

AFFIDAVIT

STATE OF NEBRASKA

SS.

_____ COUNTY

_____ being first duly sworn, upon oath deposes and
(Salesperson's Name)

says that Motor Vehicle:

_____ Salesperson's Pocket Card with _____ DL-
(Dealer Name) (Dealer License No.)

issued to _____ Social Security # _____
(Salesperson)

for the year of _____ was lost (____) or destroyed (____)

This affidavit is being made for the purpose of:

_____ Surrendering For cancellation

_____ Obtaining a duplicate Salesperson's Pocket Card

Dated this _____ day of _____, _____.

Signature of Salesperson

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My Commission expires _____

Motor Vehicle Industry Licensing Board, P.O. Box 94697, Lincoln, NE 68509
Phone: (402) 471-2148

(Sorry – we cannot accept a FAX return on this document-Original signatures and notary must be received in this office!)