NEW YORK STATE | Department of Motor Vehicles

APPLICATION FOR PERMIT, DRIVER LICENSE OR NON-DRIVER ID CARD

PRINT *CLEARLY IN BLUE OR BLACK INK.*

This form is also available at **dmv.ny.gov**

OFFICE USE ONLY
Image #

APPLYING FOR: ☐ License ☐ Permit ☐ ID card

PURPOSE FOR APPLICATION: ☐ New ☐ Renew ☐ Update Info ☐ Change Type ☐ Replacement ☐ Conditional ☐ Restricted ☐ Transfer to New York

IDENTIFICATION INFORMATION

Do you now have, or did you ever have a New York driver license, learner permit, or non-driver ID card? ☐ Yes ☐ No

Applying for a Non-Driver ID card will cancel any New York State driver license privilege and may cancel any permit, driver license, or identification card you hold in any other U.S. state or the District of Columbia.

ID NUMBER ON NEW YORK STATE DRIVER LICENSE, LEARNER PERMIT, or NON-DRIVER ID CARD

FULL LAST NAME

FULL FIRST NAME

FULL MIDDLE NAME

Do you have a permit or driver license that is valid or that has expired within the last two years, issued by any place other than New York State?
☐ Yes ☐ No
If "Yes", where was it issued? _____
Date of Expiration: | Type of License: | Out-of-State Permit or License ID No.:

An out-of-state permit, driver license or ID card may be subject to cancellation upon issuance of a New York permit, driver license or ID card.

SUFFIX

DATE OF BIRTH Month | Day | Year

SEX M ☐ F ☐ X ☐

HEIGHT Feet | Inches

EYE COLOR

TELEPHONE NUMBER (Home/Mobile) Area Code ( )

Has your name changed? ☐ Yes ☐ No *If "Yes", print your former name exactly as it appears on your present license or non-driver ID card.*

OTHER CHANGE: What is the change and the reason for it (new license class, wrong date of birth, etc.)?

SOCIAL SECURITY NUMBER* (SSN)

If you have never been issued a Social Security Number, check this box ☐

* If you were ever issued an SSN, you must provide the number. Authority to collect your SSN is granted by Sections 490(3) and 502(1) of the Vehicle and Traffic Law. The information will be used for exchange with other jurisdictions, to assist in verification of identity, and for driver license sanctions pursuant to V&T Law Section 510(4-e) and 510(4-f). Your SSN will not be given to the public.

ADDRESS WHERE YOU LIVE - *DO NOT GIVE P.O. BOX. THIS ADDRESS WILL APPEAR ON YOUR PHOTO DOCUMENT.*

	Apt. No.	City or Town	State	Zip Code	County

ADDRESS WHERE YOU GET YOUR MAIL - *Required if different from address where you live. Include street number and name, Rural Delivery and/or box number.*

	Apt. No.	City or Town	State	Zip Code	County

HAS YOUR MAILING ADDRESS CHANGED? ☐ Yes ☐ No **HAS THE ADDRESS WHERE YOU LIVE CHANGED?** ☐ Yes ☐ No

If you answered yes to either of the questions above, then addresses on all vehicle registrations tied to your ID number will also be updated with this address, unless you check this box ☐. If you are registered to vote, your voter registration record will be updated when you complete and submit this form. If you do NOT want your new address on your voter registration record, check this box ☐. If you do not check the box, your new address will be sent to the Board of Elections of your county of residence.

VETERAN STATUS ☐ Check this box if you would like to have "Veteran" printed on the front of your photo document. You must present proof that indicates an honorable discharge from military service (ex: DD-214, DD-215).

