



APPLICATION FOR DRIVING PRIVILEGES OR ID CARD

☒ ORIGINAL☐ RENEWAL☐ REPLACEMENT**DRIVER LICENSE**☐ CLASS C ☐ CLASS C RESTR'D**LT CONVERT**☐**INSTRUCTION PERMIT**☐ CLASS C ☐ MOTORCYCLE**ENDORSEMENT**☐ MC ☐ MC-3 ☐ FARM**ID CARD**☐**AT-RISK**☐**APPLICANT INFORMATION:**

LAST NAME (PRINT NAME)

Banhart

FIRST NAME

Trevor

MIDDLE NAME

Paul

SOCIAL SECURITY NUMBER

496111968

OREGON DRIVER / ID NUMBER

10171995

MOTHER'S MAIDEN NAME

Butler

APPLICANT'S PLACE OF BIRTH (CITY & STATE OR COUNTRY)

Independence, MO

TELEPHONE NUMBER

(816) 8785726

RESTRICTIONSDo you want your license or ID card to show ☒ YES that you are an anatomical donor? ☐ NO

HEIGHT

6 FT. 0 IN.

WEIGHT

175 LBS.

SEX (CIRCLE)

☒ M☐ F☐ X

HAIR COLOR

Brown

EYE COLOR

Blue

NOTE: YOUR ADDRESS BELOW MUST BE CURRENT. THE U.S. POSTAL SERVICE WILL NOT FORWARD YOUR LICENSE OR ID CARD.**RESIDENCE ADDRESS**

1627 SW Montgomery St

CITY, STATE, ZIP CODE

Portland, OR 97201

MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE ADDRESS)

CITY, STATE, ZIP CODE

CURRENT OR PREVIOUS MILITARY SERVICE: By checking this box I authorize DMV to send my name and address to the Oregon Department of Veterans' Affairs (ODVA) for the purpose of receiving benefit information. ☐**NOTE:** Voter registration forms are available at the DMV office. If you would like to register to vote today; please ask a DMV clerk.**DRIVING HISTORY:**

1. Have you ever had a driver license from another state, U.S. territory, or country? ☒ YES ☐ NO If yes, what state or country: MO Number (if known): _____
2. Is your driver license currently suspended, cancelled or revoked? ☐ YES ☒ NO
3. List other names you have used on a driver license or ID card. 1. _____ 2. _____

MEDICAL FITNESS: Skip this section if applying for an Identification Card.

You are required to report any mental or physical condition or impairment that affects your ability to drive safely. You are not required to report all your health conditions – only those that affect your ability to drive safely. DMV will use your answers to the following questions only for the purpose of determining your eligibility for an Oregon driving privilege. If you have a condition or impairment that makes you unable to safely operate a motor vehicle, you are not eligible for a driving privilege until you have provided additional medical information and/or passed DMV tests. **If you answer "Yes" to any one of the questions below, we will not be able to issue you a license at this time.**

1. Do you have a vision condition or impairment that has not been corrected by glasses, contacts or surgery that affects your ability to drive safely? ☐ YES ☒ NO
2. Do you have any physical or mental conditions or impairments that affect your ability to drive safely? ☐ YES ☒ NO

* If Yes: a) What is the condition or impairment?: _____

b) Describe how this affects your ability to drive safely: _____

3. Do you use alcohol, inhalants, or controlled substances to a degree that affects your ability to drive safely? ☐ YES ☒ NO

* If Yes: Describe how your use affects your ability to drive safely: _____

APPLICANT CERTIFICATION:

By signing this application, I certify that all documentation and information I provided to DMV is true and correct. I understand it is a crime to knowingly make a false application for driving privileges or ID card. The offense is a class A misdemeanor and is punishable by jail time, a fine or both. DMV will cancel and/or suspend my permit, driver license or ID if I make a false statement or present false documentation.

I am a resident of or domiciled in Oregon as described in ORS 807.062

UNDER 18 years of age:

Signature of applicant's mother or father whose parental rights have not been terminated or legal guardian as required by ORS 807.060(2). If applying for first driving privilege, applicant meets school enrollment requirements under ORS 807.066 or has a diploma or GED (proof of diploma or GED required). If applying for first Class C license, applicant has completed driving experience requirements under ORS 807.065(1)(2): 50 hours and Driver Education, or 100 hours, or has a valid license from another state.

SIGNATURE OF APPLICANT

X

SIGNATURE OF MOTHER, FATHER, OR LEGAL GUARDIAN

X

SSN: Disclosure of your Social Security number (SSN) is mandatory for issuance, renewal or replacement of your driver license or identification card under ORS 807.021(1).**STOP - DO NOT WRITE IN THE AREA BELOW - FOR DMV OFFICE USE ONLY**

