

# 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

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

\_\_\_\_\_ 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

(please complete both pages)

**PERSONNEL RENDERING PROFESSIONAL SERVICES IN NEBRASKA**

(continued)

_____ Full Name & Nebraska License #	_____ <u>Residence</u> Street Address, City, State, Zip
_____ Full Name & Nebraska License #	_____ <u>Residence</u> Street Address, City, State, Zip
_____ Full Name & Nebraska License #	_____ <u>Residence</u> Street Address, City, State, Zip
_____ Full Name & Nebraska License #	_____ <u>Residence</u> Street Address, City, State, Zip
_____ Full Name & Nebraska License #	_____ <u>Residence</u> Street Address, City, State, Zip
_____ Full Name & Nebraska License #	_____ <u>Residence</u> 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  
OR INCORPORATOR \_\_\_\_\_ Date \_\_\_\_\_

SIGNATOR'S NAME & TITLE \_\_\_\_\_

Please Print or Type