Phone: 402-471-2021 Fax: 402-471-0787

ENGINEERING EDUCATIONAL DEBT REIMBURSEMENT REQUEST

- This application is for individuals requesting educational debt reimbursement from the Nebraska Board in accordance with Neb. Rev. Stat. §81-3432.01.
- · To qualify for the reimbursement you must have:
 - 1. Graduated from an EAC/ABET-accredited engineering program in Nebraska;
 - 2. Passed the Fundamentals of Engineering (FE) exam on the first attempt no later than nine months after graduation; and
 - 3. Qualifying educational debt, which includes government and commercial loans obtained by the student for postsecondary education tuition, other educational expenses, and other reasonable living expenses.
- $\bullet \quad \textit{The reimbursement request form must be received within one year of graduation}.$
- The Board must receive verification of your graduation directly from the granting educational institution or NCEES. Electronic transcripts may be sent to nbea.office@nebraska.gov.
- The attached State of Nebraska W-9 & ACH Enrollment Form must be included with your requests.
- Allow up to eight weeks to receive the reimbursement from receipt of all required documents

Full Legal Name (including full middle name) Maiden or Former Name (if applicable)						
Full Social Security Number (required for reimbursement)						
Full Social Security Number (required for reimbursement) Mailing Address: Full Legal Name (if business) Mailing Address City, State, Zip Code Email Address Telephone Alternate Telephone Fax FE Pass Date: Degree Received: Date of Graduation: Do you have qualifying educational debt? □ Yes □ No If no, you do not qualify. See the instructions above for a definition of what qualifies as educational debt. 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 , and I have enclosed a copy of my USCIS documentation. hereby attest that my response and the information provided on this form and any related application for public benefits are true.	Full Legal Name (including full middle name)	Maiden or Former Name (if applicable)				
Mailing Address: Full Legal Name (if business)	Eull Social Society Number (required for naimburgament)					
Full Legal Name (if business) Mailing Address City, State, Zip Code Email Address Telephone Alternate Telephone Fax FE Pass Date: Degree Received: Date of Graduation: Do you have qualifying educational debt? □ Yes □ No If no, you do not qualify. See the instructions above for a definition of what qualifies as educational debt. 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 , and I have enclosed a copy of my USCIS documentation. hereby attest that my response and the information provided on this form and any related application for public benefits are true.						
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Degree Received:	-					
Date of Graduation: Do you have qualifying educational debt? □ Yes □ No If no, you do not qualify. See the instructions above for a definition of what qualifies as educational debt. 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, and I have enclosed a copy of my USCIS documentation. ereby attest that my response and the information provided on this form and any related application for public benefits are true.						
Date of Graduation:	FE Pass Date:	5. NCEES Account Number:				
Do you have qualifying educational debt?	Degree Received:					
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		, and I have enclosed a copy of my USCIS documentation.				
		, , ,				
Signature of Applicant Date	Signature of Applicant					

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Instructions for Completing the STATE OF NEBRASKA W-9 & ACH ENROLLMENT FORM for Nebraska Board of Engineers and Architects educational debt reimbursement

These instructions are for those completing the STATE OF NEBRASKA W-9 & ACH ENROLLMENT FORM as part of the Board's application for educational debt reimbursement. These instructions will cover most typical situations.

If a field on the form does not have specific instructions below, you may safely skip that field.

If you have questions about completing this form for educational debt reimbursement purposes, call the Nebraska Board of Engineers and Architects at 402-471-2021.

Instructions for reimbursement via check

Line 1 (Name): Enter your name as used on your income tax return.

Line 3 (Federal Tax Classification): Select "Individual."

Line 5 and 6 (Address, City, state, and Zip code): Enter your current address, city, state, and zip code. Do not enter a remit address unless you want debt reimbursement funds sent to another address besides your current address.

Taxpayer Identification Number (TIN): Enter your FULL social security number in the *Social Security Number (SSN)* fields.

Certification: Provide your signature (use black/blue ink or an electronic signature) in the *Signature of US Person* field, and other appropriate information in the *Printed Name*, *Date*, and *Contact Phone* fields.

Comments or Business/Entity Notes: SKIP

If you want to receive educational debt reimbursement in the form of a check, **STOP HERE**. A check will be mailed to you from the State of Nebraska within six to eight weeks after your request has been processed.

