

**CALIFORNIA DRIVER LICENSE  
 RENEWAL BY MAIL ELIGIBILITY INFORMATION**

You must provide your Social Security Number and be under age 70 when your current license expires to renew by mail. If you answer YES to any question in part 1 of this form, STOP and call your local DMV office for an appointment to renew in person. If you answer NO to all questions in part 1, please complete parts 2-5.

**1. ARE YOU ELIGIBLE FOR RENEWAL BY MAIL? — Please answer the questions below to determine eligibility.**

	YES	NO		YES	NO	
<b>A.</b> Have your last two licenses been renewed by mail? .....			<b>G. WITHIN THE PAST TWO YEARS:</b> • Were you convicted of any Vehicle Code moving violations? .....			
<b>B.</b> Has your license been expired for more than one year? .....				• Did you fail to appear in court for any Vehicle Code moving violation? .....		
<b>C.</b> Does your license expire more than 60 days from today? .....				• Were you suspended for driving under the influence, or for refusing, or failing to complete a chemical or preliminary alcohol screening (PAS) test? .....		
<b>D.</b> Are you currently on any type of driving probation? .....				• Have you been at fault in one or more collisions, as reported by law enforcement? .....		
<b>E.</b> Are you changing/correcting your name? .....				<b>H.</b> Do you have a driver license from more than one state or jurisdiction? .....		
<b>F.</b> Within the past 5 years, have you had any problems with, or changes to, your health or vision that affect your ability to drive safely? (See medical information in part 7 below before responding.) .....						

**2. PLEASE TELL US ABOUT YOURSELF: Use your true full name.**

DRIVER LICENSE OR ID CARD NUMBER	STATE OR COUNTRY	EXPIRATION DATE
LAST NAME	BIRTH DATE	
FIRST NAME	MIDDLE NAME	SUFFIX (JR., SR., III)
RESIDENTIAL STREET (WHERE YOU LIVE) NUMBER, STREET NAME (ST., AVE., RD., BLVD., ETC.)		
CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT) NUMBER, STREET NAME (ST., AVE., RD., BLVD., ETC.) OR P.O. BOX NUMBER		
CITY	STATE	ZIP CODE

MY SOCIAL SECURITY NUMBER IS: [ ] [ ] [ ] — [ ] [ ] [ ] — [ ] [ ] [ ]

**3. THE FOLLOWING QUESTIONS MUST BE ANSWERED IF YOU HAVE A COMMERCIAL DRIVER LICENSE:**

**A.** Have you ever applied for a California driver license or identification card under a different name?  
 Yes  No If yes, provide name in the space provided.

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., III)
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**B.** Have you ever been issued a driver license under the same or a different name to operate any type of motor vehicle in another state or other jurisdiction during the past ten years?  Yes  No If yes, you must complete the 10 Year History Record Check form (DL 939) and attach it to the application.

**4. DO YOU WISH TO REGISTER TO VOTE OR CHANGE YOUR VOTER ADDRESS?**

<b>DO YOU WISH TO REGISTER TO VOTE?</b>	<b>Y</b> <input type="checkbox"/> Yes—Please complete new voter form (provided by DMV). <b>N</b> <input type="checkbox"/> No—Do not complete voter form.	<b>VOTER CHANGE OF ADDRESS</b>	I am a registered voter. I have moved and wish to update my voter record: <b>C</b> <input type="checkbox"/> to a new county—Please complete a new voter form (provided by DMV). <b>S</b> <input type="checkbox"/> within the same county—Do not complete the voter form. Your voter record will be automatically updated.
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If the voter has not received voter registration information within 30 days of requesting it, they should contact the Local Elections Office of the Office of the Secretary of State.

**5. HAVE YOU SERVED IN THE MILITARY? (Read Veteran Statement on back.)**

I have served in the U.S. Armed Forces and I want to receive veteran benefits information.

**6. DO YOU WISH TO REGISTER TO BE AN ORGAN AND TISSUE DONOR?**

<input type="checkbox"/> Yes, add my name to the donor registry. <input type="checkbox"/> I do not wish to register at this time. <input type="checkbox"/> \$2 voluntary contribution to support and promote organ and tissue donation.	Marking "Yes" adds your name to the Donate Life California Organ and Tissue Donor Registry and a pink 'donor' dot will appear on your license. If you wish to remove your name from the registry, you must contact Donate Life California (see back); DMV can remove the pink dot from your licenses but cannot remove you from the registry.
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## 7. CERTIFICATIONS AND IMPORTANT INFORMATION