NEW YORK STATE ORGAN AND TISSUE DONATION (You must fill out this section)

To enroll in the New York State Donate Life℠ Registry, check the "yes" box and then sign and date below. You are certifying that you are: 16 years of age or older; consenting to donate your organs and tissues for transplantation and research; authorizing DMV to transfer your name and identifying information to the Donate Life Registry; and authorizing federally regulated organ procurement organizations and New York State licensed tissue and eye banks to have access to this information upon your death. "ORGAN DONOR" *will be printed on the front of your DMV photo document*. You will receive a confirmation, which will also provide you an opportunity to change or limit your donation. If you are 16 or 17 years of age at your time of death, parents/legal guardians may change your decision upon your death. For more information, please visit donatelife.ny.gov.

☐ Check this box to make a $1 voluntary donation to the Life...Pass It On Trust Fund for organ and tissue donation research and outreach. Your total transaction fee will include the $1.

You must answer the following question:
Would you like to be added to the Donate Life Registry?
☐ Yes (sign and date consent below)
☐ Skip This Question

♥ _____
Donor Consent Signature and Date

REGISTRATION WITH THE UNITED STATES SELECTIVE SERVICE SYSTEM (SSS)

All male U.S. citizens and immigrants ages 18 through 25 must register with SSS or violate the law. Failure to register is a felony punishable by up to five years in prison and/or a $250,000 fine. If not registered by age 26, you can no longer register and will permanently lose benefits associated with registration, and you will be disqualified from access to: U.S. citizenship if an immigrant; Pell Grants and federal student aid; job training programs; and all federal and postal jobs and many state employment jobs. Should you elect not to register you may do so by checking the "No" box and the pre-mentioned benefits will be lost. ☐ NO

PLEASE COMPLETE AND SIGN PAGE 2. →

OFFICE USE ONLY

CDL Certifications **NI NA EI EA**	License Class	Special Conditions	Eye Test Results ☐ Passed in Office ☐ Vision Registry ☐ Corrective Lens	☐ TEENS
Other Restrictions		Approved By	Date	Office

FULL LAST NAME

THESE QUESTIONS MUST BE COMPLETED FOR ALL LICENSE/PERMIT TRANSACTIONS

1. Has your driver license, learner permit, or privilege to drive a motor vehicle been suspended, revoked or cancelled, or has your application for a license been denied in this state or elsewhere, in the name you provide on this form or any other name?
   ☐ Yes ☐ No
   If "Yes", has your license, permit or privilege been restored, or has your application been approved?
   ☐ Yes ☐ No
2. Have you received treatment, do you currently receive treatment, or do you take medication for any condition that causes unconsciousness or unawareness (for example, a convulsive disorder, epilepsy, fainting or dizziness, or a heart condition)?
   ☐ Yes ☐ No
   If you marked "Yes", you must submit form MV-80U.1, even if you were released from the Medical Review Program. You can get this form at any Motor Vehicles office or at dmv.ny.gov
3. Do you need a hearing aid and/or full view mirror to drive a motor vehicle?
   ☐ Yes ☐ No
4. Have you lost the use of a leg, arm, hand or eye?
   ☐ Yes ☐ No
   4a. If you need to renew your driver license and you marked "Yes", did this occur since your last driver license?
   ☐ Yes ☐ No
   4b. If you marked "NO" to 4a, has your condition gotten worse since your last driver license?
   ☐ Yes ☐ No

PARENT/GUARDIAN CONSENT

☐ Junior License ☐ Non-driver ID Card *(under 16)*

I am the parent or guardian of the applicant, and I consent to the issuance of a learner permit, license or (if under 16) a non-driver ID card. I understand that I am responsible for certifying that the applicant has completed at least 50 hours of supervised "practice" driving, including 15 hours of driving after sunset, prior to the applicant taking a road test, and that this certification (form MV-262) must be presented at the time of the road test. Note to parent/guardian: *If the driver license applicant is 17 years old and has a Driver Education Student Certificate of Completion (form MV-285), consent is not required.*

Parent or Guardian Sign Here **X** _____ (Relationship to Applicant) _____ (Date)

Teen Electronic Event Notification Service (TEENS)

