



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? 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

Grid for ID number

FULL LAST NAME

Do you have or did you ever have a driver license that is valid or that expired within the last two years, issued by another U.S. State, the District of Columbia or a Canadian Province?

FULL FIRST NAME

If "Yes", where was it issued?

FULL MIDDLE NAME

Date of Expiration: Type of License: Out-of-State License ID No.:

SUFFIX DATE OF BIRTH SEX HEIGHT

EYE COLOR TELEPHONE NUMBER (Home/Mobile)

Has your name changed? 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 were ever issued an SSN, you must provide the number. Authority to collect your SSN is granted by Sections 490(3) and 502(f) of the Vehicle and Traffic Law.

Grid for Social Security Number

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)

Grid for Address Where You Get Your Mail

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

Grid for Address Where You Live

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.

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

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.

Donor Consent Signature and Date

VOTER REGISTRATION QUESTIONS 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

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.

PLEASE COMPLETE AND SIGN PAGE 2.

OFFICE USE ONLY: CDL Certifications, License Class, Special Conditions, Approved By, Date, HAMILTON COUNTY CLERK, P.O. BOX 204 RT. 8 LAKE PLEASANT, N.Y. 12108-0204

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
- 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

- 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

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

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

(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
------------	--------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------	---------------------