

CLP AND CDL DATA FORM

COMPLETE INFORMATION BELOW – PLEASE PRINT

		Date of Birth			Social Security Number				
		Month	Day	Year					
LAST NAME		FIRST NAME			MIDDLE INITIAL		SUFFIX (JR, SR, 1 ST , 2 ND , 3 RD)		
CURRENT RESIDENTIAL ADDRESS REQUIRED (Street address or Route and P.O. Box)					CITY		STATE	ZIP CODE	
CURRENT MAILING ADDRESS (If different from residential address)					CITY		STATE	ZIP CODE	
COUNTY NUMBER	GENDER	HEIGHT		WEIGHT	EYE COLOR	HAIR COLOR	RACE		
	<input type="checkbox"/> M <input type="checkbox"/> F	FT.	IN.						
							<input type="checkbox"/> BLACK <input type="checkbox"/> WHITE	<input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ASIAN OR PACIFIC ISL.	<input type="checkbox"/> OTHER <input type="checkbox"/> HISPANIC

I am a citizen of the United States and agree to provide valid documentary evidence of such as outlined in 60-4,144 (valid documentary evidence required on and after July 8, 2015) 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 60-4,144 Yes No

Please answer questions A1 AND A2.

- A1. I hereby certify that the commercial motor vehicle in which I take any driving skills examination is representative of the type of commercial motor vehicle that I operate or expect to operate. Yes No
- A2. I certify that I am not subject to any disqualification under 383.51 or any license disqualification under State law, that my license is not suspended, revoked or cancelled in this or any other State and that I do not have a driver's license from more than one State or jurisdiction. Yes No

Choose one of the following categories that apply to you (use chart to assist you in choosing correct category).

- A. **Interstate – Non-Excepted:** Subject to federal medical/vision requirements - must provide DMV with current medical examiner's certificate (**card – NOT long form**) and keep current with DMV. Yes No
- B. **Interstate – Excepted:** Subject to DMV medical/vision requirements – **answer questions #5-#7 below** Yes No
- C. **Intrastate – Non-Excepted:** Subject to federal medical/vision requirements and when on-duty must have medical examiner's certificate on person – **NOT** required to provide DMV with current medical examiner's certificate Yes No
- D. **Intrastate – Excepted:** Subject to DMV medical/vision requirements – **answer questions #5-#7 below** Yes No

Answer question A3 OR A4.

- A3. I certify that I have not held a license (commercial or non-commercial) from any other State in the last ten years Yes No
- A4. I certify that I have held a license (commercial or non-commercial) from the following State(s) in the last 10 years Yes No
Please list State(s) and any AKAs while holding those licenses: _____

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

- 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, address or political party) Yes No
- 1A1. Party Affiliation: Republican _____ Democratic _____ Libertarian _____ Non Partisan (no party) _____
- 1A2. Last Registration Address City: _____ County _____ or State _____
- 1B. Do you wish to have the word "Veteran" displayed on the front of your license to show that you served in the armed forces of the United States? (To be eligible you must register with the Nebraska Department of Veterans' Affairs Registry) Yes No

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

You must answer the following medical questions if you answered "Yes" to questions B or D above. DO NOT answer the following questions if you answered "Yes" to questions A or C above.

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

To the best of my knowledge and belief, I declare under penalty of election falsification that: 1) I live in the State of Nebraska at the address provided in this application; 2) I have not been convicted of a felony or, if convicted, it has been at least two years since I completed sentence for the felony, including any parole term; 3) I have not been officially found to be non compos mentis (mentally incompetent); and 4) I am a citizen of the United States. Any registrant 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. 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.

By signing this document, I swear or affirm that the answers I provided as part of this application process are true. I understand and acknowledge that use of a false or fictitious name, knowingly making a false statement, or knowingly concealing a material fact in this application can result in a fine, imprisonment, or both, and the revocation of my permit or license. I hereby attest that my United States citizenship or qualified alien response and the information provided in this application and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

Applicant's Signature

Date