



INITIAL APPLICATION

Video Remote Interpreting Business License

Complete the entire application. Incomplete applications will be returned.

CHECKLIST:

- Completed application
- License Fee (check or money order)
- Roster of all employed and/or contracted sign language interpreters

Mail application, fee(s), and supporting documentation to:

Nebraska Commission for the Deaf and Hard of Hearing
Attn: Licensing Department
4600 Valley Rd, Ste 420
Lincoln, NE 68510

Questions or Concerns?
Contact the Licensing Department 402.471.3593 or ncdhh@nebraska.gov



For Internal Use Only	
Date Received:	
Received By:	
Check Number:	
Receipt Number:	
Documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approved	Denied
Date:	
Processed By:	

VRI Initial Application

GENERAL INFORMATION

Legal Name: _____ Date: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Tax ID Number: _____ - _____

Phone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

Email Address: _____ Website: _____

TRADE NAME *(Use a separate sheet if necessary)*

If the business will be operating under any other name(s), then all such name(s) must be listed, to include address(es) and telephone number(s).

Doing Business As or D/B/A: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

Email Address: _____

CONTROLLING PERSON

Controlling person to serve as main contact for all communication with NCDHH.

Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

Email Address: _____



OWNERSHIP *(Use a separate sheet if necessary)*

Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

Email Address: _____

Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

Email Address: _____

Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

Email Address: _____

Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

Email Address: _____

LICENSE FEE *License renewals occur on a biennial basis ending June 30th of even-numbered years*

Video Remote Interpreting Business License Fee - \$150.00



AFFIDAVIT

I/We hereby attest that I/we will not represent ourselves as a licensed Video Remote Interpreting (VRI) provider in the State of Nebraska until this application is approved and a Video Remote Interpreting Service Provider Business license has been issued by the Nebraska Commission for the Deaf and Hard of Hearing.

I/We attest that all employed or contracted sign language interpreters are at least 18 years of age, and have obtained a high school diploma or equivalent.

I/We hereby agree that I/we have knowledge of and will comply with the Revised Nebraska Statutes §20-150 to §20-159, Title 96: Chapter 1, Nebraska Rules and Regulations Relating to Sign Language Interpreters, and the NAD-RID Code of Professional Conduct. I/We hereby attest that all employed or contracted sign language interpreters have knowledge of and will comply with the Revised Nebraska Statutes §20-150 to §20-159, Title 96: Chapter 1, Nebraska Rules and Regulations Relating to Sign Language Interpreters, and the NAD-RID Code of Professional conduct. I/We hereby understand the types of misconduct for which disciplinary proceedings may be initiated against our business license pursuant to said regulations.

I/We hereby attest that our responses and the information provided on this form are true, complete, and accurate and I/we understand that this information may be used to verify our lawful presence in the United States.

I/We agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Commission for the Deaf and Hard of Hearing.

Authorized Name: _____

Authorized Signature: _____

Date: _____



Video Remote Interpreting (VRI)

Employed and Contracted Sign Language Interpreter Roster

	Last Name	First Name	Certification Type	Certification Expiration Date	RID Member Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
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25					

I/We hereby attest that our responses and the information provided on this form and any related application for public benefits are true, complete, and accurate in accordance to the Revised Nebraska Statutes §20-150 to §20-159, Title 96: Chapter 1, Nebraska Rules and Regulations Relating to Sign Language Interpreters.

Authorized Name: _____ Title: _____

Authorized Signature: _____ Date: _____

Business Name or D/B/A: _____ Phone: (____) ____ - _____

Address: _____ City: _____ State: _____ Zip: _____