



Requests for Certifications of License History - \$25.00
\$30.00 Processing Fee Charged For All Returned Payments

Please allow seven to ten business days for processing.

When requesting a certification of license history from our office the following information is needed from the licensee about whom the certification is requested:

I. LICENSEE INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
License ID Number: _____ Date of Birth: _____
Daytime phone number or email address: _____

II. ENTITY FOR WHOM CERTIFICATION IS BEING OBTAINED

Please provide below information about the entity for whom the certification is being requested. If the certification is for an agency or office that is not another real estate regulatory jurisdiction we still require the following information.

Jurisdiction – i.e. state, province, country (if applicable): _____
Name: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____

III. OTHER INFORMATION

If you are no longer licensed in Nebraska, we will need to know the following information:

Year originally licensed: _____ Year the license lapsed: _____
License type held: _____ Salesperson or _____ Broker

(If you let the license lapse more than five years ago, we may no longer have records to certify that information.)

IV. ORIGINAL CERTIFICATION MAILING INFORMATION

Please verify where the original Certification is to be sent.

Indicate where the Original Certification is to be sent (choose only one of the following).

_____ Myself at the address listed in Section I above.
_____ Myself at the following address: _____
_____ The Entity for which you have requested the certification listed in Section II.

V. FAXING OR EMAILING INFORMATION

_____ In addition to mailing the original Certification as directed in Section IV, please fax or email certification to:

(Signature of the licensee for whom the certification is requested.) (Date)

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 _____