



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.

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

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FULL LAST NAME

FULL FIRST NAME

FULL MIDDLE NAME

SUFFIX

DATE OF BIRTH

Month

Day

Year

GENDER

Male

Female

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)

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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 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

	Apt. No.	City or Town	State	Zip Code	County
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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

	Apt. No.	City or Town	State	Zip Code	County
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HAS YOUR MAILING ADDRESS CHANGED? ☐ Yes ☐ NoHAS THE ADDRESS WHERE YOU LIVE CHANGED? ☐ Yes ☐ NoIf 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 LifeSM 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?

☐ Yes (sign and date consent below)☐ Skip This Question

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. ☐ NO

PLEASE COMPLETE AND SIGN PAGE 2.

OFFICE USE ONLY

CDL Certifications	NI	NA	EI	EA	License Class	Special Conditions	<input type="checkbox"/> TEENS
Other Restrictions						Approved By	Date
							Office

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 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

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. 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 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

X

DATE:

/ /

PLEASE PRINT NAME

OFFICE
USE

EYE TEST RESULTS

☐ Passed in Office ☐ Vision Registry ☐ Corrective Lens

Applicant's Signature

Examiner's Initials