

CALIFORNIA IDENTIFICATION CARD OR SENIOR IDENTIFICATION CARD RENEWAL BY MAIL ELIGIBILITY INFORMATION

INSTRUCTIONS

If your last TWO identification card renewals or your LAST Senior identification card renewal was by mail or by Internet, you are NOT eligible to renew by mail or online. You MUST provide your Social Security Number when applying.

YES

NO

Are you Eligible for Renewal by mail?

- A. Do you have a Social Security Number?
- B. Has your identification card been expired for more than one year?
- C. Are you changing/correcting your name?
- D. Are you 62 years old or older and want a FREE Senior identification card?

A banner with the words "Senior Identification Card" will be printed on the front of the identification card. There is "NO FEE" for a Senior Identification card.

If you answered YES to questions B and C, you are not eligible for renewal by mail. Make an appointment to visit your local DMV office to renew in person. If you answered YES to questions A and D, you are eligible for renewal by mail. Complete the attached form.

DISCLOSURES

VETERAN STATEMENT

By marking the veteran box on 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 (CalVet). By marking the veteran box on this application, I also consent to DMV transmitting my name and mailing address to CalVet for this purpose only, and I certify that I have been notified that this transmittal will occur.

ORGAN DONOR STATEMENT

If 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 website of Donate Life California: www.donateLIFEcalifornia.org. By registering as an Organ Donor, you are giving your consent to allow DMV to electronically transmit your true full name, residence or mailing address, year of birth, and California driver license or identification card number to Donate Life California. By signing this form, you consent to this process and have been notified that this transmittal will occur.

VOTER REGISTRATION

- If sharing your address could put you in life-threatening danger, you may be eligible to register to vote confidentially. For more information, contact the **Safe at Home** program at (877) 322-5227 or visit **www.sos.ca.gov/safeathome**/.
- For U.S. citizens only. If you indicate that you are eligible to vote, the DMV will send all of the voter registration information collected on this form, including your digital signature, to the Secretary of State. The office where you registered will remain confidential and will be used only for voter registration purposes.
- If you are eligible to vote and decline to register to vote, your decision will remain confidential; however this information will be sent to the Secretary of State to be used only for voter outreach and registration purposes.
- Voter registration information provided on this application is confidential. The DMV does not make voter eligibility determinations.
- · If you have not received voter registration information within four weeks of registering, contact your county elections official or the Secretary of State.
- Please visit voterstatus.sos.ca.gov for more information about your voter registration or www.sos.ca.gov for general information.

CRIMINAL PROSECUTION

- If you submit fraudulent information, the DMV may pursue criminal prosecution.
- Any person who uses false documents to conceal their true citizenship or resident alien status is guilty of a felony pursuant to California Penal Code §114.

FINANCIAL RESPONSIBILITY

- Financial responsibility (commonly known as insurance) is required on all vehicles operated or parked on California roadways. You must carry evidence of financial responsibility
 in your vehicle at all times and it must be provided when: requested by law enforcement, renewing vehicle registration, the vehicle is involved in a traffic collision.
- If you cannot afford liability insurance, you may be eligible for the California Low Cost Automobile Insurance Program. Additional information is available at www.mylowcostauto.com or by calling (866) 602-8861.

PAYMENTS / REFUNDS

- Visit www.dmv.ca.gov to review payment options at your local DMV field office. If you are mailing your renewal, payment must be by check. (Checks should be payable to DMV).
- Once this application form and fee have been submitted, no refunds will be made.

PRIVACY NOTICE

- DMV uses the information on this form to determine your eligibility for a Driver License or Identification Card and for the administration of driver license laws.
- Information provided to DMV on this form is collected and subject to the limitations in the Information Practices Act (Civil Code 1798 et seq.), the Driver's Privacy Protection Act (18 U.S.C. 2721-2725), the California Vehicle Code (CVC) and other applicable state and federal laws and regulations.
- DMV verifies the information and documents you provide with other governmental agencies.
- All information on this form is mandatory except where noted. DMV may deny your application for not providing the required information. Failure to provide the information required on this form is cause for refusal to issue a driver license or identification card, or, in some cases, cancellation or withdrawal of the driving privilege.
- DMV shares your information with other governmental agencies, law enforcement, and commercial entities as authorized by law. You may obtain a copy of your record at www.dmv.ca.gov or at any DMV field office during regular office hours. For assistance with access to your record, call (800) 777-0133 or make an appointment to visit a DMV field office during regular business hours. For assistance with corrections to your record, contact DMV's Licensing Operations Division Mandatory Actions Unit at (916) 657-6525.
- Questions regarding your Driver License or Identification Card should be addressed to: Driver License Inquiries, Department of Motor Vehicles, PO Box 942890, Sacramento, CA94290-0001.
- For more information regarding specific CVC Sections or how DMV shares your information, please visit www.dmv.ca.gov. You may also request a copy of How Your DMV Information is Shared (FFDMV 17) Fast Facts brochure from any field office.
- DMV's Privacy Policy is located at www.dmv.ca.gov under the "Privacy Policy" link at the bottom of the page.
- Questions regarding this notice should be addressed to: Department of Motor Vehicles, ATTN: Chief Privacy Officer MS F127, PO Box 932328, Sacramento, CA 94232-3280.

