

# APPLICATION FOR EMPLOYMENT DRIVE PERMIT FOR SUPPORT ORDER VIOLATION

---

This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.

FINANCIAL RESPONSIBILITY

October 1, 2016

## **DMV PROCEDURAL BULLETIN**

### **EMPLOYMENT DRIVING PERMIT – SUPPORT ORDER VIOLATION**

#### **WHAT IS THE EMPLOYMENT DRIVE PERMIT?**

The Employment Driving Permit is authorized by Nebraska State Statute 60-4,129, for driver's who have forfeited their regular driving privileges for non-payment of a support order.

This permit can be used to drive from home to work and return, and strictly in reference to the terms of employment. It cannot be used for visitation, shopping, doctor's appointment, probationary meetings, school (unless school is required and subsidized by employer), etc.

The issuance of such permit is based upon meeting all appropriate requirements and certification that the use of the vehicle is required as part of one's employment and there is not reasonable alternative means of transportation.

#### **WHO IS ELIGIBLE AND HOW LONG IS THE PERMIT VALID FOR?**

**ONLY THOSE INDIVIDUALS WHOSE DRIVING PRIVILEGES HAVE BEEN SUSPENDED FOR VIOLATION OF A SUPPORT ORDER ARE ELIGIBLE.** Any other suspension or revocation actions must be reinstated in order to be eligible for an Employment Driving Permit. Driver must have tested for and been issued a driver license (in any state) prior to being suspended in Nebraska. Driver can apply for the permit anytime during the suspension and can be issued only one permit during the suspension period. The employment drive permit is valid for three months from the issuance date of the permit and is not renewable.

#### **WHAT ARE THE REQUIREMENTS?**

- (1) An **Application For Nebraska Employment Driving Permit - Support** (the application can be downloaded from the Department of Motor Vehicles website <http://www.dmv.ne.gov> or can be mailed to the driver upon request. A separate application must be completed for each place of employment.
- (2) The application form will include: a) General application - driver must complete first two (2) pages in full; b) Employer's Affidavit - Employer must complete in full; c) Self-Employment Affidavit if the driver is self-employed this section must be completed in full and submitted with documentation of self-employment - Schedule C or Schedule F, Form 1120 or 1120S income tax form (required if the business has filed income tax); if taxes have not been filed - letterhead stationery, business card, etc.; and d) An affidavit certifying no alternative means of transportation.

**The application form must be submitted for evaluation and review (the Department must meet all statutory requirements in review and evaluation of the application) and the Department must be able to confirm employment by telephone.**

- (3) The suspended Nebraska Operator's License (if not already surrendered or expired).
- (4) Proof of financial responsibility may be given by one of the following: a) By filing with the Department of Motor Vehicles, a written certificate of insurance from any insurance company duly authorized to do business in the State of Nebraska, certifying that there is in effect a motor vehicle liability policy for the benefit of the person required to furnish the proof of financial responsibility. The certificate of insurance is identified by form SR-22. We are not permitted to accept your policy or a binder as being the proper identification of your proof of financial responsibility. b) A Bond of a Surety Company duly authorized to transact business within the State of Nebraska or a bond with at least two individual sureties who each own real estate within the State of Nebraska which real estate shall be scheduled in the bond approved by a Judge or a court of record. This said bond shall be conditioned for the payment of the amounts specified in sub-section 10 in Section 60-501 (\$75,000.00). c) A Cash bond in the amount of \$75,000.00 furnished by a certified check, bank draft, or money order.

**THE DIRECTOR OF THE DEPARTMENT OF MOTOR VEHICLES WILL REVOKE THE EMPLOYMENT DRIVING PERMIT OF ANY DRIVER CONVICTED OF A VIOLATION FOR WHICH POINTS ARE ASSESSED.** If the permit is revoked in this manner, the individual will not be eligible to receive an Employment Driving Permit for the remainder of the period of suspension or revocation.

#### **WHERE DO I APPLY AND HOW LONG WILL IT TAKE?**

Send requirements to the Department of Motor Vehicles, Employment Driving Permit Program, P.O. Box 94877, Lincoln, NE 68509, (402) 471-3985. If requirements are met, the Employment Drive Permit Authorization letter will be issued for the driver to present to the Driver License Examiner. Driver will need to pay the \$47.50 fee to the County Treasurer for issuance of the permit.



