

APPLICATION FOR NEBRASKA EMPLOYMENT DRIVING PERMIT

1 Items A – E below must be completed and sent to the Financial Responsibility Division at the address listed above. If the application is properly completed and you are eligible, you will be sent a letter authorizing you to go to a Driver Examining Station to be issued the Employment Driving Permit.

- A. Must be a Nebraska resident or be employed in Nebraska and have tested and been issued a license.
- B. Current **Nebraska Operator’s License** – if not already surrendered;
- C. Properly completed **SR-22 Certificate of Insurance** from your insurance company (application, binder or insurance card will not be accepted);
- D. **This completed application form** – including documentation of self-employment (if applicable). **You will need a separate application for each job you hold; and,**
- E. Comply with all reinstatement requirements for any suspensions/revocations that prohibit you from obtaining the Employment Drive Permit.

NOTE: The Authorization Letter for Issuance of Employment Drive Permit is based upon you, the driver, meeting all conditions and the Department being able to verbally confirm employment with your employer. If any of the above requirements are not met, you will not be issued the Authorization Letter.

By signing this application I swear or affirm that:

2 I certify that I will notify the Department of Motor Vehicles of change or termination of employment. If I change employment, I must immediately contact the Department of Motor Vehicles to file a revised application in reference to my new employment in order to maintain my Employment Driving Permit privileges. I understand that my permit will not be valid until there is a properly completed application on file for my new job.

Please initial **By initialing this statement, I agree and understand that failure to notify the Department of any change in my employment will cause my Employment Driving Permit to immediately become null and void.**

3 I hereby certify that I will confirm successful completion of a D.M.V. approved eight (8) hour driver improvement course, as provided by Nebraska Law if I am revoked under the Nebraska Point System. I further understand that failure to certify successful completion for driver improvement course **WITHIN 60 DAYS** of issuance shall mean suspension of the Employment Driving Permit.

Please initial **By initialing this statement, I agree and understand that failure to provide the certificate of completion will cause my Employment Driving Permit to be suspended.**

4 I understand that the Director of the Department of Motor Vehicles will revoke the Employment Drive Permit upon receipt of the abstract of conviction indicating that I committed an offense for which points are assessed and I will not be eligible to receive an Employment Driving Permit for the remainder of the period of revocation or suspension of my operator’s license or privilege to drive.

Please initial **By initialing this statement, I understand that if I commit any violation where points are assessed my Employment Driving Permit will be revoked.**

You must sign this application in the presence of a Notary Public:

5		State of _____ County of _____ The signature of the Applicant was acknowledged before me this _____ day of _____, _____. _____ Notary Public Signature
	_____ Applicant’s Signature Date: _____	_____ Seal

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Provide Personal Information (Please Print)

Last Name			First Name			Middle Initial		Suffix (Jr., Sr., 2 nd , 3 rd)		
Current Residential Address (Cannot accept a mailing address or P.O. Box)					City		State		Zip Code	
Date of Birth			Age Today		Gender (Circle Applicable)		Height	Weight	Color of Eyes	Color of Hair
Month	Day	Year		Male	Female					
Home Phone Number			Work Phone Number			Social Security Number				

Providing you are eligible, upon receipt of all applicable requirements, you will be sent a letter authorizing you to appear before a Driver License Examiner to obtain the Nebraska Employment Drive Permit. Authorization is based on meeting all conditions including certification that the use of a vehicle is a requirement for employment and there is no reasonable alternative means of transportation.

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Employment information from you and your Employer. If you are self-employed – skip to Part 9:

Place of employment:	
Describe your job:	

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Days/Hours – detailed information is required for your protection. If you are stopped driving after the permit has been issued, law enforcement will refer to the application you submitted for verification of the days/hours you work.

Days you work (✓):	MON	(✓)	TUE	(✓)	WED	(✓)	THUR	(✓)	FRI	(✓)	SAT	(✓)	SUN	(✓)
Hours worked (you can show up to a 12-hour work-shift, list any overtime hours; listed hours needs to include the work-shift and driving time):	Leave home for work at:			am	pm	Return home from work at:			am	pm				
	Overtime hours (please describe if applicable):													

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Routes/Areas of travel - detailed information is required for your protection. If you are stopped driving after the permit has been issued, law enforcement will refer to the application you submitted for verification of your Routes/Areas of travel.

