



DEPARTMENT OF MOTOR VEHICLES

A Public Service Agency

HQ MICROGRAPHICS USE ONLY

DRIVER LICENSE OR IDENTIFICATION CARD APPLICATION

DO NOT DUPLICATE

1 PURPOSE FOR YOUR VISIT: [x] the appropriate box(es). PRINT USING BLACK OR BLUE INK ONLY. DRIVER LICENSE (DL) [x] Original DL/Permit [] Remove Restriction [] Renewal [] Duplicate [] Lost [] Stolen. IDENTIFICATION CARD (ID) [] Original ID Card/Renewal [] Senior ID Card/Renewal (Age 62+) [] Replacement [] Lost [] Stolen. NAME CHANGE/CORRECTION [] DL [] ID CARD. Complete Parts 2, 3, 5, 6 & 7 only.

2 PLEASE PROVIDE THE FOLLOWING: NOTE: You must use your true full name. Driver License or ID Card Number, State or Country, Expires, Birth Date, Social Security Number, First Name, Middle Name, Last Name, Mailing Address, Address Where You Live.

Sex [x] M [] F, Hair Color Brown, Eye Color Brown, Height 6' 1", Weight 165

3 COMPLETE THIS SECTION ONLY IF YOU ARE NOT ELIGIBLE FOR A SOCIAL SECURITY NUMBER: I certify under penalty of perjury... Signature, Date

4 LICENSING NEEDS: [x] Basic Class C [] Motorcycle [] Non-Commercial License [] Ambulance Certificate

5 THE FOLLOWING QUESTIONS MUST BE ANSWERED: A. Have you applied for a Driver License or Identification Card in California... B. Have you had your driving privilege or a driver license cancelled... C. Within the last five years, have you had or experienced any of the medical conditions...

6 DO YOU WISH TO REGISTER TO VOTE OR CHANGE POLITICAL AFFILIATION OR VOTER ADDRESS? DO YOU WISH TO REGISTER TO VOTE OR CHANGE POLITICAL AFFILIATION? Y [x] YES... VOTER CHANGE OF ADDRESS

7 DO YOU WISH TO REGISTER TO BE AN ORGAN AND TISSUE DONOR? DO YOU WISH TO REGISTER TO BE AN ORGAN AND TISSUE DONOR? [x] YES! I want to be an organ and tissue donor.

8 FOR DRIVER UNDER 18, PARENT/GUARDIAN SIGNATURES REQUIRED: Mother's/Guardian's Signature, Date, Daytime Phone Number, Address, City, State, Zip

9 CERTIFICATION: I have read, understand and agree with the contents of this form... STOP Do not sign until instructed to do so by a DMV employee. Applicant's Signature, Date, Daytime Phone Number