HQ
MICROGRAPHICS
USE ONLY

44

A Public Service Agency

DRIVER LICENSE OR IDENTIFICATION CARD APPLICATION

DO NOT DUPLICATE

1 PURPOSE FOR YOUR VISIT: ✓ the appropriate box(es). ***PRINT USING BLACK OR BLUE INK ONLY.*** **READ ALL INFORMATION PROVIDED ON THE FRONT AND BACK OF THIS FORM.**

DRIVER LICENSE (DL)
☐ Original DL/Permit ☐ Remove Restriction
☐ Renewal ☐ Change/Add Class
☐ Duplicate
____ Lost ____ Stolen
Complete Parts 2 through 8.

IDENTIFICATION CARD (ID)
☐ Original ID Card/Renewal
☐ Senior ID Card/Renewal (Age 62+)
☐ Replacement
____ Lost ____ Stolen
Complete Parts 2, 3, 5A, 6 & 7 only.

NAME CHANGE/ CORRECTION
☐ DL
☐ ID CARD
Complete Parts 2, 3, 5, 6 & 7 only.

FOR DMV USE ONLY
BD/LP Code _____
State/Country _____
DOCUMENT# _____
Review: Primary _____
Secondary Tech ID/Date _____

2 PLEASE PROVIDE THE FOLLOWING:
NOTE: You must use your true full name. Original documentation may be required. Refer to the *California Driver Handbook.*

Driver License OR ID Card Number	State OR Country	Expires MO / DAY / YR	Birth Date MO / DAY / YR	Social Security Number – –

First Name	Middle Name	Last Name	Suffix *(Jr., Sr., III)*

Mailing Address, P.O. Box, or Private Mail Box **(Include Box Number, St., Ave., Rd., Blvd., etc.)**, Number, Street, Apt/Space No., City, State, Zip Code

Address Where You Live **(If different from mailing address)**, Number, Street, Apt/Space No., City, State, Zip Code

Sex	Hair Color	Eye Color	Height	Weight
☐ M ☐ F				

3 COMPLETE THIS SECTION ONLY IF YOU *ARE NOT* ELIGIBLE FOR A SOCIAL SECURITY NUMBER:

I certify under penalty of perjury under the laws of the State of California that no Social Security Number has ever been issued to me and I am not presently eligible for a Social Security Number. I understand that pursuant to Vehicle Code Section 12801 I must provide my Social Security Number to the Department of Motor Vehicles when one is assigned to me.

Signature	Date
X	

4 LICENSING NEEDS: ✓ the appropriate box(es). Refer to the *California Driver Handbook for additional information.*

BASIC LICENSE ☐ Basic Class C ☐ Motorcycle
If basic license only, go to Part 5.

COMMERCIAL LICENSE ☐ Class A ☐ Class B

☐ **AMBULANCE CERTIFICATE**

5 THE FOLLOWING QUESTIONS MUST BE ANSWERED:

A. Have you applied for a Driver License or Identification Card in California or another state/country using a different name or number within the past ten (10) years? ..... ☐ Yes ☐ No
If yes, print name, DL/ID number, and state or country _____

B. Have you had your driving privilege or a driver license cancelled, refused, delayed, suspended, or revoked? ..... ☐ Yes ☐ No
If yes, indicate date and reason below.
_____ DATE _____ _____ REASON

C. Within the last five years, have you had or experienced any of the medical conditions specified on the back of this form that affects your ability to operate a motor vehicle safely? ***Please read the "Medical Information" on the back of this form before answering.*** ..... ☐ Yes ☐ No
If yes, briefly explain: _____

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?
Yes—Complete the attached voter form.
No—Do not complete attached voter form.

VOTER CHANGE OF ADDRESS
I am a registered voter; I moved and wish to update my voter record.
C ☐ to a new county—Complete the attached voter form.
S ☐ within the same county—Do not complete the attached form. Your voter record will be automatically updated.

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?
☐ YES! I want to be an organ and tissue donor.
☐ $2 voluntary contribution to support and promote organ and tissue donation.

