

Intent to Become Approved Provider of Nebraska Real Estate Commission Pre-Licensing Courses

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 _____

ATTACHED:

A copy of the license approval issued by the Nebraska Department of Education as provided in Neb. Rev. Stat. Sections 85-1601 to 85-1658

Signature (Owner/Director/Contact Person)

Date

Approved _____ Not Approved _____

Reason _____

Date _____

By: _____