

# APPLICATION FOR ELECTRONIC ACCESS OF RECORDS

## TO BE USED ONLY BY PROTECTED SERIES PROVIDING HEALTH RELATED PROFESSIONAL SERVICES OR LICENSED BY THE BOARD OF ENGINEERS AND ARCHITECTS

Robert B. Evnen, Secretary of State  
P.O. Box 94608  
Lincoln, NE 68509  
www.sos.nebraska.gov

Name of Protected Series \_\_\_\_\_

Practice of \_\_\_\_\_  
(the professional service for which the protected series is organized to do business)

### MEMBERS OF THE PROTECTED SERIES

**This Section Must be Completed.** List all members of the protected series who are required by Nebraska law to be licensed or certified to perform the professional services for which the protected series was organized (attach additional pages if needed).

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

(over)

**MANAGERS OF THE PROTECTED SERIES**

**This Section Must be Completed.** List all managers of the protected series who are required by Nebraska law to be licensed or certified to perform the professional services for which the protected series was organized (attach additional pages if needed).

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

**PROFESSIONAL EMPLOYEES OF THE PROTECTED SERIES**

**This Section Must be Completed.** List all professional employees of the protected series who are required by Nebraska law to be licensed or certified to perform the professional services for which the protected series was organized (attach additional pages if needed).

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Full Name & License #

\_\_\_\_\_  
Residence Street Address, City, State, Zip

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Representative