OUT OF STATE RENEWAL AND REPLACEMENTS
PERMIT, CLASS O (Car), CLASS M (Motorcycle) and STATE ID CARD DATA FORM

COMPLETE INFORMATION – PLEASE PRINT

Date of Birth			Social Security Number
Month	Day	Year	

Email Address:_____Cell Phone Number:_____

LAST NAME	FIRST NAME	MIDDLE INITIAL	SUFFIX *(JR, SR, 1ST, 2ND, 3RD)*

CURRENT RESIDENTIAL ADDRESS REQUIRED *(Street address or Route and PO Box, Apt #)*	CITY	STATE	ZIP CODE

CURRENT MAILING ADDRESS *(If different from residential address)*	CITY	STATE	ZIP CODE

COUNTY NUMBER	GENDER	HEIGHT FT.	HEIGHT IN.	WEIGHT	EYE COLOR	HAIR COLOR	RACE
	☐ M ☐ F						☐ BLACK ☐ AMERICAN INDIAN ☐ OTHER ☐ WHITE ☐ ASIAN OR PACIFIC ISL ☐ HISPANIC

For the purposes of complying with Neb. Rev. Stat. 60-484.04, I attest:

I am a citizen of the United States ..... Yes_ No_

OR

I am not a citizen of the United States, but do have lawful status and agree to provide valid documentary evidence of such as outlined in 60-484.04 ..... Yes_ No_

Please answer the following motor voter and veteran questions (answers are optional).

If you decline to register to vote, that fact will remain confidential and will only be used for voter registration purposes.

If you choose to register to vote, the office at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.

If you are already registered to vote in Nebraska, the change of address information on this application will be used to automatically update your voter registration information. Check here if you do not want your voter registration updated. ..... ☐

1A. Do you wish to register to vote as part of this application process? *(You only need to re-register if you have changed your name or political party.)* ..... Yes_ No_

1A1. Party Affiliation: Republican_____ Democratic_____ Libertarian_____Legal Marijuana Now_____
Nebraska Working People _____ America First _____ Nonpartisan (no party) . Other_____

1A2. Last Registration Address City: _____ County _____ or State_____

1B. Do you wish to have a veteran designation displayed on the front of your operator's license or state identification card to show that you served in the armed forces of the United States? ..... Yes_ No_
(To be eligible you must register with the Nebraska Department of Veterans' Affairs Registry).

Please consider the following organ and tissue donation questions.

2. Do you wish to include your name in the Donor Registry of Nebraska and donate your organs and tissues at the time of your death?..... Yes_ No_
3. Do you wish to receive any additional specific information regarding organ and tissue donation?..... Yes_ No_
4. Do you wish to donate $1 to promote the Organ and Tissue Donor Awareness and Education Fund? ..... Yes_ No_

Please answer the following questions if you are applying for a document with driving privileges.

5. Have you within the last three months *(e.g. due to diabetes, epilepsy, mental illness, head injury, stroke, heart condition, neurological disease, etc.)*:
   - A. lost voluntary control or consciousness (date: _____) ..... Yes_ No_
   - B. experienced vertigo or multiple episodes of dizziness or fainting ..... Yes_ No_
   - C. disorientation ..... Yes_ No_
   - D. seizures (date: _____) ..... Yes_ No_
   - E. impairment of memory, memory loss ..... Yes_ No_
6. Do you experience any condition which affects your ability to operate a motor vehicle due to loss or impairment of:
   - A. foot/leg ..... Yes_ No_
   - B. upper body strength..... Yes_ No_
   - C. range of motion/mobility ..... Yes_ No_
   - D. hand/arm ..... Yes_ No_
   - E. neurological/neuromuscular disease ..... Yes_ No_
7. Since the issuance of your last license/permit, has your health or medical condition worsened? ..... Yes_ No_

You must answer the following question if you are applying for a school learner's permit or a school permit:

Is your home or the school you attend in a city of 5,000 or less? ..... Yes_ No_

(Continued on back side)

DUI Notice: If you are arrested for operating or being in actual physical control of a motor vehicle while under the influence of alcoholic liquor or drugs, the arresting officer may require you to submit to a chemical test or tests of your blood, breath or urine to determine its concentration of alcohol or drugs. Refusal to submit to such test or tests is a separate crime of which you may be charged.

Sex Offender Registration Notice: State law requires persons convicted of sex offenses to register with the sheriff in the county where they reside. Failure to register is a crime. Contact your county sheriff for further information.

Election Affirmation: To the best of my knowledge and belief, I declare under penalty of election falsification that: I live in the State of Nebraska at the address provided in this application; I have not been convicted of a felony or, if convicted, I have completed my sentence for the felony, including any parole term; I have not been officially found to be non compos mentis (mentally incompetent); and I am a citizen of the United States. Any applicant who signs this application knowing that any of the information in the application is false shall be guilty of a Class IV felony under section 32-1502 of the statutes of Nebraska. Any applicant who submits this application electronically knowing that any of the information in the application is false shall be guilty of a Class IV felony under section 32-1502 of the statutes of Nebraska. The penalty for a Class IV felony is up to two years imprisonment and twelve months post-release supervision, a fine of up to ten thousand dollars, or both. Any applicant who submits this application electronically is agreeing to the use of his or her digital signature from the Department of Motor Vehicles' records of his or her motor vehicle operator's license or state identification card for purposes of voter registration. To vote at the polling place on election day, the completed application must be submitted on or before the third Friday before the election and prior to midnight on such Friday and the election commissioner or county clerk will, upon receipt of the application for registration, send an acknowledgment of registration to the applicant indicating whether the application is proper or not.

Affirmation: I swear or affirm that I have gained permission to use the vehicle for the drive test if I do not own the vehicle. I affirm that the vehicle is legally titled, registered and insured under the laws of the State of Nebraska. I agree to hold the Nebraska Department of Motor Vehicles harmless from all liabilities for injuries or damage that may result from the drive test. I affirm that I am eligible to apply for the requested permit, license or State ID Card. I understand that by making this application, any previously issued document of the same type will no longer be valid and may not be used for operating privileges, for identification, or surrendered as evidence for a renewal document. I further attest that my United States citizenship or qualified alien status responses are true, complete, and accurate and I understand that my responses may be used to verify my lawful presence in the United States. By signing or submitting this application, I affirm that the answers I provided are true and correct. I understand that any false statements or concealed material facts can result in criminal prosecution, fines, and imprisonment as well as revocation or cancellation of any DMV issued documents.

_____ _____

Applicant's Signature Date

VISON TEST RESULTS: To be completed by Optometrist, Ophthalmologist, or Out of State Driver License Examiner.
NOTE - Vision test results not valid after 90 days from Examination Date.

Glasses or Contacts? Yes No Acuity: Right Eye _____ Left Eye _____ Both _____
*Peripheral Vision: Right _____ Left _____ Both _____

***(Peripheral reading in degrees for each eye is required by Nebraska State Law)**

I certify that the person named hereon has established his/her identity and completed the requested vision test with the results indicated above.

_____ _____

Signature of Optometrist/Ophthalmologist/Out of State License Examiner **Date of Exam**

State: _____ Phone Number: _____