NEBRASKA SECRETARY OF STATE

Business Services Division: Notary 1445 K St., 1301 State Capitol Bldg. P. O. Box 95104 * Lincoln, NE 68509 (402) 471-2558 or (402) 471-4094 http://www.sos.ne.gov

Evidence of Employment in Nebraska Form

This form must be completed for a non-resident applicant who is employed by a business located within the physical boundaries of Nebraska. The form must be completed by one of the officers, directors, managers, or authorized representatives of the business.

is employed as a(n)	Name of Author	being first ized Representative	st duly sworn	duly sworn on oath say that	
The applicant is employed at the following location: Address of Business Signature of Authorized Representative Title of Authorized Representative Subscribed and sworn to before me this day of					
The applicant is employed at the following location: Address of Business Signature of Authorized Representative Title of Authorized Representative Subscribed and sworn to before me this	is employed as a(n)	Position of Notary Applicant	for	Name of Business	, whose regular place of busines
Signature of Authorized Representative Title of Authorized Representative Subscribed and sworn to before me this day of, 20	is located within the phy	ysical boundaries of Nebraska.			
Signature of Authorized Representative Title of Authorized Representative Subscribed and sworn to before me this day of	The applicant is employ	red at the following location:		Address of Business	
Subscribed and sworn to before me this day of					
	Signature of Authorize	ed Representative		Title of Authorized Representati	ive
Signature of Notary Officer	Subscribed and sworn to	o before me this day of		, 20	
				Signature of Notary Officer	
My Commission expires	My Commission expire	S	_ , 20		