OUTSTANDING REQUIREMENTS		DATE RECEIVED	TSR ID	VISION				
<input type="checkbox"/> LP or ADDRESS				VISION: <input type="checkbox"/> OK <input type="checkbox"/> OK W/BIOPTIC LENSES				
<input type="checkbox"/> REIN. FEE/SR-22				<input type="checkbox"/> OK/WCL				
<input type="checkbox"/> OTHER:				<input type="checkbox"/> F OUTSIDE MIRROR <input type="checkbox"/> G DAYLIGHT DRIVING ONLY				
				DATE	TSR ID	TSR ID		
				REFERRED: <input type="checkbox"/> ACUITY <input type="checkbox"/> F.O.V.				
KNOWLEDGE TEST				DRIVE TEST				
DATE STAMP	TEST	SCORE	TSR ID	1	DATE	CLASS	SCORE	TSR ID
DATE STAMP	TEST	SCORE	TSR ID	2	DATE	CLASS	SCORE	TSR ID
DATE STAMP	TEST	SCORE	TSR ID	3	DATE	CLASS	SCORE	TSR ID
DOCUMENTS PRESENTED			DOCUMENTS PRESENTED			DOCUMENTS PRESENTED		
<input type="checkbox"/> US BIRTH CERTIFICATE/PASSPORT/PASSPORT CARD			<input type="checkbox"/> US BIRTH CERTIFICATE/PASSPORT/PASSPORT CARD			<input type="checkbox"/> US BIRTH CERTIFICATE/PASSPORT/PASSPORT CARD		
<input type="checkbox"/> FOREIGN PASSPORT & DHS DOC. or ADMIT. STAMP			<input type="checkbox"/> FOREIGN PASSPORT & DHS DOC. or ADMIT. STAMP			<input type="checkbox"/> FOREIGN PASSPORT & DHS DOC. or ADMIT. STAMP		
<input type="checkbox"/> DHS DOCUMENT			<input type="checkbox"/> DHS DOCUMENT			<input type="checkbox"/> DHS DOCUMENT		
<input type="checkbox"/> OTHER (Specify) _____			<input type="checkbox"/> OTHER (Specify) _____			<input type="checkbox"/> OTHER (Specify) _____		
<input type="checkbox"/> LP=C <input type="checkbox"/> LP=P <input type="checkbox"/> LP=F <input type="checkbox"/> LP=U			<input type="checkbox"/> LP=C <input type="checkbox"/> LP=P <input type="checkbox"/> LP=F <input type="checkbox"/> LP=U			<input type="checkbox"/> LP=C <input type="checkbox"/> LP=P <input type="checkbox"/> LP=F <input type="checkbox"/> LP=U		
DATE	TSR ID	2nd CHECK	DATE	TSR ID	2nd CHECK	DATE	TSR ID	2nd CHECK
			DATE STAMP			FEE		
						TSR ID		



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

DRIVER TEST SCORE SHEET

EQUIPMENT FAIL: ☐

RESTRICTION

DATE	COURSE	APPLICANT'S NAME	ODL #	PLATE/TEMP
REPRESENTATIVE	INSURANCE COMPANY	POLICY NUMBER	EXPIRATION DATE	

A. LEFT TURN			APPROACH		A. RIGHT TURN			F. INTERSECTIONS		
1	2	3			1	2	3			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Signal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONTROLLED 1 2		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Observation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Attention <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Correct Lane		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Stop - too close, crosswalk, intersection <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Unnecessary Stop		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Stop - too suddenly, full, unnecessary <input type="checkbox"/> <input type="checkbox"/>		
			IF STOP							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Intersection, Crosswalk, Too Close		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UN-CONTROLLED		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Full Stop		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Attention <input type="checkbox"/>		
			TURNING					G. PARKING SPACE IN OUT		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Observation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Speed <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Right of Way		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Position <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Speed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Attention <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Wide or Short		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. SPEED POSTED UNPOSTED		
			COMPLETE TURN					1. Too Fast <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Correct Lane		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Too Slow <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Signal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I. LACK OF ATTENTION Non Designated		
B. PARKING			C. BACKING		D. RE-ENTRY			1. Pedestrians <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
1. Signal <input type="checkbox"/>			1. Observation <input type="checkbox"/>		1. Observation <input type="checkbox"/>			2. Fails to Anticipate <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
2. Observation <input type="checkbox"/>			2. Path <input type="checkbox"/>		2. Signal <input type="checkbox"/>			3. Vehicle Control <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
3. Position <input type="checkbox"/>								4. Strays from Driving / Reaction to Emergency <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
ON LEFT OFF			E. LANE CHANGE		ON RIGHT OFF			5. Lane Usage <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/>			1. Signal		<input type="checkbox"/>			6. Speed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/>			2. Observation		<input type="checkbox"/>			7. Following <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/>			3. Position		<input type="checkbox"/>					

SCORE

GFIFs Grounds for Immediate Failure

1. An accident involving any amount of property damage or personal injury.
2. The applicant refuses to perform any maneuver which is part of the prescribed driving test.
3. Any dangerous action in which:
 - a. An accident is prevented by expert driving or action on the part of other drivers.
 - b. The examiner is forced to assist the driver in avoiding an accident physically or orally.
 - c. The applicant drives or backs over curb or sidewalk.
 - d. The applicant creates a serious traffic hazard by stalling or other improper driving behavior.
4. The applicant commits any of the following:
 - a. Passes another car which is stopped at a crosswalk, yielding to a pedestrian or passes a school bus stopped with its red lights flashing.
 - b. Makes or starts to make a turn into or from the wrong lane under traffic conditions that render such actions dangerous.
 - c. Runs through or has to be stopped from running one red light or one stop sign.
5. If after proceeding a short distance on the drive test or after completion of the drive test it becomes apparent that the applicant is dangerously inexperienced or is unable to operate vehicle equipment, score the test "G5."

TOTAL ERRORS

- | |
|---------|
| 1 = 97 |
| 2 = 94 |
| 3 = 91 |
| 4 = 88 |
| 5 = 85 |
| 6 = 82 |
| 7 = 79 |
| 8 = 76 |
| 9 = 73 |
| 10 = 70 |
| 11 = 67 |
| 12 = 64 |
| 13 = 61 |