



APPLICATION FOR REVISION OPERATOR'S LICENSE / PERMIT / ID CARD

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|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Name | <input type="checkbox"/> Military | <input type="checkbox"/> Duplicate |
| <input type="checkbox"/> Address | <input type="checkbox"/> Veteran | <input type="checkbox"/> Correction |
| <input type="checkbox"/> Replacement/Mutilated | | <input type="checkbox"/> Surrender |

PLEASE PRINT		Any alteration in the name, date of birth or social security number area shall void this document.												
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 <input type="checkbox"/>	NO <input type="checkbox"/>	Nebraska License Number:			<input type="checkbox"/> License <input type="checkbox"/> ID Card <input type="checkbox"/> POP	<input type="checkbox"/> LPD <input type="checkbox"/> LPE <input type="checkbox"/> SCP	<input type="checkbox"/> EDP <input type="checkbox"/> MHP <input type="checkbox"/> IIP					
Last Name			First Name			Middle Initial		Suffix (Jr., Sr., 1st, 2nd, 3rd)						
Current Home Address Required (street address or route and P.O. Box)						Current Mailing Address (if different from Current Home Address)								
City			State	Zip Code		City		State	Zip Code					
Date of Birth		Age Today	Gender	County Number	Height		Weight	Eye Color	Hair Color	Race		Social Security Number*		
Month	Day	Year			FT.	IN.					<input type="checkbox"/> Black <input type="checkbox"/> White		<input type="checkbox"/> American Indian <input type="checkbox"/> Asian or Pacific Isl. <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	

ANATOMICAL GIFT INFORMATION You are not required to answer questions 1, 2 and 3.

1. Do you wish to be an organ and tissue donor? YES NO
2. Do you wish to donate \$1 to promote the Organ and Tissue Donor Awareness and Education Fund? YES NO
3. Do you wish to receive any additional specific information regarding organ and tissue donation and the Donor Registry of Nebraska? YES NO
4. Is your operator's license or privilege to operate a motor vehicle currently suspended, revoked and/or cancelled in Nebraska or any state or jurisdiction? YES NO

RECORD CHECKS: All applicants are subject to record checks through the Problem Driver Pointer System and Commercial Driver's License Information System.

DUI NOTICE: If you are arrested for operating or being in actual physical control of a motor vehicle while under the influence of alcoholic liquor or drugs, the arresting officer may require you to submit to a chemical test or tests of your blood, breath, or urine to determine its concentration of alcohol or drugs. Refusal to submit to such test or tests is a separate crime for which you may be charged.

My License, Permit or ID Card has not been cancelled, suspended, revoked or surrendered to any court or governmental agency and I do hereby make application for a duplicate/replacement thereof. I also fully realize that by making this affidavit said Operator's License, Permit or ID Card becomes null and void and may not be used for operating privileges, identification or surrendered as evidence for a renewal license, permit or ID Card.

The undersigned, being duly sworn, depose or affirm and say that the answers to the foregoing questions are true. Use of a false or fictitious name, knowingly making a false statement or knowingly concealing a material fact in this application, or obtaining a duplicate/replacement/renewal while cancelled, revoked, suspended or surrendered can result in a fine or imprisonment or both and the revocation of your license, permit or ID Card.

Signature of Applicant

* Disclosure of the applicant's social security number is made mandatory by Neb.Rev.Stat. 60-484. The number shall be used only to furnish driver record information for males between the ages of seventeen and twenty-six to the United States Selective Service System under Neb.Rev.Stat. 60-483; in connection with the verification of the status of any individual's driving record in this state or any other state; or for purpose of child support enforcement pursuant to Section Neb.Rev.Stat. 42-358.08 or 43-512.06; or to furnish information regarding an applicant for holder of a commercial driver's license with a hazardous materials endorsement to the Transportation Security Administration of the United States Department of Homeland Security or its agent.

This application can be made available in other forms for persons with disabilities. Applicants needing assistance with the application or to request an accessible format of this application, should contact the Department of Motor Vehicles, Driver and Vehicle Records Division at (402) 471-3918 (Voice) or (402) 471-4154 (TDD), or write this office at 301 Centennial Mall South, Attn.: Driver and Vehicle Records Division, Lincoln, NE 68509-4789.