

DEPT. OF HEALTH AND HUMAN SERVICES Licensure Unit 301 Centennial Mall South Lincoln, Nebraska 68509-4986 DHHS.LicensureUnit@nebraska.gov

CredentialLicense Holder's Signature

NAME CHANGE and/or **RE-ISSUANCE OF A CREDENTIAL**

REQUIRED INFORMATION					
Print the Name as it appears on your Current Credential:					
Address: Check if this is a new address	Street/PO/Route:				
	City:	State:		Zip:	Zip:
Telephone - Optiona	nal: E-		E-mail - Optional:		
Date of Birth:					
Social Security Number:					
Credential Number:					
Profession:					
IF REQUESTING A NAME CHANGE, complete the following:					
Print your new legal name:					
ATTACH A COPY OF ONE OF THE FOLLOWING DOCUMENTS (required): Marriage license Divorce decree Court Order of legal name change Passport Other valid verification; print the name of this document:					
IF REQUESTING A RE-ISSUED CREDENTIAL check and indicate number of wall credentials you are					
requesting: Document Nam	ne		# Requested		
4.5 x 7.	25 wall credential				
NOTE: YOU MUST SUBMIT \$10.00 FOR EACH REISSUED CREDENTIAL REQUESTED.					
Check one: □ copy of current driver's license showing photograph and signature □ copy of passport showing photograph and signature □ other (specify)					
A Wallet size credential may be printed at no cost at the following link: https://www.nebraska.gov/LISSearch/search.cgi					
Signature (required) All the statements on this request are true and correct.					

Date