

**INFORMATION FOR THE DEPARTMENT OF ELECTIONS**

Are you a citizen of the United States of America?  
**YES** (INITIAL BOX)  **NO** (INITIAL BOX)

Do you want to apply to register to vote or change your voter registration address?  
**YES** (INITIAL BOX)  **NO** (INITIAL BOX)

**INFORMATION FOR THE VIRGINIA TRANSPLANT COUNCIL**

Yes, I would like to become an organ, eye and tissue donor.



**DRIVER'S LICENSE AND IDENTIFICATION CARD APPLICATION**

DL 1P (07/01/2016)

LOG #

**Purpose:** Use this form to apply for a driver's license or identification card.  
**Instructions:** Submit completed application to any DMV Customer Center. Complete front and back of this application.  
 Note: A \$5 service fee applies to each license or identification card renewal conducted in a Customer Service Center (CSC) if the transaction is eligible to be performed by internet or mail, unless the renewal is conducted with another transaction that must be completed in person at a CSC.

**APPLICATION TYPE (Check one)**

Driver's License  
 Learner's Permit and Driver's License  
 Driver's License with Motorcycle (complete Motorcycle Classification section below)  
 Motorcycle Only License (complete Motorcycle Classification section below)

Motorcycle Learner's Permit (classification not applicable)  
 Driver's License with School Bus Endorsement (to carry less than 16 passengers)  
 Driver's License Testing for Foreign Diplomats

Identification (ID) Card  
 Hearing Impaired ID Card  
 Emancipated Minor ID Card

**Motorcycle Classification**

Maintaining current Virginia Motorcycle Classification  
 Add, Upgrade or Transfer Motorcycle Classification or obtain Motorcycle Only License. Additional testing may be required. Check applicable box below.  
 M 2 (2 wheels)       M 3 (3 wheels)       M (both 2 and 3 wheels)

**Replacement License or Identification Card** (check one of the following):  I am surrendering my current license or ID card as it has been Destroyed or Mutilated  
 I certify I cannot surrender my current license or ID card because it is:  Lost  Stolen

Do you currently have or have you ever held a driver's license or learner's permit from another state, U.S. territory or foreign country?  Yes  No  
 If yes, provide the following:

LICENSE NUMBER	ISSUE DATE (mm/dd/yyyy)	EXPIRATION DATE (mm/dd/yyyy)	STATE/COUNTRY
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**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 \_\_\_\_\_

BIRTHDATE (mm/dd/yyyy)	TELEPHONE NUMBER	GENDER (check one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	WEIGHT LBS.	HEIGHT FT. IN.	EYE COLOR	HAIR COLOR
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STREET ADDRESS \_\_\_\_\_ APT NO. \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

IF YOUR NAME HAS CHANGED, PRINT YOUR FORMER NAME HERE \_\_\_\_\_ NAME OF CITY OR COUNTY OF RESIDENCE \_\_\_\_\_  
 CITY  COUNTY OF \_\_\_\_\_

MAILING ADDRESS (if different from above - this address will show on your license/permit) \_\_\_\_\_ APT NO. \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

1. Do you wear glasses or contact lenses to operate a motor vehicle?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>SPECIAL INDICATOR REQUEST</b> Please show the following indicator(s) on my license or ID card: <input type="checkbox"/> Insulin-dependent diabetic <input type="checkbox"/> Speech impairment <input type="checkbox"/> Hearing impairment (license only) <input type="checkbox"/> Intellectual disability (IntD) <input type="checkbox"/> Autism spectrum disorder (ASD) Must submit required physician statement
2. Do you have a physical or mental condition which requires that you take medication?	<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.

**FOR DMV USE ONLY — DO NOT WRITE BELOW THIS LINE**

<b>REQUIRED TESTS</b>	<b>PASS</b>	<b>FAIL</b>	<b>CUSTOMER NUMBER</b>	<b>TRANSACTION TYPE</b>	<b>FEE</b>
VISION			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REISSUE <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> RENEWAL	
DL KNOWLEDGE EXAM			PROOF OF ID (primary)	PROOF OF ID (secondary)	
DL ROAD SIGNS EXAM			PROOF OF SOCIAL SECURITY (specify)	PROOF OF RESIDENCY	
DL SKILLS			PROOF OF LEGAL PRESENCE (specify)		
MC KNOWLEDGE			Document Type	Document Number	Expiration Date (mm/dd/yyyy)
MC SKILLS M2			Document Type	Document Number	Expiration Date (mm/dd/yyyy)
MC SKILLS M3			Document Type	Document Number	Expiration Date (mm/dd/yyyy)
REMARKS/PAID STAMP			CSR SIGNATURE AND LOGONID	DOCUMENT VERIFIER SIGNATURE AND LOGONID	

**PARENT OR LEGAL GUARDIAN LICENSE 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.** If the applicant is under age 18, 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/GUARDIAN NAME (print)	PARENT/GUARDIAN SIGNATURE	DATE (mm/dd/yyyy)
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**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?  YES  NO  
If you answered YES, a court within your jurisdiction must provide court consent below.

**COURT CONSENT** In my opinion the applicant's request for a learner's permit/driver's license  should be granted.  should not be granted.

REMARKS:

JUDGE NAME (print)	JUDGE SIGNATURE	DATE (mm/dd/yyyy)
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**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 non-immigrant alien in the U.S. 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

**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 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). This social security number is for record keeping purposes and may be disseminated only in accordance with Va. Code §§46.2-208 and 46.2-209. 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.

**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 knowingly making a false statement on this application is a criminal violation.

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