

Application for Permit / License / Non-Driver ID Please write clearly or your application will be rejected.



APPLICANT INFORMATION						
NJ Driver License or Non-Driver	ID Number:					
** Social Security Number or ITIN	1 :					
First Name:			Middle Name:			
Last Name:	· · · · · · · · · · · · · · · · · · ·		Suffix:			
Mailing Address (Street, PO Box	x):			Apt/Floor/Unit:		
City:	State:	Zip:	County:			
Residential Address (If Differen	t from Mailing):			Apt/Floor/Unit		
City:	State:	Zip:	County:			
Full Date of Birth:/_	Gender:	Eye Color:	Weight: _	Height:	ft	in
(MM/DD/YYYY)						
**Submission of your social security number or in-		on number is required by law. It will be u tify individuals affected by such laws.	used in the administration of	f motor vehicle, tax and cl	nild support la	ws, to
TRANSACTION INFORMATION						
Document Type (Select One):	Permit	Non-Driver ID Driv	ver License			
Select All That Apply: Standard License or Non-Driver ID Real ID License or Non-Driver ID						
	Motorcycle _	Boat Moped _	Agricultural			
QUESTIONS						
1. Do you have a valid driver's	license or non-driv	er ID in any other state or	r country? Yes	No		
2. Is your driving privilege susp	ended in any other	r state or country? Ye	es No			
SIGNATURE						
Signature:			Da	ate:		
I certify that the statements made by me on t						y.
MVC USE ONLY						
Transaction Type: Initial _	Renewal [Ouplicate Change _	Upgrade [Downgrade	_Transfe	er
Standard Documentation		Real ID Documentation				
Primary Documentation		Primary Document				
Secondary Documentation		Secondary Document				
Proof of SSN, ITIN, or Affidavit		Proof of SSN				
Proof of NJ Residential Addres	SS	Proof of NJ Residentia	al Address 1			
50 Hour Driving Certification (ι	ınder 21)	Proof of NJ Residentia				
		50 Hour Driving Certifi	ication (under 21)			
Comments:						