

UT LICENSE #	UT ID #
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Full Legal Name	Gines	Mark	Henry	
	Last	First	Middle	Suffix

Date of Birth	11/07/2003	Social Security Number or ITIN	647-72-9467
	mm/dd/yyyy	This information will not show on your driver license or ID card	

UT Residence Address	2792 South Sorraia Circle	Magna	84044
	Number/Street/Apartment	City	Zip Code

Mailing Address	2792 South Sorraia Circle	Magna	UT	84044
	PO Box/Number/Street/Apartment	City	State	Zip Code

Email Address	markhgines@icloud.com	Phone	(385) 243-1211
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Height	6	FT.	0	IN.	Weight	120	Brown	Brown	Male
							Hair Color	Eye Color	Gender

Applicant's Place of Birth	Utah	Mother's Maiden Name	Gonzalez	Paula
	State/Country	Name	Last	First

NOTICE: APPLICANT MUST ANSWER ALL QUESTIONS.

- ☒ YES ☐ NO Are you a U.S. Citizen?
- ☒ YES ☐ NO Are you a legal permanent resident alien or a U.S. National?
- ☒ YES ☐ NO If you are a citizen of another country, do you have evidence of lawful presence in the United States?
- ☐ YES ☒ NO I would like to register my desire to help others by being an organ, eye, and tissue donor (life-saving anatomical gift.)
- ☐ YES ☒ NO Are you a U.S. Military Veteran?
- YES NO If yes, do you authorize sharing this information with the Utah Division of Veterans Affairs for the purpose of identifying veterans and disseminating veteran benefit information?
- ☐ YES ☒ NO If you have been honorably discharged from the U.S. military, would you like to have a VETERAN indicator on your driver license or ID card? Provide a DD214 or Veterans Record/Notice of Separation indicating an honorable discharge.
- ☐ YES ☒ NO Are you required to register as a sex offender with the State of Utah, any other state, or with the U.S. Government?
- ☐ YES ☒ NO Have you ever been issued, a driver license by another state, country or province? If yes, list states/countries/provinces: \_\_\_\_\_ # \_\_\_\_\_ Exp. \_\_\_\_\_
- ☐ YES ☒ NO If you are a CDL driver, have you been licensed in another state within the last 10 years? If yes, please list: \_\_\_\_\_ # \_\_\_\_\_ I \_\_\_\_\_ # \_\_\_\_\_
- ☐ YES ☒ NO In the last 10 years, has your driving privilege been suspended, revoked, canceled, denied or disqualified? If yes, State: \_\_\_\_\_ # \_\_\_\_\_ Why? \_\_\_\_\_

Print the name of the person signing for minor: Steven Gines

Father	<input checked="" type="radio"/>	Mother	<input type="radio"/>	Guardian	<input type="radio"/>
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- ☐ YES ☒ NO Do you wish to contribute a \$2.00 donation to the "Friends for Sight" fund?
- ☐ YES ☒ NO Do you wish to contribute a \$2.00 donation to educate people about organ, eye and tissue donation?
- ☐ YES ☒ NO Do you wish to contribute a \$1.00 donation to the "Mobility Assistance Fund?"
- ☐ YES ☒ NO Do you claim to be disabled under the Americans with Disabilities Act?
- ☐ YES ☒ NO Do you claim to be indigent and are applying for an ID card for voting purposes?

DLD Office Use Only:

EL LERN	ORG LERN			
DPC	DL	CDL	ID	IDD
LTID	LTDL	LTCDL	MVP	

Class: A B C D

End. H N X Z P S T M

Visual Acuity: Passed Eye Statement

Restrictions: A B K L G V 6

J: \_\_\_\_\_

Motorcycle Restrictions: 2 3 5

Testing: Written Road Ref/Asyl

Translator: Y / N

Station Code: \_\_\_\_\_ Emp. #: \_\_\_\_\_ Initials: \_\_\_\_\_

Name Change: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

ID #1: \_\_\_\_\_

ID #2: \_\_\_\_\_

Address Verified: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Iss Date: \_\_\_\_\_

