

AAA—DIP INFORMATION SHEET

NAME: _____

ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

HOME/CELL #: _____ **WORK #:** _____

EMAIL ADDRESS: _____

BIRTHDATE _____ **AGE** _____

SOCIAL SECURITY #: _____

DATE LICENSE REVOKED: _____

DRIVER LICENSE NUMBER: _____

*******FOR OFFICE USE ONLY*******

PAID: CASH _____ **MONEY ORDER** _____

CERTIFICATE ISSUED: _____

CERTIFICATE #: _____

Class Date _____

Point Reduction _____

Reinstatement _____

Under Age 21 _____

DMV Request _____

Mail To: Cornhusker Driving School • P.O. Box 8484 • Omaha, NE 68108

Phone: 402.341.4555 Fax: 402-571-2520