Department of Motor Vehicles

APPLICATION FOR ENHANCED OR REAL ID PERMIT, DRIVER LICENSE OR NON-DRIVER ID CARD PAGE 1 OF 2

PRINT CLEARLY IN BLUE OR BLACK INK.

This fo	rm is also	available	at dmv	nv.gov

OFFICE USE ONLY

MARK THE BOX OF THE TYPE OF DOCUMENT OR SERVICE YOU NEED	(mark all that apply):			Image	#				
Callegrade Current Callegrade Current Callegrade Current	Replacement Chan		NYS license in e State, the Distric			rom another US lian Province			
Driver license?									
Learner permit? Yes No front of the license, learner permit, or nor	appears on the n-driver ID card. →								
Non-driver ID Card? LI Yes LI No J _{Note:} The combination of your identification prove your full name. Your full name will app	pear on your document. Do you have or did		er have a dr	river licens	e that is	valid or that			
	expired within the	last two	years, issue	ed by anotl	her US S	tate, the			
FULL FIRST NAME	District of Columbi			ovince? L	Yes 🚨	No			
FULL MIDDLE NAME		, where was it issued? Expiration: Type of License: Out-of-State License ID No.:							
	Date of Expiration:	. Type (ype of License: Out-of-State License ID No.:						
SUFFIX DATE OF BIRTH SEX HEIGHT	EYE COLOR	TEL	EPHONE NU	JMBER					
Month Day Year Male Female Feet Inches		Area (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. MOBILE Area Cod.	e PHONE NUMBER	EMA	AIL						
)		0 11 1	0000 15	-00 (11				
SOCIAL SECURITY NUMBER* (SSN) * You must provide your SSN. Authority to Traffic Law. The information will be used to identify a drive linear transfer.	sed only for exchange	e with o	ther jurisdic	tions, to as	ssist in v	erification of			
identity, and to invoke driver license sanction the public, or appear on any form or information		ection 510	u(4-e) and 510	(4-1). Your n	umber will i	not be given to			
ADDRESS WHERE YOU GET YOUR MAIL - Include Street Number and Name, Rural Delivery and/or box number (If PO Box, also fill in "Add	lress Where You Live" belo								
Apt. No. City or Town		State	Zip Code	9	County				
ADDRESS WHERE YOU LIVE REQUIRED IF DIFFERENT FROM ADDRESS FOR MAIL - D	OO NOT GIVE P.O. BOX. 1					'ER LICENSE.			
Apt. No. City or Town		State	Zip Code	Э	County				
	SS WHERE YOU LIVE				- 1000 N 100 N				
If you answered yes to either of the questions above, then addresses on all vehicle regischeck this box . If you are registered to vote, your voter registration record will be updated									
on your voter registration record, check this box . If you do not check the box, your new	address will be sent to t	he Board	of Elections	of your coun	ity of reside	ence.			
OTHER CHANGE: What is the change and the reason for it (new license class, wrong date of birth, etc.)?									
VETERAN STATUS				, please see	form MV-	44.1EDL.			
NEW YORK STATE ORGAN AND TISSUE DONATION (You must fill out the follow			26	1	Check th	nis box to make a			
To enroll in the New York State Donate Life sM Registry, check the "yes" box and then sign an age or older; consenting to donate your organs and tissues for transplantation and research	h; authorizing DMV to tra	ansfer you	ir name and id	dentifying L		donation to the t On Trust Fund			
information to the Donate Life Registry; and authorizing Donate Life NYS to give access organizations and NYS-licensed tissue and eye banks and hospitals, upon your death. "ORGA	AN DONOR" will be printe	d on the f	front of your DI	MV photo i		d tissue donation d outreach. Your			
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, total transaction fee will parents/legal guardians may change your decision upon your death. For more information, contact DLNYS at donatelife.ny.gov									
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: ▶	Skip This Que		oate:						
VOTER REGISTRATION QUESTIONS (Please check "yes" or "no".) NOTE: If you	u do not check either box	, you will b	oe considered	to have deci	ded not to	register to vote.			
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									
PLEASE COMPLETE A			NO - I Decline	e to Registe	/Alleady R	registered			
F Other Lice Restrictions	ense A	В	С	NCDL-C	D	DJ			
R Endorsements Cla			ID	М		MJ			
Spe	itions	DP	LR	TR UE	LS	BC			
CDL Certifications NI NA EI EA	ML NF	TD	uc u	P UR		ХТ			
TEENS Driver License/ID DHS Document(s)	Social Security CDL Only) Credit Card	y Card A	approved By		Date				
Learner Permit					rk				
Surrendered for Non-Driver ID Card Office PO Box 204									
Other: I ake Pleasant NY 12108									

