NEW, RENEWAL AND REPLACEMENTS PERMIT, CLASS O (Car), CLASS M (Motorcycle) and STATE ID CARD DATA FORM

					Date of Birth				Social Security Number			
COMPLETE INFORMATION - PLEASE			E PRINT	Month	Day	Ye	ar					
•												
LAST NAME			FIRST NAME	1 1				MIDDLE INITIAL SUFFIX (JR, 1ST, 2ND, 3RI				
CURRENT	RESIDENTIAL AD	DRESS REQU	JIRED (Street add	ress or Route and P.O. Box)	CITY					STATE	ZIP CO	DE
					0 m)/							
CURRENT MAILING ADDRESS (If different from residential address)					CITY					ZIP CO	DE	
COUNTY		HEI	GHT		EYE	HAIR						
NUMBER	GENDER							RACE				
								BLACI	=	ERICAN INDIA AN OR PACIF	=	OTHER HISPANIC
For the p	_	nplying wi	th Neb. Rev.	Stat. 60-484.04, I attes	st:			VVIIIIL	. A31	AN OR FACIF	IC ISL	HISPANIC
				·······							Yes	No
				<u>OR</u>								
				e lawful status and agre								
											Yes	No
		_		eteran questions (ansv	_							
				s application process? (**	
				Democratic Libert						••••••	Yes	No
				LIDER						<u>,</u>		
				played on the front of y								
•				of the United States?	•						Yes	No
				braska Department of V	Veterans' Afj	fairs Regist	ry).					
				donation questions.								
-				nor Registry of Nebrask							* 7	
				ic information regardin								
•		•	-	gan and Tissue Donor A								
				e ID Card. Everyone							10.5	110
	•		_	lue to diabetes, epilepsy	· · · · · · · · · · · · · · · · · · ·				_			
	tion, neurologi			me to didoctes, epitepsy	, memer min	iess, rieda ii	ijui y,	sii on	c, mean			
A. 1	ost voluntary c	ontrol or co	onsciousness	(date:)						Yes	No
B. e	xperienced ver	rtigo or mul	ltiple episode	s of dizziness or fainting	g						Yes	No
	lisorientation				• • • • • • • • • • • • • • • • • • • •							
				_)								
											Yes	No
				cts your ability to opera							Vos	No
7. Since	the issuance o	of your last l	license/permi	t, has your health or me	dical condit	ion worsen	ed?				Yes	No
You must	answer the fo	ollowing qu	estion if you	are applying for a sch	hool learner	's permit o	or a sc	chool	permit:			
Is your ho	me or the scho	ol you atter	nd in a city of	5,000 or less?							Yes	No
this applica any parole registrant w 1502 of the up to ten th By signing of a false of	tion; 2) I have n term; 3) I have r who signs this ap statutes of Neb- ousand dollars, this document, r fictitious name	ot been convector been office plication known the plication known the place or both. I swear or affer, knowingly	victed of a felor cially found to owing that any enalty for a Cla firm that the an making a false	er penalty of election falsing or, if convicted, it has been no compos mentis (most the information in the assas IV felony is up to two swers I provided as part of statement, or knowingly of or license. I hereby attes	peen at least to entally incom application is years impriso of this applicate concealing a r	wo years since petent); and false shall be onment and to tion process a material fact	te I conde (4) I and (b) I and (c) guilty welve (c) are true in this	mpleten a city of a commonth	ed sentendizen of the Class IV s post-relation car	ce for the f e United S felony und lease super and acknown result in a	elony, in tates. A er section vision, a owledge to fine,	cluding ny n 32- fine of that use
information	n provided in thi	s application	and any relate	d application for public be in the United States	enefits are true	e, complete a	ind acc	curate	and I unc	lerstand the	at this	

Date

DMV 06-104 8/2017

eForms

Applicant's Signature