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

COMPLETE INFORMATION – PLEASE PRINT

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Social Security Number</th>
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<td>Month</td>
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**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** |
|---------------------------------------------------------------------|----------|----------|--------------|

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<th>COUNTY NUMBER</th>
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<th>EYE COLOR</th>
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For the purposes of complying with Neb. Rev. Stat. 60-484.04, I attest:
I am a citizen of the United States ......................................................... _Yes_ _No_

**OR**
I am not a citizen of the United States, but do have lawful status and agree to provide valid documentary evidence of such as outlined in 60-4,144 ................................................................. _Yes_ _No_

**Please answer the following motor voter/veteran designation/organ and tissue donation questions (answers are optional).**

1A. 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_
1A1. Party Affiliation: Republican____ Democratic____ Libertarian____ Non Partisan (no party) ____
1A2. Last Registration address city: ___________________________ County ___________________ or State _______
1B. Do you wish to have the word “Veteran” displayed on the front of your operator’s license or state identification card to show that you served in the armed forces of the United States? ................................................................. _Yes_ _No_
*(To be eligible you must register with the Nebraska Department of Veterans’ Affairs Registry).*
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_

**DO NOT answer if you are applying for a State ID Card. Everyone else MUST answer the following questions.**

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_

**You must 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_

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Applicant’s Signature

Date

DMV 06-104 1/2016

Any registrant who signs this application knowing that any of the information in the voter application section is false shall be guilty of a Class IV felony under section 32-1502 of the statutes of Nebraska. The penalty for a Class IV felony is up to five years imprisonment, a fine of up to ten thousand dollars, or both.

By signing this document, I swear or affirm that the answers I provided as part of this application process are true. I understand and acknowledge that use of a false or fictitious name, knowingly making a false statement, or knowingly concealing a material fact in this application can result in a fine, imprisonment or both, and the revocation of my permit or license. I hereby attest that my United States citizenship or qualified alien response and the information provided in this application and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.