

Complete both pages or the form will be returned

I am Applying for a (Check one from each box)	<input type="checkbox"/> Driver's License (OPR)	<input type="checkbox"/> Junior Driver's License (JUN)	<input type="checkbox"/> Learner Permit (LRN)
<input type="checkbox"/> Real ID Compliant	<input type="checkbox"/> Original Issue	<input type="checkbox"/> Transfer from Out of State	
<input type="checkbox"/> Privilege Card (Non-Real ID)	<input type="checkbox"/> Renewal	<input type="checkbox"/> Add Endorsement(s):	
<input type="checkbox"/> Enhanced (EDL)	<input type="checkbox"/> Address or Name Change	<input type="checkbox"/> Replacement (Lost or Stolen)	

Vermont Identification Information - Do you now have, or did you ever have a Vermont:

Driver License? ☐ Yes ☐ No
Learner Permit? ☐ Yes ☐ No
Non-Driver ID Card? ☐ Yes ☐ No

If "Yes", enter the identification number
as it appears on the License, Learner
Permit, or Non-Driver ID card →

VERMONT LICENSE, PERMIT, or NON-DRIVER ID CARD NUMBER (4d)

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Last Name (1)

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First Name (2)

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Middle Name (2a)

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Do you have a driver license that is valid or that expired within the past year, issued by another US State, the District of Columbia or a Canadian Province? ☐ Yes ☐ No

If "Yes", where was it issued? _____

Date of Expiration: _____ License Type: _____ License Number: _____

Address Where You Get Your Mail (mailing address) - Include Street Number and Name (If PO or Private Box, also fill in "Address Where You Live" below) (22)

	City or Town	State	Zip Code
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Address of Residence (physical address) - This address will be printed on your license (8)

	City or Town	State	Zip Code
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Social Security Number* (23)	Date of Birth (MM/DD/YYYY) (3)	Place of Birth (City, State & Country) (3a)

*The disclosure of your social security or federal identification number is mandatory, is solicited by the authority granted by 42 U.S.C. § 405(c)(2)(C) and/or 666(a)(13) and will be used by the Department of Motor Vehicles in the administration of motor vehicle, tax and child support laws, to identify individuals affected by such laws.

If you are (1) applying for a Privilege Card; (2) not registering to vote; and (3) presenting a letter of ineligibility for a Social Security Number, you may leave this field blank.

Gender (15) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Eye Color (18)	Height (16)	Weight (17)
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Complete next page

DMV USE ONLY				
<input type="checkbox"/> Print (270) <input type="checkbox"/> Name Change (231) <input type="checkbox"/> DOB Change (231) <input type="checkbox"/> MISC Change (231) POB SEX EYE HT WGT <input type="checkbox"/> Mail Address Chnge (232) <input type="checkbox"/> SSN (232) ADD CHG <input type="checkbox"/> Physical Address (233) ADD CHG DEL	<input type="checkbox"/> Create 220 260 222 225 228 227 234 DOC LOC NNL Photo VISA USCIS Doc _____ Eye Exam Real ID Compliant	Endorsements (9a) _____ _____ Restrictions (12) _____ _____ Veteran Designator <input type="checkbox"/> Yes <input type="checkbox"/> No Voter Registration <input type="checkbox"/> Yes <input type="checkbox"/> No Organ Donor <input type="checkbox"/> Yes <input type="checkbox"/> No PID	<input type="checkbox"/> CDLIS <input type="checkbox"/> QCS <input type="checkbox"/> SOR <input type="checkbox"/> PDPS <input type="checkbox"/> QSD OOS LIC # City & State (OOS) Issue Date (VT) Expire Date (VT) Rater #	License New (16) License Renew (17) Junior License (18) EDL (33) Duplicate (23) Permit New (19) Permit Renew (20) Exam, First (21) Exam, Subsequent (22) TOTAL \$

Validation Area