

Handicap Applicant Information	Vehicle Information
Name _____	Applicant must be registered with the Nebraska Department of Veterans' Affairs Veteran's Registry.
Address _____	Applicant's Social Security Number: _____
City _____ State <u>NE</u> Zip _____	<small>Social Security Number is requested only for the purpose of verifying the applicant is properly registered with the Veteran's Registry.</small>
Daytime Phone (____) _____ Date of Birth _____	Registered Owner(s) _____
E-mail Address _____	VIN _____
<b>I am aware of my rights, duties and responsibilities regarding possession and use of a Handicapped License Plate and penalties provided by law for handicapped parking violations.</b>  Signature _____	County of Registration _____
	Current License Plate Number _____
	Registration Number _____
	Is this vehicle currently leased: _____

**\*If a resident of Douglas County, office location where plates will be picked up: \_\_\_\_\_**

**MEDICAL CERTIFICATION**

**This section must be completed by a Licensed Physician, Physician Assistant or Nurse Practitioner.**

*I certify the applicant named above has the following medical condition:*

- ☐ Visual impairment which limits personal mobility and results in an inability to travel unassisted more than two hundred (200) feet without the use of a wheelchair, crutch, walker prosthetic, orthotic, or other assistant device.
- ☐ Physical impairment which limits personal mobility and results in an inability to travel unassisted more than two hundred (200) feet without the use of a wheelchair, crutch, walker prosthetic, orthotic, or other assistant device.
- ☐ Neurological impairment which limits personal mobility and results in an inability to travel unassisted more than two hundred (200) feet without the use of a wheelchair, crutch, walker prosthetic, orthotic, or other assistant device.
- ☐ Respiratory problems which limit personal mobility.
- ☐ A cardiac condition to the extent that his or her functional limitations are classified in severity as being Class III or Class IV, according to standards set by the American Heart Association.
- ☐ Permanent loss of all or substantially all the use of one or more limbs.

**Certifier's Name/Company** \_\_\_\_\_ **Phone Number (\_\_\_\_)** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

Veteran	Disabled American Veteran	Purple Heart
Message <input type="checkbox"/> <b>\$40.00</b> Numeric <input type="checkbox"/> <b>\$5.00</b>  <b>Maximum of 5 Characters</b>	Numeric Only <input type="checkbox"/>  <b>Maximum of 5 Characters</b>	Message <input type="checkbox"/> <b>\$40.00</b> Numeric <input type="checkbox"/>  <b>Maximum of 3 Characters</b>

**Please read instructions on the reverse side before making your message choice. Check message availability at:**

<https://dmv.nebraska.gov/services>

**1<sup>st</sup> Choice**

**2<sup>nd</sup> Choice**

**3<sup>rd</sup> Choice**

**4<sup>th</sup> Choice**

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Meaning (required):

<div style="display: flex; justify-content: space-around;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div>
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Meaning (required):

## Military Handicap License Plate Application Instructions

Applications may be submitted in person or by mail to:

Nebraska Department of Motor Vehicles  
Driver and Vehicle Records Division  
301 Centennial Mall South  
PO Box 94789  
Lincoln, NE 68509-4789

You must include a check or money order for the appropriate amount made payable to:  
Department of Motor Vehicles  
or your application cannot be processed.

For questions related to this application please contact this office at 402.471.3918.

### APPLICATION INSTRUCTIONS

Complete in full the Applicant Information and Vehicle Information sections of the application on the reverse side, present it to a licensed physician, physician assistant, or nurse practitioner for completion of the Medical Certification portion

**Registered Owner Information:** Provide the name of the registered owner of the vehicle indicated in the Vehicle Information portion of the application. To be eligible for Military Handicap license plates, the registered owner must be registered with the [Nebraska Department of Veterans' Affairs Veteran's Registry](#).

**Vehicle Information:** Before an application can be processed, the applicant must have a Nebraska issued title in their name on the vehicle. If vehicle is not yet registered, provide the Nebraska title number in the registration number field. Two exceptions to this requirement are leased vehicles and non-resident military. For leased vehicles the leasing company must have obtained a Nebraska title in their name for the vehicle and the applicant must indicate the vehicle is leased and provide the name of the leasing company.

**Fee:** No refunds are allowed. A \$30.00 processing fee is assessed for all returned checks. Military Handicap plate renewal fees are due annually in the same month as the vehicle registration. All renewal fees are paid to the County Treasurer. **Note:** If new plates are registered to a vehicle in a month other than the month the vehicle's current registration expires; the Military Handicap plate renewal fee will be required when the vehicle's registration is due.

### OFFICE LOCATIONS FOR PLATE PICK-UP: DOUGLAS COUNTY

<u>North</u>	<u>South</u>	<u>Midtown</u>	<u>Millard</u>	<u>Maple</u>
4606 N 56 <sup>th</sup> St Ste 102 Omaha, NE 68104	4202 S 50 <sup>th</sup> St Omaha, NE 68117	411 N 84 <sup>th</sup> St Omaha, NE 68114	5730 S 144 <sup>th</sup> St Omaha, NE 68137	15335 W Maple Omaha, NE 68116

### Selecting a Message

Be very sure each choice listed is acceptable to you. Your first available choice will be processed.  
Once your application has been processed, your message choice cannot be changed.

- ◇ Messages that conflict with present numbering system or a valid set of plates currently registered, will not be processed.
- ◇ Messages determined by the DMV to express, connote or imply objectionable, obscene or offensive words or phrases will be rejected; or, if already issued, recalled and cancelled.
- ◇ Message availability may be checked at: <https://dmv.nebraska.gov/services>. **Note:** There is no guarantee when a choice shows available it is the message the applicant will receive.

### Numeric License Plates

Individuals ordering a Military Handicap Numeric license plate will receive the next available number. Requests for a specific number cannot be accepted.

**Once Application Is Approved:** After the application has been processed an approval letter is sent to the applicant. The letter indicates the approved message, or indicates the number assigned if the application was for numeric plate, the date the plates will be available at the county treasurer's office and the county treasurer's telephone number to verify the plates have been received by their office. Current registration must be surrendered when the Military Handicap license plates are registered. Additional fees for production of the license plates and new registration may be charged. Applicant should allow 4 to 5 weeks for the plates to arrive at their county treasurer's office.

### PROPER USE OF HANDICAPPED LICENSE PLATES

The handicapped license plate issued from this application is not transferable, is to be used by the party to whom it is issued, cannot be altered or reproduced and is to be used only when a handicapped or disabled person will enter or exit the motor vehicle while it is parked in a designated parking space.