DC DRIVER LICENSE or IDENTIFICATION CARD APPLICATION

The information you provide will be used to **register you to vote** or update your registration **unless you decline** in Section G.

A. What do you need?

❑ Driver License	❑ Identification Card	❑ Motorcycle Endorsement

B. Tell us about yourself

Last Name	First Name	Middle Name	Jr./Sr./III, etc.

Address where you live (a mailing only address cannot be used)	Apt/Unit #	City & State	ZIP Code
		Washington, DC	

Date of Birth	Social Security #	U.S. Citizen	Gender
/ /		❑ Yes ❑ No	❑ Male ❑ Female ❑ Unspecified

Weight	Height	Hair Color	Eye Color	Other names you have used on a Driver License or ID Card.
LBS	FT IN			

Cell Phone	Alternate Phone	Text Notification	Email
( )	( )	❑ Yes Standard rates apply	

C. Tell us about your driving history

1. Have you ever had a Driver License? *If yes, write from what country, state, or jurisdiction?* _____ ❑ Yes ❑ No
2. Has your license ever been suspended or revoked? ❑ Yes ❑ No
3. Has your application for a Driver License been denied in another country or state? ❑ Yes ❑ No

D. Tell us about your medical history

Skip this section if you are only here for an ID card.

1. Do you require corrective lenses or glasses for the vision screening test? ❑ Yes ❑ No
2. Are you required to wear a hearing device while driving? ❑ Yes ❑ No

In the past 5 years, have you had or been treated for any of the following? *If yes, to an item, please complete the Medical/Eye form.*

1. Alzheimer's Disease ❑ Yes ❑ No
2. Insulin Dependent Diabetes ❑ Yes ❑ No
3. Glaucoma, Cataracts, or Eye Diseases ❑ Yes ❑ No
4. Seizure or Loss of Consciousness ❑ Yes ❑ No
5. Do you have other mental or physical conditions that would impair your ability to drive? ❑ Yes ❑ No

E. Tell us about your preferences

1. All males 18-26 years old will be registered with **Selective Service**. *To opt out, complete the opt-out form*
2. I would like to add a **Veteran designation** to my license/ID card. ❑ Yes *If yes, provide proof of your status*
3. I would like to be an **organ and tissue donor**. ❑ Yes
4. What language should we use to communicate with you? _____

Special Designations (Optional):
Add to my Driver License or ID Card

❑ Autism ❑ Visually Impaired
❑ Intellectual Disability ❑ Hearing Impaired

Office Use:

F. If you are 70+ years of age, your licensed medical practitioner MUST complete this section

Practitioner's Name (*print*)	Practitioner's Identification Number	Phone Number

Does the applicant have the ability to safely drive a vehicle?
❑ Yes, the applicant can safely drive a vehicle.
❑ No, the applicant cannot safely drive a vehicle.

Practitioner's Signature: Date:

To confidentially report waste, fraud or abuse by a DC Government Agency or official, call the DC Inspector General at 1.800.521.1639

Office Use: *Form revised October 2021*

Employee Signature: Date:

Questions: Please visit our website at dmv.dc.gov or call 311 in DC or 202.737.4404 outside the 202 area code.

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