

**APPLICATION FOR NEBRASKA IGNITION INTERLOCK PERMIT (IIP)**

**1** Items A – E below must be completed and sent to the Financial Responsibility Division (address listed above).

- A. You must be a current Nebraska resident and have been issued a license from any state.
- B. Comply with all reinstatement requirements for any suspensions/revocations in Nebraska or any other state before the IIP may be issued;
- C. Submit this completed application form;
- D. Submit a current certificate of installation showing an approved device has been installed for each vehicle you will be driving (An IIP cannot be used for operation of a Commercial Motor Vehicle); and,
- E. Include current **Nebraska Operator’s License** – if not already surrendered.

**2 Provide Personal Information (Please Print)**

Last Name		First Name		Middle Initial	Suffix (Jr., Sr., 2 <sup>nd</sup> , 3 <sup>rd</sup> )
Current Residential Address (Cannot accept a mailing address or P.O. Box)			City	State	Zip Code
<b>Date of Birth</b>		<b>Home Phone Number</b>		<b>Social Security Number</b>	
Month	Day	Year			

**Providing you are eligible, upon receipt of all applicable requirements, you will be sent a letter authorizing you to appear before a Driver License Examiner to obtain the Nebraska Ignition Interlock Permit.**

**By signing this application I swear or affirm that:**

**3** I understand that my license will be administratively revoked for the applicable period based on my record:  
 Six (6) months for a first offense for failure of an alcohol test – IIP available immediately; or,  
 One (1) year for a subsequent offense for failure of an alcohol test – IIP available after 45 days no driving; or,  
 One (1) year for refusal of an alcohol or drug test – IIP available after 90 days no driving.

**Please initial**  
 By initialing this statement, I agree and understand that my license will be revoked for the applicable time frame as described above.

**4** I understand that submitting this application for an IIP waives my right to contest the administrative revocation.

**Please initial**  
 By initialing this statement, I agree and understand that I cannot contest the administrative revocation of my driver license.

**5** I understand that I am required to have the IIP issued for legal operation of a motor vehicle (excluding commercial motor vehicle) equipped with an ignition interlock device for the period of the revocation. If convicted for any violation of the IIP, six (6) months will be added to the original revocation period.

**Please initial**  
 By initialing this statement, I understand that I cannot operate a motor vehicle until the IIP is issued and can only operate a motor vehicle equipped with an Ignition Interlock device installed and if I am convicted of any IIP violation(s), my revocation period will be extended for six (6) months.

**You must sign this application:**

**6**

<hr/> Applicant’s Signature	<hr/> Date
-----------------------------	------------