DMV PROCEDURAL BULLETIN EMPLOYMENT DRIVING PERMIT – SUPPORT ORDER VIOLATION

WHAT IS THE EMPLOYMENT DRIVE PERMIT?

The Employment Driving Permit is authorized by Nebraska State Statute 60-4,129, for driver's who have forfeited their regular driving privileges for non-payment of a support order.

This permit can be used to drive from home to work and return, and strictly in reference to the terms of employment. It cannot be used for visitation, shopping, doctor's appointment, probationary meetings, school (unless school is required and subsidized by employer), etc.

The issuance of such permit is based upon meeting all appropriate requirements and certification that the use of the vehicle is required as part of one's employment and there is not reasonable alternative means of transportation.

WHO IS ELIGIBLE AND HOW LONG IS THE PERMIT VALID FOR?

ONLY THOSE INDIVIDUALS WHOSE DRIVING PRIVILEGES HAVE BEEN SUSPENDED FOR VIOLATION OF A SUPPORT ORDER ARE ELIGIBLE. Any other suspension or revocation actions must be reinstated in order to be eligible for an Employment Driving Permit. Driver must have tested for and been issued a driver license (in any state) prior to being suspended in Nebraska. Driver can apply for the permit anytime during the suspension and can be issued only one permit during the suspension period. The employment drive permit is valid for three months from the issuance date of the permit and is not renewable.

WHAT ARE THE REQUIREMENTS?

- (1) An Application For Nebraska Employment Driving Permit Support (the application can be downloaded from the Department of Motor Vehicles website <u>dmv.nebraska.gov</u> or can be mailed to the driver upon request. A separate application must be completed for each place of employment.
- (2) The application form will include: a) General application driver must complete first two (2) pages in full; b) Employer's Affidavit Employer must complete in full; c) Self-Employment Affidavit if the driver is self-employed this section must be completed in full and submitted with documentation of self-employment Schedule C or Schedule F, Form 1120 or 1120S income tax form (required if the business has filed income tax); if taxes have not been filed letterhead stationery, business card, etc.; and d) An affidavit certifying no alternative means of transportation.

The application form must be submitted for evaluation and review (the Department must meet all statutory requirements in review and evaluation of the application) and the Department must be able to confirm employment by telephone.

- (3) The suspended Nebraska Operator's License (if not already surrendered or expired).
- (4) Proof of financial responsibility may be given by one of the following: a) By filing with the Department of Motor Vehicles, a written certificate of insurance from any insurance company duly authorized to do business in the State of Nebraska, certifying that there is in effect a motor vehicle liability policy for the benefit of the person required to furnish the proof of financial responsibility. The certificate of insurance is identified by form SR-22. We are not permitted to accept your policy or a binder as being the proper identification of your proof of financial responsibility. b) A Bond of a Surety Company duly authorized to transact business within the State of Nebraska or a bond with at least two individual sureties who each own real estate within the State of Nebraska which real estate shall be scheduled in the bond approved by a Judge or a court of record. This said bond shall be conditioned for the payment of the amounts specified in sub-section 10 in Section 60-501 (\$75,000.00). c) A Cash bond in the amount of \$75,000.00 furnished by a certified check, bank draft, or money order.

THE DIRECTOR OF THE DEPARTMENT OF MOTOR VEHICLES WILL REVOKE THE EMPLOYMENT DRIVING PERMIT OF ANY DRIVER CONVICTED OF A VIOLATION FOR WHICH POINTS ARE ASSESSED. If the permit is revoked in this manner, the individual will not be eligible to receive an Employment Driving Permit for the remainder of the period of suspension or revocation.

WHERE DO I APPLY AND HOW LONG WILL IT TAKE?

Send requirements to the Department of Motor Vehicles, Employment Driving Permit Program, P.O. Box 94877, Lincoln, NE 68509, (402) 471-3985. If requirements are met, the Employment Drive Permit Authorization letter will be issued for the driver to present to the Driver License Examiner. Driver will need to pay the \$47.50 fee to the County Treasurer for issuance of the permit.

NEBRASKA

Good Life. Great Future.

