

**E-PERMIT VERIFICATION FORM
NEBRASKA STATE ELECTRICAL DIVISION**

1220 Lincoln Mall, Suite 125
PO Box 95066
Lincoln, NE 68508-2707
402-471-3507

DATE: _____

COMPANYNAME: _____

CONTACT PERSON: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE NUMBER: _____ **CELL NUMBER:** _____

FAX NUMBER: _____ **E-MAIL ADDRESS:** _____

ELECTRICAL CONTRACTOR (PLEASE PRINT) **EC LICENSE NO.** **SIGNATURE**

ELECTRICAL CONTRACTOR (PLEASE PRINT) **EC LICENSE NO.** **SIGNATURE**

ELECTRICAL CONTRACTOR (PLEASE PRINT) **EC LICENSE NO.** **SIGNATURE**

PLEASE COMPLETE AND RETURN FOR USER ID AND PIN NUMBER

APPLICANT (PLEASE PRINT) **SIGNATURE** **DATE**

<u>FOR SED USE ONLY</u>	DATE RECEIVED:
ID NUMBER: _____	
PIN NUMBER: _____	