



**APPLICATION FOR REVISION  
OPERATOR'S LICENSE / PERMIT / ID CARD**

<input type="checkbox"/> Name	<input type="checkbox"/> Military	<input type="checkbox"/> Duplicate
<input type="checkbox"/> Address	<input type="checkbox"/> Veteran	<input type="checkbox"/> Correction
<input type="checkbox"/> Replacement/Mutilated	<input type="checkbox"/> Surrender	
<input type="checkbox"/> License	<input type="checkbox"/> LPD	<input type="checkbox"/> EDP
<input type="checkbox"/> ID Card	<input type="checkbox"/> LPE	<input type="checkbox"/> MHP
<input type="checkbox"/> POP	<input type="checkbox"/> SCP	<input type="checkbox"/> IIP

**PLEASE PRINT** Any alteration in the name, date of birth or social security number area shall void this document.

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**  Nebraska License Number: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix (Jr., Sr., 1st, 2nd, 3rd) \_\_\_\_\_

Current Home Address Required (street address or route and P.O. Box) \_\_\_\_\_ Current Mailing Address (if different from Current Home Address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth			Age Today	Gender	County Number	Height		Weight	Eye Color	Hair Color	Race	Social Security Number*
Month	Day	Year				FT.	IN.					
				<input type="checkbox"/> M <input type="checkbox"/> F							<input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Isl. <input type="checkbox"/> Other	

**ANATOMICAL GIFT INFORMATION** You are not required to answer questions 1, 2 and 3.

1. Are you at least 16 years of age, and do you wish to be an organ donor? **YES**  **NO**

2. Do you wish to donate \$1 to promote the Organ and Tissue Donor Awareness and Education Fund? **YES**  **NO**

3. Do you wish to receive any additional specific information regarding organ and tissue donation and the Donor Registry of Nebraska? **YES**  **NO**

4. Is your operator's license, or privilege to operate a motor vehicle, currently suspended, revoked and /or cancelled in Nebraska or any state or jurisdiction? **YES**  **NO**

**RECORD CHECKS:** All applicants are subject to record checks through the Problem Driver Pointer System and Commercial Driver's License Information System.

**DUI NOTICE:** If you are arrested for operating, or being in actual physical control of, a motor vehicle while under the influence of alcoholic liquor or drugs, the arresting officer may require you to submit to a chemical test, or tests, of your blood, breath, or urine to determine its concentration of alcohol or drugs. Refusal to submit to such test, or tests, is a separate crime for which you may be charged.

My License, Permit or ID Card has not been cancelled, suspended, revoked or surrendered to any court or governmental agency, and I do hereby make application for a duplicate/replacement thereof. I also fully realize that by making this affidavit, said Operator's License, Permit or ID Card becomes null and void, and may not be used for operating privileges, identification or surrendered as evidence for a renewal license, permit or ID Card.

The undersigned, being duly sworn, depose or affirm and say that the answers to the foregoing questions are true. Use of a false or fictitious name, knowingly making a false statement, or knowingly concealing a material fact in this application, or obtaining a duplicate/replacement/renewal while cancelled, revoked, suspended or surrendered, can result in a fine or imprisonment, or both, and the revocation of your license, permit or ID Card.

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

\* Disclosure of the applicant's social security number is made mandatory by Neb.Rev.Stat. 60-484. The number shall be used only to furnish driver record information for males between the ages of seventeen and twenty-six to the United States Selective Service System under Neb.Rev.Stat. 60-483; in connection with the verification of the status of any individual's driving record in this state, or any other state; or for purpose of child support enforcement pursuant to Section Neb.Rev.Stat. 42-358.08 or 43-512.06; or to furnish information to the Nebraska Department of Revenue under Neb.Rev.Stat. 77-362.02; or to furnish information regarding an applicant for holder of a commercial driver's license with a hazardous materials endorsement to the Transportation Security Administration of the United States Department of Homeland Security, or its agent.

This application can be made available in other forms for persons with disabilities. Applicants needing assistance with the application, or to request an accessible format of this application, should contact the Department of Motor Vehicles, Driver and Vehicle Records Division, at (402) 471-3918 (Voice), or (402) 471-4154 (TDD), or write this office at: 301 Centennial Mall South, Attn.: Driver and Vehicle Records Division, Lincoln, NE 68509-4789.