## Financial Responsibility Division

Employment Driving Permit Program  
 301 Centennial Mall South, P.O. Box 94877  
 Lincoln, Nebraska 68509-4877  
 (402) 471-3985 Fax (402) 471-8288

### APPLICATION FOR NEBRASKA EMPLOYMENT DRIVING PERMIT – SUPPORT

**1** Items A – E below must be completed and sent to the Financial Responsibility Division at the address listed above. If the application is properly completed and you are eligible, you will be sent a letter authorizing you to go to a Driver Examining Station to be issued the Employment Driving Permit.

- A. Must be a Nebraska resident, have tested and been issued a license (Provisional Operator’s Permit holders are not eligible for the Employment Drive Permit).
- B. Current **Nebraska Operator’s License** – if not already surrendered;
- C. Properly completed **SR-22 Certificate of Insurance** from your insurance company (application, binder or insurance card will not be accepted);
- D. **This completed application form** – including documentation of self-employment (if applicable). **You will need a separate application for each job you hold; and,**
- E. Comply with all reinstatement requirements for any suspensions/revocations in Nebraska or any other state that prohibits you from obtaining the Employment Drive Permit.

**NOTE:** The Authorization Letter for Issuance of Employment Drive Permit is based upon you, the driver, meeting all conditions and the Department being able to verbally confirm employment with your employer. If any of the above requirements are not met, you will not be issued the Authorization Letter.

### **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 Employment Drive Permit. Authorization is based on meeting all conditions including certification that the use of a vehicle is a requirement for employment and there is no reasonable alternative means of transportation.**

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

**3** I certify that I will notify the Department of Motor Vehicles of change or termination of employment. If I change employment, I must immediately contact the Department of Motor Vehicles to file a revised application in reference to my new employment in order to maintain my Employment Driving Permit privileges. I understand that my permit will not be valid until there is a properly completed application on file for my new job.

**Please initial** **By initialing this statement, I agree and understand that failure to notify the Department of any change in my employment will cause my Employment Driving Permit to immediately become null and void.**

**4** I understand that the Director of the Department of Motor Vehicles will revoke the Employment Drive Permit upon receipt of the abstract of conviction indicating that I committed an offense for which points are assessed and I will not be eligible to receive an Employment Driving Permit for the remainder of the period of revocation or suspension of my operator’s license or privilege to drive.

**Please initial** **By initialing this statement, I understand that if I commit any violation where points are assessed my Employment Driving Permit will be revoked.**

5

**Employment information. If you are self-employed – skip to Part 7:**

Where do you work:

Your work phone number:

Describe what you do at your job:

6

**Routes/Areas of travel - detailed information is required for your protection. If you are stopped driving after the permit has been issued, law enforcement will refer to the application you submitted for verification of your Routes/Areas of travel. If you need more space – please attach a separate sheet of paper.**

Routes to and from work:

Routes for driving during work:

Briefly describe other transportation options available:

Bus Routes:

Other:

**You must sign this application in the presence of a Notary Public:**

7

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed name

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

State of \_\_\_\_\_

County of \_\_\_\_\_

The signature of the Applicant was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .

\_\_\_\_\_  
Notary Public Signature

Seal

8

**Employers Affidavit (skip to next page if you are Self-Employed)**

Your Employee is making application for a Nebraska Employment Drive Permit. State law requires, as one of the conditions for issuance for such permit, that the employer sign an affidavit swearing to the validity of the claim that the use of a vehicle is required in traveling to and from his or her place of employment and/or in the course of the applicant's employment.

Your assistance is appreciated. It should be noted that the Department of Motor Vehicles will contact the Human Resource/Personnel Office to **verbally** confirm employment and a false swearing jeopardizes all parties and the validity of the application. **If permit is authorized, you will be required to notify the Department of Motor Vehicles in writing of termination of employment of applicant.**

Your Employee's (Applicant's) Name:		
-------------------------------------	--	--

Your Employee's (Applicant's) Address:	Street Address	City / State / Zip Code
--	----------------	-------------------------

**9 Business information**

Business name (place of employment):		
--------------------------------------	--	--

Business Address:	Street Address	City / State / Zip Code
-------------------	----------------	-------------------------

Employer's Name / Phone number:	Name	Phone Number
---------------------------------	------	--------------

HR / Personnel Contact / Phone number:	Name	Phone Number
--	------	--------------

