Updated January 2024 NE-3

NEBRASKA REAL ESTATE COMMISSION PO Box 94667 Lincoln, NE 68509-4667



Phone: 402-471-2004 Fax: 402-471-4492 Website: www.nrec.ne.gov E-mail: realestate.commission@nebraska.gov

APPROVAL APPLICATION FOR PRE-LICENSE INSTRUCTORS

Please Type or Print in Ink			Date						
A.	Type of Approval Requesting: (Check One)								
	(1) Instructor(2) Temporary(If Temporary, Request for Temporary Instructor Approval Form filled out by school or institution must be attached.)								
В.	Area(s) of Approval								
Name									
	(Last)	(First)	(MI)						
Contac	t Address								
	(Street, F	Route)	(City, Town)	(State)	(Zip Code)				
Reside	nce Address								
	(Street, R	oute)	(City, Town)	(State)	(Zip Code)				
Telephone(Home)			_ Email address						
	(Home)	(Cell)							
C.	Have you been involved in any lawsuits, either as plaintiff or defendant in the last three years or are there any lawsuits pending at the present time? Yes No If yes, then explain fully, giving exact dates, places, persons and give full details of such litigation on an attached sheet.								
D.	Have you ever been convicted of any criminal offenses, or is there any criminal charge now pending against you (other than								
	minor traffic violations)? Yes No	If yes, then explain fully, of such litigation	giving exact dates, plac n on an attached sheet.	es, persons and give fu	II details				
E.	Education Preparation:	:							
	High School:	Name and Lo	cation						
	Years Attended								
		Diploma Rece	ived	Year Received					

College/	Name and Location			
University:	Years Attended			
	Major Course of Study			
	Degree	Year Received		
Advanced Professional D	esignation: (Attach copy of Co	ertificate)		
Type of Designation	Where Received	Date Received		
Experience:				
1. Real Estate License I	nformation:			
license? If yes, then ea	xplain fully the details surroun	I Estate Commission with regading such action on an attache		
license? If yes, then ea	xplain fully the details surroun E: List last five employers be	ding such action on an attache		

H. Scl	School for whom you will teach (if known):							
Recomme	endations:							
teaching c		structors, supervisors, e	e able to give further <u>information regardi</u> nployers, etc., and indicate the way in w					
<u>Name</u>	<u>Address</u>	<u>Telephone</u>	How Acquainted with Capabilities					
Education	Private Postsecondary Ca	reer Schools Section	cense instructor with the Nebraska Departments	artment of				
			(Applicant Signature)	(Date)				
DO NOT	WRITE BELOW THIS LIN	E	OFFICE USE ONI	OFFICE USE ONLY				
Approve _	Disapprove	_Issue Date						
Type of Ap	pproval	Expira	ition Date	_				
Area(s) Ce	ertified to Instruct			_				
Reason fo	or Approval/Disapproval							