

**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  
P.O. Box 94608  
Lincoln, NE 68509  
*www.sos.ne.gov*

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