

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 REGISTERED PROFESSIONAL ENGINEERS)

Fee for Application 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.)

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

*Preferred mailing address: ☐ Residence Address ☐ Business Address

Affix signed photograph
(approximate size 2"x2")

3. Professional Engineer Registration

Are you a registered Engineer? ☐ Yes ☐ No

List registration numbers and states where registered _____

List specialized branch of engineering in which you are registered _____

Attach documentation to prove Nebraska registration, namely:

- Copy of Certificates of Registration as an Engineer in Nebraska; **or**
- Stamped Request for Verification of Registration (*Nebraska Board of Engineers and Architects*)

4. 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

5. 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	

6. 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

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

STATE OF NEBRASKA)
)ss.
COUNTY OF _____)

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.

For a packet of information 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

**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**

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