



# NEBRASKA

DEPARTMENT OF EDUCATION

## RENEWAL APPLICATION FOR A SCHOOL LICENSED BY ANOTHER STATE AGENCY IN NEBRASKA

NAME OF SCHOOL:

### ITEMS TO BE SUBMITTED

(initial next to any item that you are submitting for review)

- Renewal of Authorization to Operate Application (this document – all three pages completed)
- School Databases (included in your renewal notification letter) **with applicable updates**
- Enrollment Agreement – Contract that will be signed by agent & student
- Current catalog (including evidence of a refund policy)
- Financial Statements - Must be prepared in accordance with Generally Accepted Accounting Principles (GAAP) (005.02D – 005.02D2c)
- Agent surety bond (\$5,000 per agent) or other security agreement – submit continuation statement showing bond is in force (42, 005.02B).
- License or approval issued by the appropriate state agency

### REQUIRED DOCUMENTS IF DIFFERENT FROM LAST YEAR:

(initial next to any item that you are submitting for review)

- Advertising – published or proposed to be published. Advertising and Descriptive literature (92 NAC 42 (005.02G and 005.02H).
- Agent Applications (new)

If your school is required to submit the Tuition Recovery Cash Fund form and fee, a form will be directly mailed to your school

## ASSURANCE STATEMENTS

**Directions:** Initial next to Building and Safety Code statement

### **BUILDING and SAFETY CODE STATEMENT**

\_\_\_\_ I hereby certify for the school for which this application is being completed, all buildings, workspace and equipment are in compliance with local fire, building, health, and safety requirements, and are adequate to accommodate the educational programs of this school. (92NAC41, 004.02A)

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**If the applicant school is owned by an individual, this application should be signed by the owner. If owned by a partnership, it should be signed by the managing partner. If owned by a corporation or association, by one of the authorized officers. I have read this application, and the statements therein made are true to the best of my knowledge, information, and belief.**

\_\_\_\_\_  
(Name of School Official)

\_\_\_\_\_  
(Title of School Official)

\_\_\_\_\_  
(Signature of School Official)

\_\_\_\_\_  
(Date)

**Please send complete application packet to:**

**Nebraska Department of Education  
Private Postsecondary Career Schools  
P.O. Box 94987  
Lincoln, NE 68509-4987**

**\*Note: Incomplete application packets/forms will be returned\***

**THIS FORM SHOULD NOT BE REWORDED**