If you mark "YES!" you will be added to the Donate Life California organ and tissue donor registry and a pink donor dot will be printed on the front of your driver license or identification card. If you are currently registered, you must check "YES!" to have the pink donor dot printed on your license or identification card. If you wish to remove your name from the donor registry, you must contact Donate Life California (see back). The Department of Motor Vehicles can only remove the pink donor dot from your license or identification card.

8 APPLICANT UNDER 18, PARENT/GUARDIAN SIGNATURES REQUIRED:
If both parents/guardians have joint custody, ***BOTH MUST SIGN***. I/We accept civil liability for this minor.

Mother's/Guardian's Signature	Date	Daytime Phone Number
X		( )

Address *Street* *Apt No.* *City* *State* *Zip*

Father's/Guardian's Signature	Date	Daytime Phone Number
X		( )

Address *Street* *Apt. No.* *City* *State* *Zip*

9 CERTIFICATION: I have read, understand and agree with the contents of this form, including the certifications on the **BACK** of this form. ***I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

STOP Do not sign until instructed to do so by a DMV employee.

Applicant's Signature	FOR DMV FIELD OFFICE USE ONLY
X	
Date / Daytime Phone Number ( )	

CONFIDENTIAL

IT IS IMPORTANT THAT YOU READ AND UNDERSTAND THE FOLLOWING INFORMATION AND CERTIFICATIONS

MEDICAL INFORMATION

The following conditions that may affect your ability to operate a motor vehicle safely include, but are not limited to:

- loss of consciousness; or
- episode of marked confusion caused by any condition which may bring about recurring lapses; or
- disease, disorder, or disability (examples of these are epilepsy, diabetes, stroke, cataracts, Parkinson's disease); or
- decrease or change in your vision due to cataracts, macular degeneration, diabetic retinopathy, glaucoma, retinitis pigmentosa, or other progressive condition; or
- health problems because of alcohol or drug abuse.

VOTER REGISTRATION

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.

ORGAN DONOR STATEMENT

If you marked on the front of the application that you want to be an organ and tissue donor upon death, your consent shall serve as a legally binding document as outlined under the California Uniform Anatomical Gift Act. Except in the case where the donor is under the age of 18, the donation does not require the consent of any other person. For donors under the age of 18, the legal guardian of the donor shall make the final decision regarding the donation. If you want to change your decision to consent in the future, or if you want to limit the donation to specific organs, tissues or research, you must 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***.

DISCLOSURE STATEMENTS

- **SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE — You are required by law to provide your Social Security Number, if you are eligible for one, or your application will be denied. An applicant who is legally present in the United States, but not authorized to work and therefore ineligible for a Social Security Number may still be eligible for a California Driver License/Identification Card.**
  Authority to collect the social security number is United States Code, Title 42, Chapter 7, Subchapter II, Section 405 and California Vehicle Code §1653.5, §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
- 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
  - ✓ Aid to Families with Dependent Children
  - ✓ Child Support
  - ✓ Establishment of Paternity
- DMV verifies your social security number, name and birth date on our records with the Social Security Administration. You will not be issued or be able to renew your driver license or identification card until the Social Security Administration verifies the information you have provided is correct. By applying for a driver license or identification card, you authorize and consent to a search of any and all databases at the Social Security Administration by the California Department of Motor Vehicles, to verify the information you have provided.
- 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.
- The mailing address listed on the front of this application will be the address shown on your driver license or identification card.

ADVISORY STATEMENT

The information required on this form pertains to eligibility for and issuance of a driver license. It is required under the authority of Division 6 of the California Vehicle Code. Failure to provide the information is cause for refusal to issue a driver license, or, in some cases, cancellation or withdrawal of the driving privilege.

- Except as made confidential (medical information is confidential under authority of California Vehicle Code §1808.5) or exempted 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.

CRIMINAL PROSECUTION

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

REFUNDS

- Once this application form and fee have been submitted, no refunds will be made.

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 §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 blood alcohol concentration (BAC) of .01% or more. Driving with a BAC of .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 Civil Procedure Code.
- 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.
- 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.