I would like to enroll in the TEENS program to be notified if the under 18 year-old applicant receives a conviction, suspension, revocation or an accident on their license file. For more information about this program, see form MV-1046, How to Enroll in TEENS or MV-1056, TEENS FAQs. This is a ***FREE*** service. →

ID Number on New York State Driver License, Permit or Non-driver ID Card of Consenting Parent or Guardian Above (Required)

COMMERCIAL DRIVER LICENSE APPLICANTS ONLY

1. **In the past 10 years, was a driver license issued to you from another state in the U.S. or the District of Columbia ?** ☐ Yes ☐ No
   *If **YES,** write the name of each one* _____
2. **Are you subject to any disqualification under section 383.51, title 49 of Code of Federal Regulations or NYS Law?** ☐ Yes ☐ No
3. **You MUST certify to DMV that you operate (or expect to operate) a commercial motor vehicle in one of the following four driving types (select only one):**

☐ **Non-excepted Interstate (NI) -** Certified medical status is required. You are age 21 or older and you operate, or expect to operate, interstate (other than for excepted operation).

☐ **Excepted Interstate (EI) -**You are age 18 or older and you operate, or expect to operate, interstate in Excepted Operation ONLY. You must have A3 restriction.

☐ **Non-excepted Intrastate (NA) -** Certified medical status is required. You are age 18 or older and you operate, or expect to operate, in New York State only (other than for excepted operation).

☐ **Excepted Intrastate (EA) -** You are age 18 or older and you operate, or expect to operate, in Excepted Operation ONLY and in New York State ONLY. You must have A3 and K restrictions.

If the driving type you selected requires certified medical status (NI or NA) you must have a valid USDOT Medical Examiner's Certificate on file and be medically certified to operate a commercial motor vehicle. Please see DMV form MV-44.5 if additional information is needed to help you determine your driving type.

CERTIFICATION

I certify that the information I have given on this application and on any documentation provided in support of this application is true and complete.

I understand that making a false statement on this application, or submitting any documentation in support of this application that is false, may be punishable as a criminal offense.

If I am applying for a replacement document, I certify that my New York State document has been lost, stolen, or mutilated.

I understand that personally identifiable information collected for the purpose of issuing a license or identification card may be verified against nationwide DMV systems for accuracy.

If I am transferring an out-of-state driver license to a New York State driver license, I certify that, when I obtained my out-of-state driver license, I was a permanent resident of the state or province that issued the license, that license has been valid for at least 6 months, and I have not failed a driving skills road test in New York State in the last 12 months.

If I am applying for a Conditional or Restricted Use License, I certify that I will pay the full tuition and other required fees for the rehabilitation program (if applicable), attend the program (if required), and will drive within the conditions required for the restricted or conditional license. I understand that failure to do so will result in the revocation of my restricted or conditional license and the reinstatement of the suspension or revocation against my full license.

If I am a male at least 18 but less than 26 years old, unless I have opted "no" to United States Selective Service System (SSS) registration on page 1, I hereby affirmatively opt to register with the SSS and consent to DMV forwarding my personal information to the SSS for registration.

SIGN HERE **X** _____ **DATE:** _____

PLEASE PRINT NAME _____

FULL LAST NAME _____

NEW YORK STATE VOTER REGISTRATION APPLICATION INFORMATION

(Please read before you complete application on the other side.)

OFFICE USE ONLY

Use the NYS Voter Registration Application to Register or Pre-Register to Vote in NYS Elections unless you decline such registration. You may also use the Registration Application to:

- change the name or address on your voter registration
- become a member of a political party
- change your party membership
- pre-register to vote if you are 16 or 17 years of age

To Register You Must:

- be a U.S. citizen
- be 18 years old (you may pre-register at 16 or 17 but cannot vote until you are 18)
- not be in prison for a felony conviction
- not claim the right to vote elsewhere
- not found to be incompetent by a court

If you are a victim of domestic violence, certain sex offenses, or stalking, you may contact the State Board of Elections before or after registering or pre-registering to vote in order to receive information regarding the address confidentiality program for victims of domestic violence and certain sex offenses. To ensure confidentiality such victims should contact the State Board of Elections before registering or pre-registering to vote.

