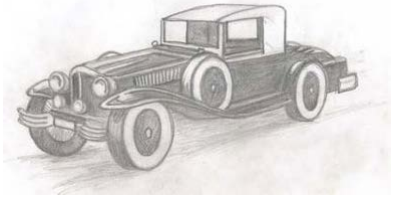


**Application to Become
a Qualified Car Club
Representative**



A qualified car club representative, who is a member of a DMV recognized car club, is eligible to inspect motor vehicles to determine whether or not any replacement parts used are essentially the same in design and material to that originally supplied by the manufacturer.

Upon receipt of a completed Application to Become a Qualified Car Club Representative, the Department of Motor Vehicles shall determine if an applicant qualifies as a qualified car club representative. The determination of the Department shall be final and nonappealable. If your applicant is accepted by the Department of Motor Vehicles, you will receive information for inspection of vehicles and parts and your name, telephone number and address will be published for the use of vehicle owners desiring to have their vehicles inspected.

Name _____	Phone Number _____
Address _____	City, State, Zip _____

Recognized Car Club Name _____	Phone Number _____
Address _____	City, State, Zip _____
Signature of President/Director _____	

As the Director/President of the above-named Recognized Car Club, I am designating the above-named applicant as a representative of our car club to inspect motor vehicles. This applicant has the knowledge and expertise pertaining to the restoration and preservation of the below-named specific makes and models of vehicles. This knowledge and expertise makes this applicant a candidate for inspecting vehicles to determine if any replacement parts used are essentially the same in design and material to that originally supplied by the manufacturer for a specific year, make and model of vehicle.

Description of types, era, makes and models of vehicles that the Car Club member named above specializes in:

Under penalty of law, the undersigned affirms that the information contained in this Application is true and correct.

Signature of Applicant: _____ Date: _____

State of _____ County of _____ The foregoing signature of the applicant was acknowledged before me this _____ day of _____, _____ _____ Signature of Notary Public or designated County Official My commission expires on _____ <p style="text-align: right;">SEAL</p>	Send completed application to: <p style="text-align: center;">Nebraska Department of Motor Vehicles Driver and Vehicle Records Division 301 Centennial Mall South P.O. Box 94789 Lincoln, NE 68509-4789</p> For questions related to this application please contact this office at 402.471.3918.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------