

BOARD OF EXAMINERS FOR COUNTY HIGHWAY AND CITY STREET SUPERINTENDENTS

**APPLICATION FOR INITIAL CLASS B SUPERINTENDENT LICENSE**

PLEASE PRINT. All information submitted on this form MUST BE LEGIBLE.

PHOTOCOPIES OR FAXES OF COMPLETED APPLICATIONS WILL NOT BE ACCEPTED.

**(FOR APPLICANTS WHO ARE NOT REGISTERED PROFESSIONAL ENGINEERS)**

**Fee for Application, Examination and One License: \$25; Fee for both Licenses: \$50.** Attach check or money order made out to: Board of Examiners, Department of Roads. *(Fees are not refundable. Examination applicants are advised to apply initially for one license, then apply for the second license upon passing the exam.)*

**1. License or Licenses applied for: (check one)**

☐ County Highway Superintendent, ☐ City Street Superintendent, or ☐ Both

**2. General Information**

Name in Full \_\_\_\_\_

Preferred Name for licensing documents \_\_\_\_\_

Residence Address\* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Present Position (Your Title) \_\_\_\_\_

(Name of Employer) \_\_\_\_\_

Business Address\* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Social Security No. \_\_\_\_\_

Birthplace \_\_\_\_\_

Gender: ☐ Male ☐ Female Citizen: ☐ Yes ☐ No

Have you taken the Nebraska Highway/Street Supt. examination? ☐ Yes ☐ No If Yes, last time taken (Month/Year) \_\_\_\_\_

\*Preferred mailing address: ☐ Residence Address ☐ Business Address

*Affix signed photograph  
(approximate size 2"x2")*

**3. Education**

List in chronological order the name and location of each high school, college, university, or technical school attended, the time spent at each, and, if graduated, the year of graduation.

Name and Location of Institution	Years (From – To)	Date Graduated (Month/Year)	College Major or Technical Course	Degree Received

#### 4. Evidence of Experience

The Board desires a complete record of your relevant employment experience. List each employment engagement in chronological order beginning with your earliest engagement.

Dates (Month & Year)		State in order: (a) Title of position held. (b) Name, location and type of business of employer. (c) Kind of work done by applicant and extent of personal responsibility. (d) Largest project (if applicable) and your role in that project.	Time Engaged (Years or Months)			Name and address of someone familiar to each engagement, preferably the person to whom you reported, or with whom you were associated.
From	To		As Subordinate	In Responsible Charge	Total	

**5. References of Character and Qualification**

Five references are required. References must not be related to you either by birth or marriage, and must not be members of the Board. At least three of the references must be well acquainted with your work history and must be able to vouch for your character and your qualifications as a prospective County Highway or City Street Superintendent.

Name	Mailing Address	Business Relationship	Have Known Since

6. **Certification:** I certify that the information on this, my application, is accurate and complete, to the best of my knowledge.

Signature of Applicant

Date

**The undersigned appeared before me and did attest that the information on this application is true and complete.**

[illegible]

Subscribed, sworn to and acknowledged before me by \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

SEAL

Signature of Notary Public

***Attach check\* or money order\* (do not mail cash), and return this application to:***

**Board of Examiners for County Highway and City Street Superintendents,  
c/o Nebraska Department of Roads, P.O. Box 94759, Lincoln, NE 68509**  
*(If delivered in person or by express service: Government Affairs Division,  
Nebraska Department of Roads, Materials & Research Building, Central Headquarters,  
1400 Highway 2, Lincoln, Nebraska 68502)*

\*Application fees are not refundable. You are advised to apply only for one license at this time.

For a packet of information on pre-examination workshops and study materials, please contact:

**Board of Examiners for County Highway and City Street Superintendents,  
c/o Nebraska Department of Roads, P.O. Box 94759, Lincoln, NE 68509**

Phone: (402) 479-4607      Fax: (402) 479-3636      E-mail: [emartens@dor.state.ne.us](mailto:emartens@dor.state.ne.us)

**To download, fill out and print out this form from your computer, go to the NDOR Government Affairs webpage:  
[www.nebraskatransportation.org/localiaison/downloads.htm](http://www.nebraskatransportation.org/localiaison/downloads.htm)**

This form is authorized by Title 425, Chapter 2, Nebraska Administrative Code (425 NAC 2), adopted;  
and effective March 14, 2005.