

Completion of this section is requested but not required to apply for a driver's license or ID Card. (Virginia Code §2.2-3806)	
INFORMATION FOR THE DEPARTMENT OF ELECTIONS	
Mail In / DMV Connect Only - Are you a citizen of the United States of America?	Mail In / DMV Connect Only - Do you want to register to vote or change your voter registration address?
YES (INITIAL BOX) <input type="text"/> NO (INITIAL BOX) <input type="text"/>	YES (INITIAL BOX) <input type="text"/> NO (INITIAL BOX) <input type="text"/>
INFORMATION FOR THE VIRGINIA TRANSPLANT COUNCIL	
<input type="checkbox"/> Yes, I would like to become an organ, eye and tissue donor.	



DRIVER'S LICENSE AND IDENTIFICATION CARD APPLICATION

DL 1P (07/01/2021)

LOG #

Purpose: Use this form to apply for a driver's license, learner's permit, or identification card.

Instructions: Submit completed application to any DMV Customer Center. Complete front and back of this application.

APPLICATION TYPE		
REAL ID: ID requirements for domestic air travel and access to secure federal facilities change May 3, 2023. A REAL ID meets these requirements. Would you like to apply for a REAL ID license/identification card? (Not applicable if applying for a Motorcycle Learner's Permit)		
<input type="checkbox"/> Yes - I would like to use my license/identification card as ID to board a domestic flight or enter a secure federal facility or military base on or after May 3, 2023. View the documents you'll need at dmvNOW.com/REALID or ask for a brochure.		
<input type="checkbox"/> No - I acknowledge my license/identification card will display "Federal Limits Apply" and I will need another form of ID to board a domestic flight or enter a secure federal facility or military base on or after May 3, 2023.		
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Motorcycle Learner's Permit (classification not applicable)	<input type="checkbox"/> Identification (ID) Card
<input type="checkbox"/> Learner's Permit and Driver's License	<input type="checkbox"/> Driver's License with School Bus Endorsement (to carry less than 16 passengers)	<input type="checkbox"/> Hearing Impaired ID Card
<input type="checkbox"/> Driver's License with Motorcycle (complete Motorcycle Classification section below)	<input type="checkbox"/> Driver's License Testing for Foreign Diplomats	<input type="checkbox"/> Emancipated Minor ID Card
<input type="checkbox"/> Motorcycle Only License (complete Motorcycle Classification section below)		
Motorcycle Classification		
<input type="checkbox"/> Maintaining current Virginia Motorcycle Classification		
<input type="checkbox"/> Add, Upgrade or Transfer Motorcycle Classification or obtain Motorcycle Only License. Additional testing may be required. Check applicable box below.		
<input type="checkbox"/> M 2 (2 wheels)	<input type="checkbox"/> M 3 (3 wheels)	<input type="checkbox"/> M (both 2 and 3 wheels)
Replacement License or Identification Card (check one of the following): <input type="checkbox"/> I am surrendering my current license or ID card.		
I certify I cannot surrender my current license or ID card because it is: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed		

