

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. 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 60-484.04. 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 - NOT required to provide DMV with current medical examiner's certificate. 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/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
1B. Do you wish to have the word "Veteran" displayed on the front of your license to show that you served in the armed forces of the United States? (To be eligible you must register with the Nebraska Department of Veterans' Affairs Registry) Yes No
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