

Return completed form to: Nebraska Department of Education
Private Postsecondary Career Schools
and Veterans Education Section
P. O. Box 94987
Lincoln, NE 68509-4987

APPLICATION FOR CHANGE OF SCHOOL OWNERSHIP FOR SCHOOL LICENSED BY OTHER STATE AGENCY

Date: _____

Name of School: _____ Telephone Number: _____

Location of School: _____

Mailing Address of School: _____

Administrative Director: _____

Please submit the following as exhibits:

- Exhibit 1. Names, full addresses, and corporate titles of all persons or other entities having financial interest of the ownership.
- Exhibit 2. Financial statements for the most recently completed fiscal year prepared in accordance with the Generally Accepted Accounting Principles (GAAP). If the school is affiliated with a corporation/parent organization, a copy of the parent organization's most recent financial statements shall also be submitted. Financial statements must either be audited or prepared by an independent CPA.
- Exhibit 3. Fully executed bond for agents. If bonds are already on file with our office, proof must be furnished that the bonds are still in effect.
- Exhibit 4. A copy of the sales agreement or contract showing items and conditions of sales.
- Exhibit 5. New or revised catalog/bulletin, or supplement which describe the changes in operations.
- Exhibit 6. A report of other changes made in the school's organization and operations since the last application for authorization to operate was filed and approved by the Commissioner.
- Exhibit 7. A copy of arrangements made to ensure continuing operations and compliance with laws and regulations during and after the change of school ownership.
- Exhibit 8. Evidence of assumption of liability by new owner, showing that the school will make all refunds which of the date school is sold may be due students and to honor all student contracts signed or approved by previous school official before the effective date of the change of ownership.
- Exhibit 9. Agent's permit application and fee for each agent (\$150.00 per agent application)

AFFIDAVIT: STATE OF _____ COUNTY OF _____

_____ being duly sworn, deposes and says that he/she is the _____ of _____
Signature Title Name of School

respecting which the foregoing application is made, that he/she has read the foregoing application, and that the statements therein made are true to the best of his/her knowledge, information, and belief.

Subscribed and sworn to before me this _____ day of _____ 20 _____

Notary Public _____

SEAL

County, State _____