

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 _____

Email _____ Fax No. () - _____

Daytime Telephone No(s). () - , () - , () -

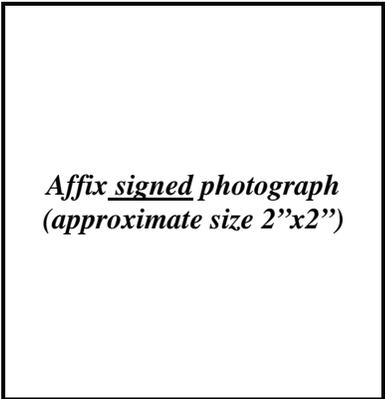
Social Security No. (*required by Neb.Rev.Stat. 39-2306*) - - _____

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 for licensing correspondence: Residence Address Business Address



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 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 DR Form 289 and a 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: Liaison Services Section,
Nebraska Department of Roads, Central Headquarters, Materials and Research Building, Room 123B
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**

Email: lemoyne.schulz@nebraska.gov Phone: (402) 479-4436 Fax: (402) 479-3525

This application is available on the NDOR Boards-Liaison Services website:

<http://transportation.nebraska.gov/gov-aff/gov-aff-main.html>

DR Form 289 is available on the NDOR Planning & Project Development Division website:

<http://transportation.nebraska.gov/projdev/#save>

This form is authorized by Title 425, Chapter 2, Nebraska Administrative Code (425 NAC 2).