

State of Nebraska
Nebraska Commission for the Deaf and Hard of Hearing
4600 Valley Road, Suite 420
Lincoln, NE 68510-4844

Form F: Application for Reinstatement of License

Section A — License Application Category (check one):

Interpreter and/or Transliterators Specialty Provisional Limited Practice

Section B — Personal Information:

Legal Name: _____ Nebraska Interpreter License Number: _____

RID Membership Number (Optional): _____ Date License Was Revoked: ____/____/____

Reason For Expiration/Revocation of Your License:

Nonpayment of Renewal Fees Failure to Maintain Required Certification or Assessment Level

Revocation (explain why disciplinary action was taken against your license or why your license was revoked):

Section C — Eligibility Requirement for Reinstatement:

Payment of License Fee plus Reinstatement Fee of \$75.00. Reinstatement fees are nonrefundable.

I have enclosed:

- ___ \$225.00 (\$150.00 + \$75.00) for Interpreter or Transliterators License
- ___ \$125.00 (\$50.00 + \$75.00) for Specialty License
- ___ \$125.00 (\$50.00 + \$75.00) for Provisional License
- ___ \$100.00 (\$25.00 + \$75.00) for Limited Practice License

Current Certification or Assessment Level. Enclosed is documentation of required certificate or assessment level (attach copy of card.)

Enclosed is a statement written by me containing the rationale for requesting license reinstatement.

Section D - Certification of Applicant:

I, _____ (print name), depose and say that I am the person named making application and that I have completed this application; and that the information I have provided is true and correct to the best of my knowledge and belief.

Signature

Date