Instructions for reimbursement via direct deposit

Instead of a check, if you would like to receive educational debt reimbursement via direct deposit, in addition to providing information for reimbursement via check as noted above, complete the fields in the **ACH Enrollment** section.

ACH Enrollment: Select the *Initial Setup* option.

Enter appropriate information in the following fields:

- Financial Institution Name
- Address (of the financial institution)
- City, state, and ZIP code (of the financial institution)
- Nine Digit Routing Number
- Depositor Account Number
- Type of Account (Checking or Savings)

- E-mail (used for payment notifications, usually the person applying for debt reimbursement)
- Authorized Individual or Entity Signature (signature of person applying for debt reimbursement; use black/blue ink or an electronic signature)
- Printed Name and Date

Attachment Required!: Select and include one of the following items for verification:

- Blank check (voided), or
- Photocopy of a cleared check

STATE OF NEBRASKA W-9 & ACH ENROLLMENT FORM

PLEASE SUBMIT FORM TO INVOICED AGENCY

ACH Enrollment: Remit Address (if different):	Name (as shown on your income t	ax return). Name is	required on	this line; do	not	leave this line	e blan	ık.			
Individual Sole proprietor C Corporation S Corporation Partnership Trust/Estate Non-Profit Entity Government (Local, State or Federal) Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership) Other (see instructions)	Business name/disregarded entity name, if different from above										
4 Exemptions (see instructions): Exempt payee code (if any)	☐ Individual ☐ Sole proprietor ☐ Non-Profit Entity ☐ Governr ☐ Limited Liability Company. En ☐ Other (see instructions)	C Corporation nent (Local, State or nter the tax classification)	S Corpo Federal) ation (C = C	ration \square P	artı S =	nership					
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Taxpayer Identification Number (TIN): Social Security Number (SSN): OR Employer Identification Number (EIN): Month & Year Tax Id/Nan Certification: Under penallies of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding due to failure to report interest and dividend income, and 3. I am a U.S. citizen or other U.S. person (defined in the instructions), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. For additional instructions please refer to http://www.irs.gov/pub/firs-pdf/fw9.pdf to obtain a copy of the IRS Form W-9 General Instructions. Signature of US Person:	Address.			Kellitt Au	ure	ss (ii uiiieieii	ι).				
Certification: Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2.1 am not subject to backup withholding due to failure to report interest and dividend income, and 3.1 am a U.S. citizen or other U.S. person (defined in the instructions), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. For additional instructions please refer to http://www.irs.gov/pub/irs-pdf/fw9.pdf to obtain a copy of the IRS Form W-9 General Instructions. Signature of US Person:	City, state, and ZIP code		City, state, and ZIP code								
2. I am not subject to backup withholding due to failure to report interest and dividend income, and 3. I am a U.S. citizen or other U.S. person (defined in the instructions), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. For additional instructions please refer to http://www.irs.gov/pub/irs-pdf/fw9.pdf to obtain a copy of the IRS Form W-9 General Instructions. Gignature of US Person:	Social Security Number (SSN): Certification: Under penalties of perjury, I certify that:	OR En				——————————————————————————————————————		& Year Tax Id/Name changed			
Contact Phone: Comments or Business/Entity Notes: ACH Enrollment: Initial Setup Change Close Account Chis information is REQUIRED to process ACH payments. Without this information, your payment may be delaye Financial Institution Name: Nine Digit Routing Number: Prior Routing Number:* Check here if the bank the United States. Address: Depositor Account Number: Prior Account Number:* Check here if our payment payment are being forwarded for financial institution to institution in another of the changing/updating your ACH instructions with the South Nebraska. This account will be used for all payments by the State of Nebraska unless specified here: E-mail: (Used for ACH payment notifications.) Authorized Individual or Entity Signature: (Select and attach one of the following items for verification in the following ite	I am not subject to backup withholding of 3. I am a U.S. citizen or other U.S. person (4. The FATCA code(s) entered on this form For additional instructions please refer to the subject of the subj	tue to failure to report into defined in the instruction of (if any) indicating that I o http://www.irs.gov/pu	erest and divide is), and I am exempt fro ib/irs-pdf/fw9.p	nd income, and m FATCA report odf to obtain a c	rting	g is correct. y of the IRS Form	m W-9	General Instructions.			
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