			SIGNATURE AUTHORIZATION LETTER				
This	Signatur	e Authorization	Letter will <u>replace</u> the prior letter on file with the Nebraska Department of Motor Vehicles.				
1.		nsurance compa r page with this	anies that you submit Nebraska SR filings for (if more than five, you will need to attach information):				
	NA	IC NUMBER	COMPANY NAME				
2.	SR filing	इ type:					
		Submit electro	onic SR filings only.				
		Submit electronic <u>and</u> paper SR filings.					
	If subr	1	lings – please describe your paper filing format:				
		Standard (3 x 5 pink/yellow filing)					
		1	ou must submit a blank sample of both the SR22 and SR26 filing (please do not				
		include any I	D information for your insured on the sample)				
3.	If you s	ubmit paper fili	ings, how will the signature on the filing appear – check applicable:				
		Hand Signed					
		Ink Stamped					
		Pre-printed					
4.	Does yo	our company al	low agents to submit SR filings – select applicable:				
			ssued filings must contain the agent return address stamp, cannot be back dated, llow all applicable rules for your company)				
		No	iow all applicable rules for your company)				
		Special Instr	uctions (i.e., if you don't allow your agents to submit filings - do you require the				
		-	ne from a specific office -if so, provide address they will be sent from, etc.):				

DATE:

] No				
Not applicable – age	ents aren't authorized to	submit SR filings	nit SR filings	
r company. Please defir	ne your policy number ,\$ = numeric digits or a b	format in the aplank space, & = al	up to three different policy number fopplicable fields below using the fopha character, * = alpha character or vided below:	
	POLICY NUMBE	R FORMAT EXAM	1PLES:	
SHOW YOUR ACTU			AT USING CHARACTER LISTED ABOVE	
3 – 10 numeric characters i 01234567 or 0123456789	n length:	#######\$\$		
2 alpha characters and 4 nu AA1234		&&####</td><td></td></tr><tr><td>3 specific alpha characters a ABC123</td><td>and 3 numeric:</td><td>ABC###</td><td></td></tr><tr><td>TYPE OF POLICY</td><td></td><td>YOUR POLICY</td><td>NUMBER FORMAT:</td></tr><tr><td></td><td>Show your actual po</td><td></td><td>Format using character listed ab</td></tr><tr><td>Personal lines:</td><td></td><td></td><td></td></tr><tr><td>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</td><td></td><td></td><td></td></tr><tr><td>Commercial lines:</td><td></td><td></td><td></td></tr><tr><td>Other:</td><td></td><td></td><td></td></tr><tr><td></td><td>-</td><td></td><td>cles concerning your policy number mitted with a prefix – DMV shouldn'</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>		

CONTACT NAME	DIRECT PHONE NUMBER	DIRECT EMAIL ADDRES
	DIRECT FRONT TOWNS EN	Sitter Emilientes
- please select applicable: Yes		
Yes No	t or insured contact for assistance (name,	phone number, email address):
Yes No	t or insured contact for assistance (name,	phone number, email address): DIRECT EMAIL ADDRES
Yes No no, who can we direct the agen		
Yes No no, who can we direct the agen CONTACT NAME ne Nebraska Department of Mo	DIRECT PHONE NUMBER tor Vehicles has designated the contacts es/phone numbers/email addresses lister	DIRECT EMAIL ADDRESS below for SR issues that require to below ARE NOT TO BE RELEASE EMAIL ADDRESS
Yes No no, who can we direct the agent CONTACT NAME The Nebraska Department of Moreotected information (the name ayone other than YOUR DESIGNATION (CONTACT NAME)	tor Vehicles has designated the contacts es/phone numbers/email addresses lister ATED CONTACTS): DIRECT PHONE NUMBER	DIRECT EMAIL ADDRES below for SR issues that require to below ARE NOT TO BE RELEAS
Yes No no, who can we direct the agent CONTACT NAME The Nebraska Department of Moreotected information (the name anyone other than YOUR DESIGNATION CONTACT NAME CONTACT NAME Caitlin Anderson	DIRECT PHONE NUMBER tor Vehicles has designated the contacts es/phone numbers/email addresses lister ATED CONTACTS): DIRECT PHONE NUMBER 402-471-3901	below for SR issues that require to below ARE NOT TO BE RELEAS EMAIL ADDRESS caitlin.anderson@nebraska.gov
Yes No no, who can we direct the agen		
Yes No No No, who can we direct the agent CONTACT NAME The Nebraska Department of Moreotected information (the name hyone other than YOUR DESIGNATION)	DIRECT PHONE NUMBER tor Vehicles has designated the contacts es/phone numbers/email addresses lister ATED CONTACTS):	DIRECT EMAIL ADDRES below for SR issues that require to below ARE NOT TO BE RELEAS
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Yes No no, who can we direct the agen CONTACT NAME The Nebraska Department of Moreotected information (the name byone other than YOUR DESIGNATION CONTACT NAME Caitlin Anderson Lennifer Bales	DIRECT PHONE NUMBER tor Vehicles has designated the contacts es/phone numbers/email addresses lister ATED CONTACTS): DIRECT PHONE NUMBER 402-471-3901 Not available for incoming calls	below for SR issues that require to below ARE NOT TO BE RELEAS EMAIL ADDRESS caitlin.anderson@nebraska.gov jennifer.bales@nebraska.gov
Yes No no, who can we direct the agen CONTACT NAME ne Nebraska Department of Mo	DIRECT PHONE NUMBER tor Vehicles has designated the contacts	DIRECT EMAIL ADDI

Yes			
No			
and the section the CD filling for			
	any reason, who should it be sent to (name/complete mailing addres		
CONTACT NAME	STREET ADDRESS	CITY/STATE/ZIP COI	
t of all personnel authorized to sign	filings (please try and limit to	no more than five):	
PRINTED NAME	SIGNATURE AS IT WOULD APPEAR ON THE FILII		
rson submitting authorization lette	r:		
Typed Name:			
Signature:			
Title of Position with company:			
Direct Phone Number:			
Direct Email Address:			

MAIL THE COMPLETED COPY TO:

DEPARTMENT OF MOTOR VEHICLES PO BOX 94877 LINCOLN NE 68509 4877