

COMPLETE INFORMATION BELOW - PLEASE PRINT

Form with fields for Date of Birth, Social Security Number, LAST NAME, FIRST NAME, MIDDLE INITIAL, SUFFIX, CURRENT RESIDENTIAL ADDRESS, CITY, STATE, ZIP CODE, CURRENT MAILING ADDRESS, COUNTY NUMBER, GENDER, HEIGHT (FT., IN.), WEIGHT, EYE COLOR, HAIR COLOR, RACE (BLACK, AMERICAN INDIAN, OTHER, WHITE, ASIAN OR PACIFIC ISL., 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 questions A1 AND A2.

- A1. I hereby certify that the commercial motor vehicle in which I take any driving skills examination is representative of the class of commercial motor vehicle that I operate or expect to operate. Yes No
A2. I certify that I am not subject to any disqualification under 383.51, that my license is not suspended, revoked or cancelled in this or any other State and that I do not have a driver's license from more than one State or jurisdiction. Yes No

Choose one of the following categories that apply to you (use chart to assist you in choosing correct category).

- A. Interstate - Non-Excepted Subject to federal medical/vision requirements - MUST provide DMV with current medical examiner's certificate (card - NOT long form) and keep current with DMV. Yes No
B. Interstate - Excepted Subject to DMV medical/vision requirements - answer questions #5-#7 below. Yes No
C. Intrastate - Non-Excepted Subject to federal medical/vision requirements - DO NOT provide medical examiner's certificate to DMV. Yes No
D. Intrastate - Excepted Subject to DMV medical/vision requirements - answer questions #5-#7 below. Yes No

Answer question A3 OR A4.

- A3. I certify that I have not held a license (commercial or non-commercial) from any other State in the last ten years. Yes No
A4. I certify that I have held a license (commercial or non-commercial) from the following State(s) in the last 10 years. Yes No
Please list State(s):
Please list any other names you were known as while holding those license(s):

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
(Optional - You are not required to answer questions #2-#4)
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

You must answer the following medical questions if you answered "Yes" to questions B or D above. DO NOT answer the following questions if you answered "Yes" to questions A or C above.

- 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