APPLICANT INFORMATION							
NOTE: YOUR ADDRESS BELOW MUST BE CURRENT. THE U.S. POSTAL SERVICE WILL NOT FORWARD YOUR LICENSE OR ID CARD.							
FULL LEGAL NAME (last, first, middle, suffix)				SOCIAL SECURITY NUMBER (SSN)		<input type="checkbox"/> I HAVE NOT BEEN ISSUED A SSN.	
BIRTHDATE (mm/dd/yyyy)	PHONE NUMBER (optional)	SEX (check one)	WEIGHT	HEIGHT	EYE COLOR	HAIR COLOR	
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NON-BINARY	LBS.	FT. IN.			
STREET ADDRESS			CITY	STATE	ZIP CODE		
IF YOUR NAME HAS CHANGED, PRINT YOUR FORMER NAME HERE			NAME OF CITY OR COUNTY OF RESIDENCE				
			<input type="checkbox"/> CITY <input type="checkbox"/> COUNTY OF _____				
MAILING ADDRESS (if different from above - this will show on your license/permit/ID)			CITY	STATE	ZIP CODE		
EMAIL ADDRESS (optional)				SPECIAL INDICATOR REQUEST			
1. Do you wear glasses or contact lenses to operate a motor vehicle?				<input type="checkbox"/> YES <input type="checkbox"/> NO			
2. Do you have a physical or mental condition which requires that you take medication? If yes, please list the condition(s) and the name of the medication(s).				<input type="checkbox"/> YES <input type="checkbox"/> NO			
3. Have you ever had a seizure, blackout, or loss of consciousness?				<input type="checkbox"/> YES <input type="checkbox"/> NO			
4. Do you have a physical condition which requires you to use special equipment to drive?				<input type="checkbox"/> YES <input type="checkbox"/> NO			
5. Have you been convicted within the past ten years in this state or elsewhere of any offense resulting from your operation of, or involving, a motor vehicle? (Do not include parking tickets.)				<input type="checkbox"/> YES <input type="checkbox"/> NO			
6. Has your license or privilege to drive ever been suspended, revoked, or disqualified in this state or elsewhere, or is it currently suspended, revoked or disqualified?				<input type="checkbox"/> YES <input type="checkbox"/> NO			
If you answered YES to any of the above provide an explanation here.				Please show the following indicator(s) on my license, permit, or ID card:			
				<input type="checkbox"/> Insulin-dependent diabetic*			
				<input type="checkbox"/> Speech impairment*			
				<input type="checkbox"/> Hearing impairment*			
				<input type="checkbox"/> Intellectual disability (IntD)*			
				<input type="checkbox"/> Autism spectrum disorder (ASD)*			
				<input type="checkbox"/> Blind or vision impairment (ID card only)*			
				* Must submit required physician statement			
				<input type="checkbox"/> Traumatic brain injury (DL 145 required for license or permit. A physician statement required for ID card.)			

FOR DMV USE ONLY — DO NOT WRITE BELOW THIS LINE									
REQUIRED TESTS	PASS	FAIL	CUSTOMER NUMBER				TRANSACTION TYPE		FEE
VISION			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REISSUE	
DL ROAD SIGNS EXAM			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> DUPLICATE <input type="checkbox"/> RENEWAL	
DL KNOWLEDGE EXAM									
DL SKILLS									
MC KNOWLEDGE			CSR SIGNATURE					CSR LOGON ID	
MC SKILLS M2									
MC SKILLS M3									

APPLICANT INFORMATION (continued)

Do you currently have or have you ever held a license, ID card or learner's permit from another state, U.S. territory or foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the following:	LICENSE/ID CARD NUMBER	ISSUE DATE (mm/dd/yyyy)	EXPIRATION DATE (mm/dd/yyyy) STATE/COUNTRY

PARENT OR LEGAL GUARDIAN CONSENT

Check applicable box, review certification statement, print your name and sign where indicated.

- ☐ **I authorize issuance of a learner's permit/driver's license.** I certify that the applicant is a resident of Virginia. I certify that the applicant is attending school regularly and is in good academic standing, but if not, I authorize issuance of a learner's permit/driver's license. I certify that this applicant will operate a motor vehicle for at least 45 hours (15 of which will occur after sunset) while holding a learner's permit.
- If the applicant attends public school, I authorize the principal or designee of the public school attended by the applicant to notify the juvenile and domestic relations district court (within whose jurisdiction the applicant resides) when the applicant has had 10 or more unexcused absences from school on consecutive school days.
- If a Special Indicator Request is checked on this application, I request on behalf of the applicant that it be shown on the learner's permit/driver's license. I certify that the statements made and the information submitted by me are true and correct.
- ☐ **I authorize issuance of an ID card.** I certify that the applicant is a resident of Virginia. If a Special Indicator Request is checked on this application, I request on behalf of the applicant that it be shown on the identification card.
- I certify that the statements made and the information submitted by me are true and correct.

