 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)
- Prorated Fee:** \$72.50 prorated fees apply for re-instating licensing from July thru December on even numbered years
- 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 <http://dee.ne.gov/NDEQProg.nsf/OnWeb/Licenses1> you will need a credit or debit card.
- 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> Check all categories that apply	√
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"/>

**\$185 reinstatement fee applies to all licenses.**

\*\* \$72.50 prorated fees apply for re-instating licensing from July thru December on even numbered years \*\*

### 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.		Street/PO/Route:		

	Residence Address:	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:				
<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.				
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: _____ (first, middle, last)				
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 Environment & Energy, do not send cash). To register online: go to <http://dee.ne.gov/NDEQProg.nsf/OnWeb/Licenses1>, you will need a credit or debit card.