- Medical Information — Examples of health or vision problems that must be reported are:
  - Loss of consciousness or marked confusion experienced on one or more occasions.
  - Any disease or disorder which may affect your ability to operate a motor vehicle safely upon a highway, such as: epilepsy, diabetes, stroke, drug or alcohol addiction.
  - Any vision change which could affect your ability to drive safely, such as: glaucoma, diabetic retinopathy, cataracts, macular degeneration.
- Social Security Number Collection Disclosure — You are required by law to provide your social security number or your Renewal by Mail application will be denied. Authority to collect the social security number is 42 U.S.C. 405 and California Vehicle Code §1653.5, §4150, §4150.2, §12800, and §12801. It will be used in the administration of driver license laws and motor vehicle registration laws and to respond to requests for information from the Franchise Tax Board for tax administration and from any agency operating pursuant to 42 U.S.C. 601 et seq. It will be used to aid in the collection of monies owed in connection with failure to pay fines or failure to appear in court by an applicant, and to aid in the collection of monies owed by an applicant in connection with Aid to Families with Dependent Children, Child Support, and/or Establishment of Paternity.
- California state law allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information with the DMV and requires you to pay a delinquent state tax obligation. Failure to pay this delinquent tax obligation may result in the suspension of your driver license.
- Chemical Test Disclosure — I agree to submit to a chemical test of my blood, breath, or urine for the purpose of determining the alcohol or drug content of my blood when testing is requested by a peace officer acting in accordance with Vehicle Code §23157 (§23612, effective 7-1-99).
- Organ Donor Statement — If, on the front of this form, you marked 'Yes' to register as an organ and tissue donor you are legally authorizing the recovery of organs and tissues in the event of your death. Registering as a donor will not affect your medical treatment in any way. As outlined in the California Anatomical Gift Act, your authorization is legally binding and, unless the donor is under 18 years of age, your decision does not require the consent of any other person. For registered donors under 18 years of age, the legal guardian shall make the final donation decision. You may limit your donation to specific organs or tissues, place usage restrictions (for example transplantation or research), obtain more information about donation, or remove your name from the registry on the Internet Web site of Donate Life California: [www.donateLIFCalifornia.org](http://www.donateLIFCalifornia.org).
- Veteran Statement — By marking the veteran box on the front of this application, I certify that I am a veteran of the United States Armed Forces and that I want to receive veteran benefits information from the California Department of Veterans Affairs. By marking the veteran box on this application, I also consent to DMV transmitting my name and mailing address to the California Department of Veterans Affairs for this purpose only, and I certify that I have been notified that this transmittal will occur.
- Certification Statement — I am hereby advised that being under the influence of alcohol or drugs, or both, impairs the ability to safely operate a motor vehicle. Therefore, it is extremely dangerous to human life to drive while under the influence of alcohol or drugs, or both. If I drive while under the influence of alcohol or drugs, or both, and as a result, a person is killed, I can be charged with murder.
  - By signing this application, I certify that I was notified that if I am under 21 years of age, I cannot legally drive with a blood alcohol concentration (BAC) of 0.01% or more. Driving with a BAC of 0.01% or more, or refusing to take, or failing to complete an alcohol screening or drug test, results in a one-year suspension of my driving privilege.
  - By signing this application, I certify that I was notified that if I am currently on court probation for a driving under the influence offense, I cannot legally drive with a blood alcohol concentration (BAC) of 0.01% or more. Driving with a BAC of 0.01% or more results in a one-year suspension of my driving privilege. Refusing to take, or failing to complete an alcohol screening or chemical test will result in a two to three year suspension/revocation of my driving privilege.
  - By signing this form, I am acknowledging my presence in the United States is authorized under federal law.
  - I understand I may have no more than one driver license in my possession or under my control in accordance with California Vehicle Code 12511.
  - DMV checks for driving record status in other jurisdictions through the National Driver Registry prior to issuance of a California driver license. You will not be issued a California driver license if another jurisdiction has withdrawn your driving privilege.
  - I understand DMV may add traffic convictions reported by other states or jurisdictions to my driving record that may result in sanctions against my California driving privilege.
- Mailing Address — I am the person whose name appears in Part 2 of this form. The mailing address shown is valid, existing, and accurate. I consent to receive service of process at this mailing address pursuant to §415.20(b), §415.30(a), and §416.90 of the Civil Procedure Code.
- Advisory Statement— The information required on this form pertains to eligibility under the Public Records Act. This information is a public record and is regularly used by law enforcement agencies and insurance companies. Access to address information is now restricted, and will be available to various authorized requesters for limited use. Individuals can obtain copies of their own information during regular office hours.

## 8. SIGNATURE/PERJURY STATEMENT

**I have read, understand and agree with the certifications on this document. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

SIGNATURE

**X**

DATE

## 9. WHERE TO MAIL

The Renewal By Mail fee for basic driver license is \$31.00 or \$39.00 for Commercial Licenses and restricted Firefighters. If you marked the box to make a \$2 voluntary contribution to support and promote the Donate Life California organ and tissue donor registry, include the \$2 voluntary contribution with your check or money order made payable to DMV and mail this form to:

**DMV, Attn: Renewal By Mail Unit  
PO Box 942890  
Sacramento, CA 94290-0001**

(Please write your driver license number on the back of your payment document.)