AFFIDAVIT

STATE OF NEBRASKA
SS.

_____ COUNTY

_____being first duly sworn, upon oath deposes and
(Owner, Partner or Corporate Officer Name)

says that Motor Vehicle:

__X__ Salesperson's Wall License with_____DL-_____
(Dealer Name) (Dealer License No.)

issued to_____Social Security #: _____

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

This affidavit is being made for the purpose of:

_____ Surrendering for cancellation

_____ Obtaining a duplicate

Dated this_____day of _____, _____.

_____
Signature of Owner, Partner or Corporate Officer

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!)