NEW, 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	

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

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 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____ 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 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)

Vehicle Used for Testing. 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.

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