DRIVER LICENSE and LEARNER PERMIT APPLICA	N 15 UNLY						
Has your driver license, learner permit, or privilege denied in this state or elsewhere, in the name you performed in the state or elsewhere. If "Yes", has your license, permit or privilege been recommendations.	provide on this form or any other name?	☐ Yes ☐ No	your applicatior	n for a license	e been		
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)?							
If you marked "Yes", you must submit form MV-80U Vehicles office or at <u>dmv.ny.gov.</u>			an get this form	at any Moto	r		
3. Do you need a hearing aid and/or full view mirror to4. Have you lost the use of a leg, arm, hand or eye?							
4a. If you need to renew your driver license and you 4b. If you marked "NO" to 4a, has your condition go			☐ No				
DADENT/CHARDIAN CONSENT							
PARENT/GUARDIAN CONSENT Junior License I am the parent or guardian of the applicant, and I		ermit, license or (if under 16)	a non-driver IF) card to him	n/her I		
understand that I am responsible for certifying that the after sunset, prior to the applicant taking a road test, a lf the driver license applicant is 17 years old and has a	e applicant has completed at least 50 hand that this certification (MV-262) must	ours of supervised "practice" dr be presented at the time of the	riving, including road test. Note	15 hours of to parent/qu	driving		
Parent or Guardian Sign Here							
Teen Electronic Event Notification Service (TEENS)		(Relationship to Appl		(Date	,		
I would like to enroll in the TEENS program to be noti receives a conviction, suspension, revocation or an a		ID Number on NYS Driver Lic Card of Consenting Parent of	ense, Permit o	or Non-drive	er ID		
information about this program, see form MV-1046, Ho TEENS FAQs. This is a <i>FREE</i> service.			1 1		,		
COMMEDIAL DRIVER LICENSE ARRIVANTS ONL	V						
COMMERCIAL DRIVER LICENSE APPLICANTS ONL In the past 10 years, was a driver license issued to		the District of Columbia ?	Yes No				
If YES, write the name of each one (if you turn in a							
You MUST certify to DMV that you operate (or experience)	act to operate) a commercial motor vehic	cle in one of the following four (driving types (e.	plact only on			
Non-excepted Interstate (NI) - Certified medical		The state of the s					
for excepted operation).	Latatus is required. You are one 19 or all	dor and you anarate or avecat	to anausta in N	VC - /-+ -			
Non-excepted Intrastate (NA) - Certified medica than for excepted operation).	i status is required. You are age 18 or oid	ier and you operate, or expect t	to operate, in N	YS only (other	er		
Excepted Interstate (EI) -You are age 18 or olde							
Excepted Intrastate (EA) - You are age 18 or old and K restrictions.	der and you operate, or expect to operate,	in Excepted Operation ONLY and	d in NYS ONLY.	You must have	ve A3		
If the driving type you selected requires certified me	dical status (NI or NA) you must provi	de a legible copy of your curr	rent USDOT M	edical Exam	iner's		
Certificate to DMV if it is not already on file. Please see	DMV form MV-44.5 If additional informa	tion is needed to help you dete	rmine your arivi	ing type.			
CERTIFICATION I certify that the information I ha	ve given on this application is true and	complete. I understand that	the information	provided w	ith this		
application will be used to verify my identity, residency, to Enhanced Driver License - I am a U.S. citizen and		J.S. I am applying for one or mor	re of the followin	g:			
REAL ID Document - I am lawfully present in the I							
Replacement Driver License/Non-driver I.D My		as been lost, stolen, or mutilated	d. If I find the los	st document			
after DMV issues a replacement to me, I will return Exchanging Out-of-State Driver License for a N		out-of-state driver license I was	a permanent re	sident of the	state		
or province that issued the license, <u>and</u> that license has	as been valid for at least 6 months, <u>and</u> I h	ave not failed a driving skills road	I test in NYS in the	he last 12 mo	onths.		
Selective Service - If I am a male at least 18 but less		The state of the s			7		
IMPORTANT: Making a false statement in any lid deceiving or substituting, or causing another per prosecution for a misdemeanor or felony under the	rson to deceive or substitute in cor	nection with such application	ement in conr on, may subje	nection with ct you to c	it, or riminal		
SIGN HERE			DATE:				
PLEASE PRINT NAME			/	/			
CREDIT CARD AUTHORIZATION IF CARDHOLDER	IS NOT THE APPLICANT:						
My signature authorizes	Sign	A .					
to use my credit card for payment of any fees in cor and I understand that I must be present for this transact			-Sign Name in F	Full)			
TEST RESULTS	Applica	nt's Signature		Examiner's	Initials		
F S Eye Pass Corrective Lens	1						
C E Written □ Pass □ Fail	2						