

**OUT OF STATE LICENSE RENEWAL, REPLACEMENTS,
PERMIT, CLASS O (Car), CLASS M (Motorcycle) DATA FORM**

		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		WEIGHT	EYE COLOR	HAIR COLOR
	<input type="checkbox"/> M <input type="checkbox"/> F	FT.	IN.			
						<input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN OR PACIFIC ISL. <input type="checkbox"/> OTHER
For the purposes of complying with Neb.Rev.Stat.60-484.04, I attest:						FAX #

I am a citizen of the United States..... OR _____ YES ___ NO

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).

- 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 operator's license or state identification card 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

DO NOT answer if you are applying for a State ID Card. Everyone else MUST answer the following questions.

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 learner's permit or a school permit:

Is your home or school you attend in a city of 5,000 or less? _____ YES ___ NO

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Review information and make any necessary changes.
*Your NEBRASKA address must appear on this form.

				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		WEIGHT	EYE COLOR	HAIR COLOR	RACE			
	<input type="checkbox"/> M <input type="checkbox"/> F	FT.	IN.				<input type="checkbox"/> BLACK	<input type="checkbox"/> AMERICAN INDIAN	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> WHITE
										FAX #

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 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 _____

**B. VISION 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: _____