

Intent to Become Approved Provider of Nebraska
License Law Course for License Recognition 0604R

SCHOOL NAME _____ DATE _____

SCHOOL ADDRESS _____ PHONE _____

CITY, STATE, ZIP _____

WEBSITE _____ E-MAIL _____

DIRECTOR _____ PHONE _____

E-MAIL _____

CONTACT PERSON _____ PHONE _____

E-MAIL _____

SCHOOL OWNERS/DIRECTORS

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

Approved _____ Not Approved _____

Reason _____

Date _____

By: _____