



CALIFORNIA DRIVER LICENSE RENEWAL BY MAIL ELIGIBILITY INFORMATION

NOTE: 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	
A. Have your last two licenses been renewed by mail?			G. WITHIN THE PAST TWO YEARS:			
B. Has your license been expired for more than one year? ..				• Were you convicted of any Vehicle Code moving violations?		
C. Does your license expire more than 60 days from today?				• Did you fail to appear in court for any Vehicle Code moving violation?		
D. Are you currently on any type of driving probation?				• Were you suspended for driving under the influence, or for refusing, or failing to complete a chemical or preliminary alcohol screening (PAS) test?		
E. Are you changing/correcting your name?				• Have you been at fault in one or more accidents, as reported by law enforcement?		
F. 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 6 below before responding.)				H. Do you have a driver license from more than one state or jurisdiction?		

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

DRIVER LICENSE NUMBER	BIRTH DATE MO ____ DAY ____ YR ____	SOCIAL SECURITY NUMBER: (ONLY) ____ - ____ - ____
FIRST NAME	MIDDLE NAME	LAST NAME
MAILING ADDRESS (Include St., Ave., Rd., Ct., Blvd., Way, etc.)		STATE
APT/SPACE NO. CITY		ZIP CODE
CALIFORNIA RESIDENCE ADDRESS (If different from mailing address)		STATE
APT/SPACE NO. CITY		ZIP CODE

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?

DO YOU WISH TO REGISTER TO VOTE?	Y <input type="checkbox"/> Yes—Please complete new voter form (provided by DMV). N <input type="checkbox"/> No—Do not complete voter form.	VOTER CHANGE OF ADDRESS	I am a registered voter. I have moved and wish to update my voter record: C <input type="checkbox"/> to a new county—Please complete a new voter form (provided by DMV). S <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. ORGAN AND TISSUE DONATION AND CONSENT STATEMENT

YES! I want to be added to the Donate Life California organ and tissue donor registry, and thereby agree to give life upon my death. If you marked the box above that you want to be an organ and tissue donor, your consent shall serve as a legally binding document outlined under the California Uniform Anatomical Gift Act. If you want to limit the donation to specific organs, tissues, or research contact Donate Life California by mail at 1760 Creekside Oaks Drive #220, Sacramento, CA 95833, or online at www.donateLIFeCalifornia.org or www.doneVIDAcalifornia.org.

Note: If you are currently registered with Donate Life California you should still mark the Organ and Tissue Donor box above in order to have the Pink Donor Dot pre-printed on the front of your license. If you do not mark the Organ and Tissue Donor box and you are currently registered with Donate Life California you will not be removed from the list unless you contact Donate Life California at the address or through the websites noted above or by calling 1-866-PWR-2-DON8 (1-866-797-2366).

6. 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.
- 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).
- 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.
- Mailing Address**—I am the person whose name appears in Part 2 above. 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.

7. 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
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8. 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 wish to make a \$2 voluntary contribution to support and promote the Donate Life California organ and tissue donor registry, mark box and include the \$2 voluntary contribution with your check or money order made payable to DMV and mail this form to:

\$2 voluntary contribution for organ and tissue donation.

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.)