BC PP DHS #: \_\_\_\_\_

Iss. Agency: \_\_\_\_\_

Required Docs Scanned: YES

SSN: \_\_\_\_\_ Date: \_\_\_\_\_

SAVE: Approved/Exp.: \_\_\_\_\_

Emp. #: \_\_\_\_\_ Date: \_\_\_\_\_

CDLIS: CSOR ADD DRIVER

PDPS:

SB: \_\_\_\_\_

License Surrender: YES NO

CDL: YES NO

IDC: YES NO

Iss.: \_\_\_\_\_ Exp: \_\_\_\_\_

State: \_\_\_\_\_ End.: \_\_\_\_\_

License #: \_\_\_\_\_

Total \$: \_\_\_\_\_ Trans #: \_\_\_\_\_

Initials: \_\_\_\_\_

Date Stamp: \_\_\_\_\_

UT LICENSE #

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Applicants who apply for or hold a license are responsible to report physical or mental health conditions to the division.

**DO YOU HAVE, OR HAVE YOU HAD, ANY OF THE FOLLOWING CONDITIONS IN THE LAST FIVE YEARS?**

- Diabetes:** ☐ YES ☒ NO Do you take insulin?
- Cardiovascular:** ☐ YES ☒ NO Do you have an uncontrolled heart condition?  
☐ YES ☒ NO Do you have an implantable cardioverter defibrillator (ICD)?  
☐ YES ☒ NO Have you lost consciousness or fainted in the last five years?
- Pulmonary:** ☐ YES ☒ NO Do you have a pulmonary (lung) condition?  
 YES NO Is an inhaler the only medication prescribed for this condition?  
 YES NO Do you use supplemental oxygen?
- Neurologic:** ☐ YES ☒ NO Do you have, or have you had a neurological condition such as: Dementia, strokes, Alzheimer's, traumatic brain injury, Multiple Sclerosis, or Parkinson's?
- Epilepsy:** ☐ YES ☒ NO Do you have or have you had seizures in the last five years? Or,  
 YES NO *Commercial Driver: Anytime during your life?*
- Learning & Memory:** ☐ YES ☒ NO Do you have learning and memory difficulties which may interfere with driving safety?
- Mental Health Conditions:** ☐ YES ☒ NO Do you have a mental health condition such as schizophrenia, severe anxiety, or severe depression?
- Alcohol & Other Drugs:** ☐ YES ☒ NO Do you use alcohol excessively, misuse prescription drugs, or use illegal drugs?  
☐ YES ☒ NO Have you been treated for alcohol or chemical dependency, or has treatment been recommended by a medical professional?
- Vision:** ☒ YES ☐ NO Are you required to wear glasses or contact lenses for driving?  
☐ YES ☒ NO Is your visual acuity worse than 20/40 in the better eye, even with corrective lenses?  
☐ YES ☒ NO Do you have a degenerative or progressive eye condition?  
☐ YES ☒ NO Have you experienced a decrease in peripheral (side) vision?
- Musculoskeletal:** ☐ YES ☒ NO Do you have loss or paralysis of all or part of a limb, or severe arthritis?  
 YES NO New or changed in the past 5 years?  
 YES NO Present longer than 5 years?
- Alertness or Sleep Disorders:** ☐ YES ☒ NO Do you have a condition that produces abnormal sleepiness (sleep apnea, narcolepsy, etc.)?
- Other:** ☐ YES ☒ NO Are there any other health problems or use of medications which might interfere with driving ability or safety or control of a vehicle? Please explain: \_\_\_\_\_

Answering yes to any of the above questions may result in your receiving a request for additional follow-up information.

#### VOTER REGISTRATION

- ☐ YES ☒ NO Do you authorize the use of information in this form for voter registration purposes?
- ☐ YES ☒ NO Any voter may register as an absentee voter to receive ballots by mail. A voter may change this designation at any time. Would you like to be registered as an absentee voter to receive ballots by mail?
- ☐ YES ☒ NO I would like to request that my voter registration record be classified as a private record.
- Political Party: ☐ Constitution ☐ Democratic ☐ Green ☐ Independent American ☐ Libertarian ☒ Republican ☐ United Utah ☐ Unaffiliated ☐ Other \_\_\_\_\_