DEPARTMENT OF MOTOR VEHICLES

Financial Responsibility Division Medical Hardship Driving Permit Program 301 Centennial Mall South, P.O. Box 94877 Lincoln, Nebraska 68509-4877 (402) 471-3985 Fax (402) 471-8288

APPLICATION FOR NEBRASKA EMPLOYMENT DRIVING PERMIT – SUPPORT											
1	Items A – E below must be completed and sent to the Financial Responsibility Division at the address listed above. If the application is properly completed and you are eligible, you will be sent a letter authorizing you to go to a Driver Examining Station to be issued the Employment Driving Permit.										
 A. Must be a Nebraska resident, have tested and been issued a license (Provisional Operator's Permit holders are not eligible for the Employment Drive Permit). B. Current Nebraska Operator's License – if not already surrendered; C. Properly completed SR-22 Certificate of Insurance from your insurance company (application, binder or insurance card will not be accepted); D. This completed application form – including documentation of self-employment (if applicable). You will need a separate application for each job you hold; and, E. Comply with all reinstatement requirements for any suspensions/revocations in Nebraska or any other state that prohibits you from obtaining the Employment Drive Permit. 											
NOTE: The Authorization Letter for Issuance of Employment Drive Permit is based upon you, the driver, meeting all conditions and the Department being able to verbally confirm employment with your employer. If any of the above requirements are not met, you will not be issued the Authorization Letter.											
2	Provi	de Pers	onal Infor	mation (<u>Ple</u>	<u>ase Print</u>)						
Last Name				First Name		Middle Initial	Suffix (Jr., Sr., 2 nd , 3 rd)				
Current Residential Address (Cannot accept a mailing address				r P.O. Box)	City	State	Zip Code				
	Dat	e of Birth		Home PI	none Number	Social Securit	ty Number				
Month	D	ay	Year								
Providing you are eligible, upon receipt of all applicable requirements, you will be sent a letter authorizing you to appear before a Driver License Examiner to obtain the Nebraska Employment Drive Permit. Authorization is based on meeting all conditions including certification that the use of a vehicle is a requirement for employment and there is no reasonable alternative means of transportation.											
 By signing this application I swear or affirm that: I certify that I will notify the Department of Motor Vehicles of change or termination of employment. If I change employment, I must immediately contact the Department of Motor Vehicles to file a revised application in reference to my new employment in order to maintain my Employment Driving Permit privileges. I understand that my permit will not be valid until there is a properly completed application on file for my new job. 											
Please in	nitial	•	0	, 0		hat failure to notify	-				
		·	0		it will cause my	y Employment Driv	ving Permit to				
 immediately become null and void. I understand that the Director of the Department of Motor Vehicles will revoke the Employment Drive Permit upon receipt of the abstract of conviction indicating that I committed an offense for which points are assessed and I will not be eligible to receive an Employment Driving Permit for the remainder of the period of revocation or suspension of my operator's license or privilege to drive. 											
Please ir	nitial	-	-		stand that if I cor rmit will be revok	nmit any violation w ed.	where points are				

5	Employment info	rmation. If you a	are se	If-employed	– skip to Part 6:				
Where do y	you work:								
Your work	phone number:								
Describe v job:	what you do at your								
6	stopped driving a	fter the permit h ubmitted for verifi	as be icatior	en issued, la h of your Rou	d for your protection. If you are w enforcement will refer to the tes/Areas of travel. If you need				
Routes to ar	nd from work:	oo allaon a copart							
Routes for d	lriving during work:								
			Bus Ro	outee	1				
Briefly des	cribe other transportation	options available:	Other:						
You mu	st sign this applica	ation in the prese	ence o	of a Notary P	ublic:				
7					State of				
	Applica			County of					
				The signature of the Applicant was acknowledged before me this day of,					
	Prir	nted name		day or ,					
				Notary Public Signature					
	Date:			Seal					

⁸ Employers Affidavit (skip to next page if you are Self-Employed) Your Employee is making application for a Nebraska Employment Drive Permit. State law requires, as one of the conditions for issuance

Your Employee is making application for a Nebraska Employment Drive Permit. State law requires, as one of the conditions for issuance for such permit, that the employer sign an affidavit swearing to the validity of the claim that the use of a vehicle is required in traveling to and from his or her place of employment and/or in the course of the applicant's employment.

Your assistance is appreciated. It should be noted that the Department of Motor Vehicles will contact the Human Resource/Personnel Office to verbally confirm employment and a false swearing jeopardizes all parties and the validity of the application. If permit is authorized, you will be required to notify the Department of Motor Vehicles in writing of termination of employment of applicant.