Briefly describe other transportation options available:		Bus Routes:	
		Other:	

Employers Affidavit (skip to next page if you are Self-Employed)

Applicant's Name:			
Applicant's Address:	Street Address	City / State / Zip Code	
<p>Your employee is making application for a Nebraska Employment Drive Permit. State law requires, as one of the conditions for issuance for such permit, that the employer sign an affidavit swearing to the validity of the claim that the use of a vehicle is required in traveling to and from his or her place of employment and/or in the course of the applicant's employment.</p> <p>Your assistance is appreciated. It should be noted that the Department of Motor Vehicles will contact you to confirm employment and a false swearing jeopardizes all parties and the validity of the application. If permit is authorized, you will be required to notify the Department of Motor Vehicles in writing of termination of employment of applicant.</p>			
Name of Business:		Employer's Name:	
Business Address:	Street Address	Phone Number:	
	City	State	Zip Code

I can confirm the need for my employee to drive as a condition of his/her employment as described below:

1.	My employee is "only" required to drive to and from work – if Yes, Skip item #3.	Please circle	
		Yes	No
2.	My employee is required to drive to / from work and must also drive to meet employment responsibilities (i.e. deliveries, between job sites, etc.). If no, Skip item #3.	Please circle	
		Yes	No
3.	Areas of travel required in meeting employment responsibilities (other than to and from work - be specific):		
4.	Days employee is required to work (must correspond with days/hours employee listed on Section 8):		
	Days required (√):	MON (√)	TUE (√)
		WED (√)	THUR (√)
		FRI (√)	SAT (√)
		SUN (√)	
5.	Hours worked (up to 12-hour work-shift accepted, overtime hours if needed; list hours of work-shift including driving time):	Leave home for work at:	Return home from work at:
		am pm	am pm
		Overtime Hours (please describe):	

You must sign this application in the presence of a Notary Public:

12	Signature below must be same as Employer's Name provided in Section 10 above. <hr style="width: 80%; margin-left: 0;"/> <p style="text-align: center;">Employer's Signature</p>	State of _____ County of _____ The signature of the Employer was acknowledged before me this _____ day of _____, _____. <hr style="width: 80%; margin-left: 0;"/> <p style="text-align: center;">Notary Public Signature</p>
	Date: _____	Seal

NOTE:

An Employment Drive Permit cannot be used to operate a commercial motor vehicle or as a commercial driver's license.

Self-Employment Affidavit (complete only if you are self-employed)

Being self-employed as described on the notarized application form, and being first duly sworn, I hereby certify that my employment requires licensing as described below.

Company Information:

Name of company:

Date the Company or Business was established:

Have Income Taxes for this Company or Business been filed yet:

Please circle applicable:

Yes

No

Extension has been filed

Days/Hours – detailed information is required for your protection. If you are stopped driving after the permit has been issued, law enforcement will refer to the application you submitted for verification of the days/hours you work.

Days you work (√):	MON	(√)	TUE	(√)	WED	(√)	THUR	(√)	FRI	(√)	SAT	(√)	SUN	(√)
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Hours worked (you can show up to a 12-hour work-shift, list any overtime hours; listed hours needs to include the work-shift and driving time):

Leave home for work at:

am

pm

Return home from work at:

am

pm

Overtime hours (please describe if applicable):

Describe your job:

If you have filed income taxes or an extension – you are required to submit the applicable form listed below:

A **Schedule C** or **Schedule F income tax form** (or similar proof of current self-employment) is required if you have an established business and have filed income taxes – you may need to consult with your Accountant to obtain the correct schedule or form.

A **1120** or **1120S income tax form** (or similar proof of current self-employment) – is required if your business is incorporated and you have an established business that has filed income taxes - you may need to consult with your Accountant to obtain the correct schedule or form.

A **4868** (sole proprietorship) or **7004** (S or C Corporations, Partnerships, etc.) (or similar proof of current self-employment) is required if you have an established business, have not filed taxes but have filed for an extension to pay income taxes. You may need to consult with your Accountant to obtain the correct schedule or form.

If you have not filed income taxes or an extension – you are required to submit documentation from the following list:

1. Letterhead stationery, Business Card, Business Check
2. Tax Identification Number
3. Registration of Business Name with the Secretary of States Office