**10 I can confirm the need for my employee to drive as a condition of his/her employment as described below:**

1.	My employee is "only" required to drive to and from work.	<b>Please circle</b>	
		Yes	No
2.	My employee is required to drive to / from work and must also drive to meet employment responsibilities (i.e. deliveries, between job sites, etc.).	<b>Please circle</b>	
		Yes	No
3.	The routes/areas of travel my employee listed in Section 7 are correct.	<b>Please circle</b>	
		Yes	No

4.	Days employee is required to work (please $\sqrt$ days required):													
	MON	( $\sqrt$ )	TUE	( $\sqrt$ )	WED	( $\sqrt$ )	THUR	( $\sqrt$ )	FRI	( $\sqrt$ )	SAT	( $\sqrt$ )	SUN	( $\sqrt$ )

Hours employee is required to work - up to a 12-hour work shift will be accepted, anything over 12 hours the DMV will consider as overtime. Please include driving time:

5.	Leave Home at:		am	pm	Work shift starts at:		am	pm
	Work shift ends at:		am	pm	Return home at:		am	pm

	Overtime hours (anything over a 12 hour shift) - please describe:	
--	---	--

6.	I am aware that if the Employment Drive Permit is authorized for my employee, I will be required to notify the Department of Motor Vehicles in writing if the employee quits or is terminated prior to the expiration of the Employment Drive Permit.	<b>Please initial</b>

**You must sign the application in the presence of a Notary Public:**

<p><b>11</b></p> <p>Signature below must be same as Employer's Name provided in Section 10 above.</p> <p>_____</p> <p><b>Employer's Signature</b></p> <p>_____</p> <p><b>Printed name</b></p> <p><b>Date:</b> _____</p>	<p>State of _____</p> <p>County of _____</p> <p>The signature of the Employer was acknowledged before me this _____ day of _____, _____.</p> <p>_____</p> <p><b>Notary Public Signature</b></p> <p><b>Seal</b></p>
---	--

**NOTE:** The Employment Drive Permit cannot be used to operate a commercial motor vehicle or as a commercial driver's license.

**Self-Employment Affidavit (complete only if you are self-employed)**

Being self-employed as described on the notarized application form, and being first duly sworn, I hereby certify that my employment requires licensing as described below.

**Company Information:**

Name of your Company:

Date the Company or Business was established:

Have Income Taxes for this Company or Business been filed yet:

**Please circle applicable**

Yes

No

Extension has been filed

**Days/Hours – detailed information is required for your protection. If you are stopped driving after the permit has been issued, law enforcement will refer to the application you submitted for verification of the days/hours you work.**

**Days you are required to work (please  $\checkmark$  days required):**

MON	( $\checkmark$ )	TUE	( $\checkmark$ )	WED	( $\checkmark$ )	THUR	( $\checkmark$ )	FRI	( $\checkmark$ )	SAT	( $\checkmark$ )	SUN	( $\checkmark$ )
-----	------------------	-----	------------------	-----	------------------	------	------------------	-----	------------------	-----	------------------	-----	------------------

Hours you are required to work - up to a 12-hour work shift will be accepted, anything over 12 hours the DMV will consider as overtime. Please include driving time:

Leave home at:		am	pm	Work shift starts at:		am	pm
----------------	--	----	----	-----------------------	--	----	----

Work shift ends at:		am	pm	Return home at:		am	pm
---------------------	--	----	----	-----------------	--	----	----

Overtime hours (anything over a 12 hour shift) – please describe:

Describe your job:

**If you have filed income taxes or an extension – you are required to submit the applicable form listed below:**

A **Schedule C** or **Schedule F income tax form** (or similar proof of current self-employment) is required if you have an established business and have filed income taxes – you may need to consult with your Accountant to obtain the correct schedule or form.

A **1120** or **1120S income tax form** (or similar proof of current self-employment) – is required if your business is incorporated and you have an established business that has filed income taxes - you may need to consult with your Accountant to obtain the correct schedule or form.

A **4868** (sole proprietorship) or **7004** (S or C Corporations, Partnerships, etc.) (or similar proof of current self-employment) is required if you have an established business, have not filed taxes but have filed for an extension to pay income taxes. You may need to consult with your Accountant to obtain the correct schedule or form.

**If you have not filed income taxes or an extension – you are required to submit documentation from the following list:**

1. Letterhead stationery, Business Card, Business Check
2. Tax Identification Number
3. Registration of Business Name with the Secretary of States Office