

License/Registration Number \_\_\_\_\_  
Name of Facility \_\_\_\_\_

## United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. §§Stat. 4-108 through 4-114, I attest as follows:

- I am a citizen of the United States
- OR
- I am a qualified alien under the federal Immigration and Nationality Act, my Immigration status and alien number are as follows: \_\_\_\_\_ and I am providing a copy of my USCIS documentation.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

Name (Print – first, middle, last): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

--- OR ---

- It is not necessary to complete the Attestation Form. Please explain why. (For example: corporation, partnership, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Return completed form with application or renewal form to:*

DHHS – Office of Radiological Health  
P.O. Box 95026  
Lincoln, NE 68509-5026

If you have questions, please contact the Office of Radiological Health at [radiation.programs@dhhs.ne.gov](mailto:radiation.programs@dhhs.ne.gov) or (402) 471-2168.

Your application/renewal will not be processed without a completed Attestation Form.

(OVER)

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On April 8, 2009 the Governor signed into law Legislative Bill 403 (LB 403) which requires the **verification of lawful presence in the United States** for recipients of public benefits, public contractors and public employees. LB 403 is codified in statute at Neb. Rev. Stat. §§ 4-108 through 4-114.

**Public Benefits.** For the purposes of this law, public benefits are defined to mean “any grant, contract, loan, **professional license, commercial license**, welfare benefit, health payment or financial assistance benefit, disability benefit, public or assisted housing benefit, postsecondary education benefit, food assistance benefit, or unemployment benefit or any similar benefit” provided by a governmental agency. There are limited exceptions in the law for certain benefits such as emergency health care services, short term noncash disaster relief, and life safety services.

Each of the licenses, certifications registrations and permits in the DHHS Environmental Health Unit are considered commercial licenses. For this reason, in order to comply with the requirements of Neb. Rev. Stat. §§ 4-108 through 4-114, each applicant or renewing applicant must address the information in the enclosed attestation form.

The attestation form **must** be completed by the following:

1. An applicant or for a professional license or renewal of a license
2. An applicant for a commercial license or renewal of a commercial license where the business or entity is **owned by an individual**.

**NOTE:** In those cases where a business or entity is owned by a corporation, partnership, government, etc. the bottom of the attestation form needs to be completed. Please indicate the ownership of the organization. **Return the completed attestation form with your application or renewal form. Applications and renewals can not be processed without the attestation form.**

Providing this information is critical and absolutely necessary. Completion of the form will expedite your application or renewal. We appreciate your cooperation. If you have questions please contact the program personnel indicated on your application.