PARENT/LEGAL GUARDIAN NAME (print)	PARENT/LEGAL GUARDIAN SIGNATURE	DATE (mm/dd/yyyy)
APPLICANT UNDER AGE 18 Have you ever been found not innocent of any offense in a Juvenile and Domestic Relations Court in this or any other state? <input type="checkbox"/> YES <input type="checkbox"/> NO If you answered YES, the court making the adjudication of "not innocent" or a court within the jurisdiction where the juvenile's parent/legal guardian resides must provide court consent below. COURT CONSENT In my opinion the applicant's request for a learner's permit/driver's license <input type="checkbox"/> should be granted. <input type="checkbox"/> should not be granted. REMARKS:		
JUDGE NAME (print)	JUDGE SIGNATURE	DATE (mm/dd/yyyy)

SELECTIVE SERVICE

All males under the age of 26 are required to check one of the following. Failure to provide a response will result in denial of your application.

☐ I am already registered with Selective Service.

☐ I am a lawful non-immigrant on a current non-immigrant visa or a seasonal agricultural worker (H-2A Visa) and not required to register.

☐ I authorize DMV to forward to the Selective Service System personal information necessary to register me with Selective Service.

By signing this application, I consent to be registered with Selective Service, if required by federal law. If under age 18, an appropriate adult must complete and sign below: I authorize DMV to send information to Selective Service which will be used to register applicant when he is 18 years old.

SIGNATURE (check one and sign) ☐ PARENT / GUARDIAN ☐ JUDGE, JUVENILE DOMESTIC RELATIONS COURT ☐ EMANCIPATED MINOR

VETERAN INDICATOR

☐ I would like to add/keep the veteran indicator on my driver's license or identification card.

☐ I would NOT like to add/keep the veteran indicator on my driver's license or identification card.

You must complete a Virginia Veteran Military Service Certification (DL 11) form and provide an acceptable veteran service proof document to add the veteran indicator, unless you have already done so.

GOVERNMENT EMPLOYEES - (Fee waiver certification)

I certify that I am employed by the: ☐ Commonwealth of Virginia or ☐ City of ☐ County of ☐ Town of _____ to operate a motorcycle solely in the course of this employment and, because of such employment, I am entitled to the waiver of the motorcycle class endorsement fee, provided I have paid for and hold a valid Virginia driver's license or have made application for such.

NOTICE

Va. Code §§46.2-323 and 46.2-342 require that you provide DMV with the information on this form (including your social security number). Your personally identifiable information is being collected for record keeping purposes and will be disseminated only in accordance with Va. Code §§46.2-208, 46.2-209, and the Driver's Privacy Protection Act, 18 USC §2721. Persons convicted of certain sexual offenses (as listed in Va. Code §9.1-902) must register or re-register with the Virginia Department of State Police as provided in Va. Code §§9.1-901, 9.1-903, and 9.1-904. If you provide a non-Virginia residence/home address or non-Virginia mailing address, your application for a driver's license or permit may be denied. Upon issuance of a driver's license, commercial driver's license or identification card in the Commonwealth of Virginia, any driver's license, commercial driver's license or identification card previously issued by another state must be surrendered and will be cancelled by the issuing state.

CERTIFICATION

I certify and affirm that I am a resident of Virginia, that all information presented in this application is true and correct, that any documents I have presented to DMV are genuine, and that my appearance, for purpose of my DMV photograph, is a true and accurate representation of how I generally appear in public. I make this certification and affirmation under penalty of perjury and understand that making a false statement on this application is a criminal violation. By signing this form, I authorize DMV to verify the information provided on this application, as required to determine eligibility.

APPLICANT NAME (print)	APPLICANT SIGNATURE	DATE (mm/dd/yyyy)
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