

NEW, RENEWAL, DUPLICATES AND REPLACEMENTS,
PERMIT, CLASS O (Car), CLASS M (Motorcycle) and STATE ID CARD 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, 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"/> OTHER <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN OR PACIFIC ISL <input type="checkbox"/> HISPANIC		

For the purposes of complying with Neb. Rev. Stat.4-108 through 4-114, I attest:
 I am a citizen of the United States..... ___Yes ___No
OR
 I am a qualified alien under the federal Immigration and Nationality Act and agree to provide a copy of my USCIS documentation upon request..... ___Yes ___No

Please answer the following motor voter/organ and tissue donation questions.

1. 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
You are not required to answer questions #2-#4. Individuals under the age of 16 may not designate themselves as an organ donor.
2. Do you wish to be an organ and tissue donor? ___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 medical questions if you are applying for a permit, Class O license or Class M license or endorsement. DO NOT answer if you are applying for a State ID Card, duplicate or replacement.

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

Please answer the following questions if you are applying for a school learner's permit or a school permit:

How far do you live from school? (_____)
 Is your home or the school you attend in a city of 5,000 or less?..... ___Yes ___No