CERTIFICATIONS

- 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 California Vehicle Code (CVC) §23612.
- 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 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.
- I am the person whose name appears on the front of this form. The mailing address shown is valid, existing, and accurate. I agree to accept service of process at this mailing address according to §§415.20(b), 415.30(a), and 416.90 of the California Code of Civil Procedure.
- 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.
- By signing this form, I am acknowledging my presence in the United States is authorized under federal law, except as specified in CVC §12801.
- I understand I may have no more than one driver license in my possession or under my control in accordance with CVC §12511.

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- By signing this application, I certify that I understand traffic signs and signals in accordance with CVC §12800(h).



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SECTION 1 — PLEASE TELL US A	BOUT YOURSELF (Use your true for	ull name.)
DRIVER LICENSE OR ID CARD NUMBER	STATE OR COUNTRY	EXPIRATION DATE
		M M / D D / Y Y Y Y
LAST NAME		BIRTH DATE
		M M / D D / Y Y Y
FIRST NAME	MIDDLE NAME	SUFFIX (JR., SR., III)
RESIDENTIAL STREET (WHERE YOU LIVE) NUMBER, ST	REET 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 NUM	BER
CITY		STATE ZIP CODE
MY SOCIAL SECURITY NUMBER IS:		
SECTION 2 — VOTER CHANGE OF	ADDRESS	
Your voting address will be updated unl Check this box if you do not want you	ess you check the box below. our new address used for voter regis	stration purposes.
SECTION 3 — VETERANS STATEM	ENT (Receiving veteran benefit infor	rmation is voluntary.)
I have served in the United States Milita I may be eligible from the Department of	•	
SECTION 4 — ORGAN AND TISSUE	E DONATION (Organ and tissue don	nation is voluntary.)
Do you wish to be an organ or tissu	e donor?	
Yes, add or keep my name on the of Marking "Yes" adds your name to a	donor registry.	I Tissue Donor Registry and a pink 'donor' dot onor dot on your DL/ID card.
	at this time" will not remove you from ct Donate Life California (see page	the registry. If you wish to remove your name 1). DMV can remove the pink dot from your
Would you like to make a voluntary	contribution?	
☐ Mark this box to provide a \$2 volun	tary contribution to support and pror	note organ and tissue donation.

(Page 2 of 3) IMPORTANT: CONTINUE TO NEXT PAGE.
WE CANNOT PROCESS YOUR RENEWAL WITHOUT PAGES 2 & 3.



If you are enrolled	in a confidential ac	ddress program, suc	ch as Safe At Home	, skip to Sectio	n 7.	
It is a crime to inte	ntionally provide in	DN— [®] FOR U.S. CI ncorrect information automatically regis	on a voter registra	ation form. s they choose n	ot to in this sec	tion.)
5a. Are you a Unite	ed States citizen? ed "No," you cannot	register to vote. Skip			Yes	□ No
If you answer • I am a U	nited States citizen	e voter registration rec	uirements listed belo	ow, you can regi	ster to vote:	
I am at leI am not	currently in state or	California may pre-register if you a federal prison or on p itally incompetent to v	arole for the convicti		to vote on Electio	n Day.)
5b. Do you meet AIf you ar	LL of the voter reginswered "No," you ca	istration requirement annot register to vote. the above questions	ts listed above? Skip to Section 7.			□ No
register 5c. I am eligible,	by checking the beby but I do not want to		date my voter registr	ation information	n. <i>Skip to Sectioi</i>	n 7.
		ES— FOR U.S. CI rences, you must fir		eligible to vote	in Section 5 at	oove.)
American Indepe	ndent Party Dem	ical party preference ocratic Party se and Freedom Party	Green Party	political part If you select "No to vote for some	o not want to cho y preference. o Party," you may not e parties' candidate(s) of for U.S. President or	be able) at a
Other:	a ballat b maa:	l bafara anab alaatia		committee.		
If you answer "Yes," vote-by-mail ballot,	you will receive a vo or voting a provision	Il before each election te-by-mail ballot for al all ballot, at your pollinuceive election mater	l elections. You can a g place.	always vote in pe	Yes erson by turning i	∐ No in your
☐ English	☐ Chinese	☐ Tagalog	☐ Thai	☐ Khr	ner	
☐ Spanish	☐ Korean	Hindi	☐ Japanese	e 🗌 Vie	tnamese	
☐ I want to ☐ Email address:	for voter registration ber: (EXAMPLE: 910 remove my telephon (EXAMPLE: john.doo remove my email ad	6-555-1212) _ ne number. e@company.com) _				
		ion card within four on status at https://vot		r county election	ons official.	
SECTION 7 — SIG	NATURE/PERJUR	Y STATEMENT				
perjury under the		th the certifications of California that the i		led is true and o		alty of
SIGNATURE X				DATE		
SECTION 8 — WH	ERE TO MAIL					
and promote the Do	onate Life California er made payable to I	d is \$31.00. If you man organ and tissue dor DMV and mail this for Renewal by Mail Unit	or registry, include			

DMV, Attn: Renewal by Mail Unit PO Box 942890

Sacramento, CA 94290-0001
(Please write your identification card number on the back of your payment document.)