To register or preregister to vote in Utah, you must be a citizen of the United States, have resided in Utah for 30 days immediately before the next election, and not be a convicted felon currently incarcerated for a felony. You must be 16 or 17 years old to preregister to vote or at least 18 years old on or before the next general election to register to vote. If you decline to register to vote, the fact that you have declined will remain confidential and will be used only for voter registration purposes. If you register to vote, the office with whom you register will remain confidential. The portion of your voter registration form that lists your license or identification card number, social security number, email address, and the day of your month of birth is a private record. The portion of your voter registration form that lists your month and year of birth is a private record, the use of which is restricted to government officials, government employees, political parties, or certain other persons. In order to be allowed to vote in a voting precinct for the first time or to vote during the early voting period before the date of the election, you must present valid voter identification to the poll worker before voting as follows: (1) a valid form of photo identification that shows your name, photograph, and current address; or (2) two different forms of identification that show your name and current address.

#### CITIZENSHIP AFFIDAVIT/VOTER DECLARATION

I hereby swear and affirm, under penalties for voting fraud set forth in Utah Code Sec. 20A-2-401 that I am a citizen of the United States and that to the best of my knowledge and belief the information I have given is true and correct. I do swear (or affirm), subject to penalty of law for false statements, that the information contained in this form is true, and that I am a citizen of the United States and a resident of the State of Utah, residing at the above address. Unless I have indicated that I am preregistering to vote in a later election, I will be at least 18 years of age and will have resided in Utah for 30 days immediately before the next election. I am not a convicted felon currently incarcerated for commission of a felony.

x \_\_\_\_\_ Date: \_\_\_\_\_

Sign ABOVE to register to vote.

DLD Office Use Only: Examiner Notes

UT ID #



By submitting this application, I am consenting to registration with the Selective Service System, if required by federal law. Refusal to consent to the release of information to the Selective Service System shall result in the denial of the license and/or identification card.

**ID AFFIDAVIT:** I, the undersigned, under penalty of perjury affirm that I am the applicant described on this application and that the information entered herein is true and correct to the best of my knowledge. I acknowledge cancellation and surrender to the Driver License Division, where possible, of any previously issued license certificates or ID cards.

**DL AFFIDAVIT:** I, the undersigned, under penalty of perjury affirm that I am the applicant described on this application and that the information entered herein is true and correct to the best of my knowledge. I acknowledge cancellation and surrender to the Driver License Division, where possible, of any previously issued license certificates or ID cards. I hold harmless the State of Utah, its political subdivisions and employees for damage or injury that may occur during a driving test, should one or more be required of me. I agree I will allow the State of Utah to administer any additional driving skills tests at any future date in order to demonstrate my ability to operate a motor vehicle.

**ASSUMPTION OF LIABILITY FOR MINORS UNDER EIGHTEEN YEARS OF AGE:** I, the undersigned, under penalty of perjury state that I have read the statements made in this application and that they are true and correct to the best of my knowledge. I hereby consent to assume the obligation imposed under Section 53-3-211 Utah Code Annotated 1953 as amended, of being jointly and severally liable with the applicant for any damages caused by his/her negligence or willful misconduct while he/she is under the age of eighteen years while driving a vehicle upon a highway.

**I CERTIFY THAT:** Said applicant has completed 40 hours of driving, of which at least ten hours were after sunset, in compliance with Utah Code Annotated Section 53-3-211 or 53-3-210.5 Utah Code Annotated 1953 as amended.

**CDL AFFIDAVIT:** I hereby state, under penalty of perjury affirm that I am the applicant described on this application and that the information entered herein is true and correct to the best of my knowledge. I am of legal age to obtain the driver license for which I have applied, and that I have been a licensed driver for at least one year. I acknowledge cancellation and surrender to the Driver License Division, where possible, of any previously issued license certificates or ID cards. I hold harmless the State of Utah, its political subdivisions and employees for any damage or injuries that may occur during, or as a result of my driving skills test(s). I agree I will allow the State or Federal Government to administer any additional Pre-Trip, Basic Control Skills, and On-Road Driving tests at any future date in order to demonstrate my ability to operate a commercial motor vehicle. I certify that I meet all requirements in 49 CFR Part 383.73 and that my driving privilege is not suspended, disqualified, revoked or denied in this or any other state.

STATE OF UTAH, COUNTY OF \_\_\_\_\_

Station Code

CLEAR FORM