

**APPLICATION FOR ELECTRONIC ACCESS OF
RECORDS
(FOREIGN CORPORATIONS)**

**TO BE USED ONLY BY ENTITIES PROVIDING HEALTH RELATED
PROFESSIONAL SERVICES OR LICENSED BY THE BOARD OF ENGINEERS
AND ARCHITECTS**

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
http://www.sos.state.ne.us

Name of Corporation _____
(must be the **exact** name as registered with the Nebraska Secretary of State)

Principal Place of Business _____
Street Address City State Zip

Practice of _____
(Please name profession corporation is engaged in)

Telephone Number () _____

_____ Check here if this is the first filing for a new foreign professional corporation

**PERSONNEL OF THE CORPORATION WHO WILL BE RENDERING
PROFESSIONAL SERVICES IN NEBRASKA AND/OR ARE
LICENSED IN NEBRASKA**

Full Name & Nebraska License # Residence Street Address, City, State, Zip

Full Name & Nebraska License # Residence Street Address, City, State, Zip

Full Name & Nebraska License # Residence Street Address, City, State, Zip

Full Name & Nebraska License # Residence Street Address, City, State, Zip

Full Name & Nebraska License # Residence Street Address, City, State, Zip

Full Name & Nebraska License # Residence Street Address, City, State, Zip

FEE: \$50.00
(please complete reverse side)

PERSONNEL RENDERING PROFESSIONAL SERVICES IN NEBRASKA

(continued)

Full Name & Nebraska License #

Residence Street Address, City, State, Zip

Full Name & Nebraska License #

Residence Street Address, City, State, Zip

Full Name & Nebraska License #

Residence Street Address, City, State, Zip

Full Name & Nebraska License #

Residence Street Address, City, State, Zip

Full Name & Nebraska License #

Residence Street Address, City, State, Zip

Full Name & Nebraska License #

Residence Street Address, City, State, Zip

**OFFICERS SHAREHOLDERS AND DIRECTORS OF THE CORPORATION
WHO ARE NOT LICENSED IN NEBRASKA**

Full Name, License # and State of License

Director, Shareholder, Officer (list office held)

Full Name, License # and State of License

Director, Shareholder, Officer (list office held)

Full Name, License # and State of License

Director, Shareholder, Officer (list office held)

Full Name, License # and State of License

Director, Shareholder, Officer (list office held)

Full Name, License # and State of License

Director, Shareholder, Officer (list office held)

Full Name, License # and State of License

Director, Shareholder, Officer (list office held)

SIGNATURE OF OFFICER _____ Date _____

NAME & TITLE OF OFFICER _____

Please Print or Type