

**PRINT CLEARLY IN BLUE OR BLACK INK.**This form is also available at [dmv.ny.gov](http://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 NY

## 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 NY State driver license privilege.

ID NUMBER ON NYS DRIVER LICENSE, LEARNER PERMIT, or NON-DRIVER ID CARD

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## FULL LAST NAME

## FULL FIRST NAME

## FULL MIDDLE 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 US State, the District of Columbia or a Canadian Province? ☐ Yes ☐ No

If "Yes", where was it issued? \_\_\_\_\_

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

## SUFFIX

## DATE OF BIRTH

Month	Day	Year

## SEX

Male	Female
<input type="checkbox"/>	<input type="checkbox"/>

## 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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\* You must provide your SSN. 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

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

HAS YOUR MAILING ADDRESS CHANGED? ☐ Yes ☐ No HAS 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 (DD-214, DD-215, or see form MV-44.1).

## NEW YORK STATE ORGAN AND TISSUE DONATION (You must fill out the following section)

To enroll in the New York State Donate Life<sup>SM</sup> 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 NYS to give access to this information to federally regulated organ donation organizations and NYS-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 DLNYS at [donatelife.ny.gov](http://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: **X** \_\_\_\_\_ Date \_\_\_\_\_☐ 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.

## VOTER REGISTRATION QUESTIONS

(Please check "yes" or "no".) **NOTE:** If you do not check either box, you will be considered to have decided 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 form to a DMV office).☐ NO - I Decline to Register/Already Registered

PLEASE COMPLETE AND SIGN PAGE 2. →

OFFICE USE	CDL Certifications	NI	NA	EI	EA	License Class	Special Conditions	<input type="checkbox"/> TEENS	
	Document Type	Proof Submitted:	<input type="checkbox"/> Driver License/ID	<input type="checkbox"/> DHS Document(s)					
	<input type="checkbox"/> Enhanced	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Learner Permit	<input type="checkbox"/> Medical Certificate (CDL Only)					
	<input type="checkbox"/> REAL ID	<input type="checkbox"/> U.S. Passport	<input type="checkbox"/> MV-45	<input type="checkbox"/> Image Retrieval	<input type="checkbox"/> Credit Card				
	<input type="checkbox"/> Standard (Not for Federal Purposes)	<input type="checkbox"/> Foreign Passport	<input type="checkbox"/> Out-of-State License	<input type="checkbox"/> Social Security Card	<input type="checkbox"/> ATM Card				
		Other:					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](http://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 (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 (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 NYS 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).
- ☐ **Non-excepted Intrastate (NA)** - Certified medical status is required. You are age 18 or older and you operate, or expect to operate, in NYS only (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.
- ☐ **Excepted Intrastate (EA)** - You are age 18 or older and you operate, or expect to operate, in Excepted Operation ONLY and in NYS 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 NY State document has been lost, stolen, or mutilated.

If I am transferring an Out-of-State Driver License to a NY 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 NY 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, I understand that the act of making this application shall serve as consent to be registered with the Selective Service System, if so required by federal law, and authorization of the forwarding of my personal information required for such 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

## 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

## To Register You Must:

- be a U.S. citizen;
- be 18 years old by the end of this year;
- not be in prison or on parole for a felony conviction;
- not claim the right to vote elsewhere

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

এই ফর্মটি বাংলায় পেতে চাইলে এই নম্বরে

ফোন করুন: 1-800-367-8683

한국어: 한국어 양식을 원하시면  
1-800-367-8683 으로 전화하십시오.

中文資料: 如果你有興趣索取本中文資料  
表格, 請電 1 - 800 - 367-8683

If you do not complete the NYS 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 NYS Board of Elections, 40 Steuben Street, Albany, NY 12207-2109 (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 NYS Board of Elections website: [www.elections.ny.gov](http://www.elections.ny.gov)

## 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.

If you register to vote, your completed voter registration application will be sent directly to the Board of Elections. If you decline to register, your decision will remain confidential. You will be notified by your County Board of Elections when your voter registration application has been processed.

Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer NO, you cannot register to vote		Will you be 18 years of age or older on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer NO, you cannot register to vote unless you will be 18 by the end of the year.		Telephone Number (optional)
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 state or NYS		
		Your address was _____ County was:		

## 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
- ☐ Green party
- ☐ Working Families party
- ☐ Independence party
- ☐ Women's Equality party
- ☐ Reform 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 \_\_\_\_\_