Your Employee's (Applicant's) Name:													
Your Employee's (Applicant's) Address: Street Address									City / S	tate / Zip	Code		
	Business information												
Bu	Business name (place of employment):												
Bu	siness A	Address:		Stre	et Address			City / State / Zip Code					
Em	plover'	s Name / Phone nun	nber:	Nan	ne			Phone Number					
		nnel Contact / Phon		Nan	ne				Phone Number				
	10 I can confirm the need for my employee to drive as a condition of his/her employment as											nent as	
		described below:									Р	lease circl	e
1.	My emp	ployee is "only" require	d to drive to	and fr	om work						Yes		No
2.		ployee is required to				nd mus	t also	drive to	meet emplo	oyment		lease circl	
		ibilities (i.e. deliveries,	5	,	,						Yes	lease circl	No e
3.	The rou	tes/areas of travel my en	nployee liste	d in S	ection 6	are corr	ect.				Yes		No
	Days er	nployee is required to w	ork (please v):							
4.	MON	(\mathbf{v}) TUE (\mathbf{v})	WEI) (*	v) ,	THUR	(√)	FRI	(√)	SAT	(√)	SUN	(√)
		employee is required to e. Please include drivin		a 12-	hour wor	k shift	will be	accepted,	anything ov	er 12 ho	ours the DM	V will co	onsider as
	Leave Home at:				am	pm	Wor	ork shift starts at:				am	pm
5.					am pm Return home at:							am	pm
		he hours (anything over											
	a 12 ho	ur shift) – please											
	I am aware that if the Employment Drive Permit is authorized for n							employee, I will be required to			Please initial		
6.	notify the	he Department of Moto	Vehicles in										
Va	<u> </u>	on of the Employment I			noo of								
ΥO	u must	sign the application											
		Section 9 above.	e sume us En	pioye	i s i tuine	provide	u m		State	of			
	11												
		Er	nployer's Sigr	ature	;				Cour	nty of			
								The signature of the Employer was acknowledged before me					
								this					
		Printed name						day of,					
								Notary Public Signature					
								Seal		-	_		
		Date:											
								-1.6				1	
NC	DTE:	The Employment Drive Permit <u>cannot</u> be used to operate a commercial motor vehicle or											
as a commercial driver's license.													

¹² Self-Employment Affidavit (complete only if you are self-employed)

Being self-employed as described on the notarized application form, and being first duly sworn, I hereby certify that my employment requires licensing as described below.

Company Info	ormation:										
Name of your Company:											
Date the Company or Business was established:											
Have Income T	axes for this	Company or	Busines	ss been			Please	e circle	applicable		
filed yet:					Yes No Extension has been filed						
¹³ Days/Hours – detailed information is required for your protection. If you are stopp driving after the permit has been issued, law enforcement will refer to the application you submitted for verification of the days/hours you work.											
Days you are requ											
MON ⁽¹⁾	TUE ^(v)	WED	(√)	THUR	(√)	FRI	(√)	SAT	(√)	SUN	(\formal)
Hours you are required to work - up to a 12-hour work shift will be accepted, anything over 12 hours the DMV will consider as overtime. Please include driving time:											
Leave home at:			am	pm	Work shift starts at:					am	pm
Work shift ends	at:		am	pm	Return home at: am					am	pm
Overtime hours (ar											
a 12 hour shift) – p describe:	lease										
Describe your job:											
If you have filed income taxes or an extension – you are <u>required</u> to submit the applicable form listed below:											
A <u>Schedule C</u>											
have an established business and have filed income taxes - you may need to consult with your Accountant to obtain											
the correct schedule or form.											
A <u>1120</u> or <u>1120</u>			-					,	-	•	
incorporated and you have an established business that has filed income taxes - you may need to consult with your											
Accountant to obtain the correct schedule or form.											
A <u>4868</u> (sole proprietorship) or <u>7004</u> (S or C Corporations, Partnerships, etc.) (or similar proof of current self- employment) is required if you have an established business, have not filed taxes but have filed for an extension to pay income taxes. You may need to consult with your Accountant to obtain the correct schedule or form.											
If you have					vtopo				uirad ta		

1. Letterhead stationery, Business Card, Business Check

documentation from the following list:

- 2. Tax Identification Number
- 3. Registration of Business Name with the Secretary of States Office