

## HEAD COVERING EXEMPTION REQUEST

NEB.REV.STAT. 60-4,119 requires that a digital image of the holder of a license or an identification card be included on each document issued as provided in NEB.REV.STAT. 60-484.02. In order to fully utilize the tools the Department of Motor Vehicles (DMV) has to reduce fraud, it is the policy of the DMV to prohibit the wearing of any head covering that could affect the capture of a digital image except for verifiable religious or medical reasons. To be exempted, the head covering must allow a clear digital image of the cardholder's face. A head covering that prevents capture of a clear digital image of the cardholder's face will not be allowed.

Please complete the following:

I am requesting that I be allowed to wear a head covering when my digital image is captured by the DMV due to the following reason:

\_\_\_\_\_ Religious

\_\_\_\_\_ Medical

Name of Requestor: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Provide a short description of your religious belief or medical condition which requires you to wear a head covering when the digital image is captured.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this document, I swear or affirm that the answers I provided above are true and accurate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**If the driver license examiner is not familiar with the religious belief as to why you are requesting to wear the head covering when your digital image is captured, you will be asked to have your religious representative sign below confirming that it is a valid religious belief. This completed form should be returned to the following address for approval or denial: Nebraska DMV, Driver Licensing Services, P.O. Box 94726, Lincoln, NE 68509 or fax to 402.471.4020.**

\_\_\_\_\_  
Signature of Religious Representative and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number of Religious Representative

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**FOR DMV PURPOSES ONLY:**

Driver License Examiner Name: \_\_\_\_\_ Badge Number: \_\_\_\_\_

\_\_\_\_\_ Examiner Approved Request

\_\_\_\_\_ Main Office Review Required