If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for voter registration purposes. If you sign the application and do not check the box declining to register to vote, you thereby consent to the use of any information required to complete the voter registration application. If you do register to vote, the office at which you submit a voter registration application will remain confidential and will only be used for voter registration purposes. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency. If you believe that someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the New York State Board of Elections, 40 North Pearl Street, Albany, NY 12207-2729 (phone: 1-800-469-6872).

Your completed application will be sent to the Board of Elections and you will be notified by your County Board of Elections when your application has been processed. If you have any questions about filling out the voter registration application or registering to vote, you should call your County Board of Elections or call 1-800-FOR-VOTE (TDD/TTY dial 711) (only for voter registration questions). If you live in New York City, you should call 1-866-VOTE-NYC. You may also find answers or tools at the New York State Board of Elections website www.elections.ny.gov

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料:若您有興趣索取中文資料表格, 請電: 1-800-367-8683

한국어: 한국어 양식을 원하시면 1-800-367-8683 으로 전화 하십시오.

যদি আপনি এই ফর্মটি বাংলাতে পেতে চান তাহলে 1-800-367-8683 নম্বরে ফোন করুন

NEW YORK STATE VOTER REGISTRATION APPLICATION

IF YOU ARE NOT A CITIZEN OF THE UNITED STATES, YOU MUST CHECK THE BOX BELOW. NON-CITIZENS WHO REGISTER OR PRE-REGISTER TO VOTE MAY BE SUBJECT TO CRIMINAL PENALTIES AND SUCH VOTER REGISTRATION OR PRE-REGISTRATION MAY RESULT IN DEPORTATION OR REMOVAL, EXCLUSION FROM ADMISSION TO THE UNITED STATES, OR DENIAL OF NATURALIZATION.

☐ **I DECLINE USE OF THIS FORM FOR VOTER REGISTRATION AND PRE-REGISTRATION PURPOSES. DO NOT FORWARD MY INFORMATION TO THE BOARD OF ELECTIONS.**
IF YOU DO NOT CHECK THIS BOX, AND YOU PROVIDE YOUR SIGNATURE ON THE SPACE BELOW, YOU WILL HAVE APPLIED TO REGISTER OR PRE-REGISTER TO VOTE, AND YOU WILL HAVE ATTESTED TO YOUR ELIGIBILITY TO REGISTER OR PRE-REGISTER TO VOTE.

Are you a citizen of the U.S.? ☐ Yes ☐ No *If you answer NO, you cannot register to vote.*	Will you be 18 years of age or older on or before election day? ☐ Yes ☐ No Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote, and that until you will be eighteen years of age at the time of such election your registration will be marked "pending" and you will be unable to cast a ballot in any election? ☐ Yes ☐ No If you answer **NO** to both of the prior questions, you cannot register to vote.
Have you voted before? ☐ Yes ☐ No What Year?	Voting information that has changed: Skip if this has not changed or you have not voted before. Your name was Your address was Your state or New York State County was:
More Information (Optional)	Email Telephone Number

Political Party

You must make 1 selection. ONLY ENROLLED MEMBERS OF A POLITICAL PARTY MAY VOTE IN THAT PARTY'S PRIMARIES.

I wish to enroll in a political party:

- ☐ Democratic party
- ☐ Republican party
- ☐ Conservative party
- ☐ Working Families party
- ☐ Other: _____

I do not wish to enroll in a political party

- ☐ No party

AFFIDAVIT: I swear or affirm that

- I am a citizen of the United States.
- I will have lived in the county, city, or village for at least 30 days before the election.
- I meet all requirements to register to vote in New York State.
- This is my signature or mark on the line below.
- The above information is true. I understand that if it is not true, I can be convicted and fined up to $5,000 and/or jailed for up to four years.

Sign **X** _____ Date _____