



Roster/Mailing Labels Order Form

Contact Person: _____ Phone: () _____

Company Name: _____ Fax: () _____

Mailing Address: _____

(Street/PO Box)

(City)

(State)

(Zip)

Date Ordered: _____ Amount Enclosed: _____

Signature: _____ E-mail Address: _____

Licensee information is available for purchase in printed or electronic format from the Nebraska Real Estate Commission. Information can be printed on mailing labels (\$50.00), printed in roster format (\$15.00), put on diskette and mailed (\$15.00), or e-mailed (\$10.00). Prices include any applicable tax. Please place your order as close as possible to your mailing date. **Licensee information is extremely time-sensitive** because continuing education information is included, and because licenses are issued and transferred daily.

Mailing labels include the name and business address for each licensee, and can be printed on self-adhesive labels with 30 on each page. Rosters include the name, business address, license type, and status for each licensee. Check the blanks below to indicate whether you want mailing labels or a roster; what format you choose; which categories you wish to include; whether you need them divided by license type and/or status; which jurisdictions you want included in your set; and whether you want them in zip code or alphabetical order. If you want only those licensees who need continuing education before renewal, check that blank and indicate whether you want them in zip code or alphabetical order.

- Mailing Labels **OR** Roster
- E-mail (format desired _____) **OR** Diskette **OR** Printed
- Active Salespersons Inactive Salespersons
- Active Brokers Inactive Brokers
- Run as one set **OR** Divided by License Type **AND/OR** License Status
- Nebraska only **OR** All Jurisdictions **OR** Specific Jurisdictions _____
- Zip Code Order **OR** Alphabetical Order
- Mailing labels for only those licensees who need continuing education before renewal

FEES ARE NOT REFUNDABLE. There will be a \$30.00 processing fee charged for ALL returned payments. If you have any questions, please contact Monica at (402) 471-2004.

CREDIT CARD PAYMENT OPTION: REMINDER - FEES ARE NOT REFUNDABLE
(Please Note: Debit Cards are not accepted)

Please charge my credit card for only this transaction. VISA MasterCard Discover

Credit Card Number _____ Card Expiration Date: Month _____ Year _____

Cardmember's Signature _____

For Office Use Only

Date Payment Received: _____ Receipt #: _____ Date Order Mailed: _____