



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

FULL LAST NAME FULL FIRST NAME FULL MIDDLE NAME
SUFFIX DATE OF BIRTH GENDER HEIGHT EYE COLOR TELEPHONE NUMBER (Home/Mobile)

Has your name changed?
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

ADDRESS WHERE YOU GET YOUR MAIL - Include Street Number and Name, Rural Delivery and/or box number (If PO Box, also fill in "Address Where You Live" below)
THIS ADDRESS WILL APPEAR ON YOUR STANDARD IDENTITY DOCUMENT
ADDRESS WHERE YOU LIVE REQUIRED IF DIFFERENT FROM ADDRESS FOR MAIL - DO NOT GIVE P.O. BOX. THIS ADDRESS WILL APPEAR ON YOUR ENHANCED/REAL ID IDENTITY DOCUMENT

HAS YOUR MAILING ADDRESS CHANGED? HAS THE ADDRESS WHERE YOU LIVE CHANGED?
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.

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 Donate Life New York State to give access to this information to federally regulated organ donation organizations and New York State-licensed tissue and eye banks and hospitals, 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 limit your donation. If you are 16 or 17 years of age, parents/legal guardians may change your decision upon your death. For more information, contact DLNew York State at 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?
Donor Consent Signature and Date

VOTER REGISTRATION QUESTIONS (Please check 'Yes' or 'No')
If you are not registered to vote where you live now, would you like to apply to register?
YES - Complete Voter Registration Application Section (Not necessary if you bring this form to a DMV office).
NO - I Decline to Register/Already Registered
NOTE: If you do not check either box, you will be considered to have decided not to register to vote.

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.

PLEASE COMPLETE AND SIGN PAGE 2.

OFFICE USE ONLY
CDL Certifications NI NA EI EA License Class Special Conditions
Approved By Date Office
Other Restrictions
TEENS

THESE QUESTIONS MUST BE COMPLETED FOR ALL LICENSE/PERMIT TRANSACTIONS

- 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
- 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
- Do you need a hearing aid and/or full view mirror to drive a motor vehicle?
 Yes No
- Have you lost the use of a leg, arm, hand or eye?
 Yes No
 - If you need to renew your driver license and you marked "Yes", did this occur since your last driver license?
 Yes No
 - 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 to him/her. 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

(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

- 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 _____
- Are you subject to any disqualification under section 383.51, title 49 of Code of Federal Regulations or NYS Law? Yes No
- 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):

<input type="checkbox"/> 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).	<input type="checkbox"/> 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.
<input type="checkbox"/> 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).	<input type="checkbox"/> 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 provide a legible copy of your current USDOT Medical Examiner's Certificate to DMV if it is not already on file. 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.

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

DATE:

PLEASE PRINT NAME

OFFICE USE	EYE TEST RESULTS <input type="checkbox"/> Passed in Office <input type="checkbox"/> Vision Registry <input type="checkbox"/> Corrective Lens	Applicant's Signature	Examiner's Initials
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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 to Vote in NYS Elections, and/or:

- 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 or on parole for a felony conviction (unless parole pardoned or restored rights of citizenship)
- not claim the right to vote elsewhere
- not found to be incompetent by a court

If you do not complete the New York State Voter Registration Application, you will be considered to have declined to register 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 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. 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

Only fill this out if you want to register to vote or change your address or other information with the Board of Elections.

Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answer NO, you cannot register to vote.</i>	Will you be 18 years of age or older on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer NO to both of the prior questions, you cannot register to vote.
Have you voted before? <input type="checkbox"/> Yes <input type="checkbox"/> 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. Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party unless state party rules allow otherwise.

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 any political party and wish to remain an independent voter

- 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 _____