

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

|   |  |        |     |               |           |            |  |   |   |
|---|--|--------|-----|---------------|-----------|------------|--|---|---|
| <b>COMPLETE INFORMATION BELOW – PLEASE PRINT</b>                            |  |        |     | 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<br><input type="checkbox"/> F | FT.    | IN. |               |           |            |  |   |   |
|   |  |        |     |               |           |            | <input type="checkbox"/> BLACK<br><input type="checkbox"/> WHITE | <input type="checkbox"/> AMERICAN INDIAN<br><input type="checkbox"/> ASIAN OR PACIFIC ISL | <input type="checkbox"/> OTHER<br><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  
*(Optional – You are not required to answer questions #2-#4. Effective January 1, 2011, 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 (Car) license or Class M (Motorcycle) license or endorsement. DO NOT answer if you are applying for a State ID Card.**

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