



APPLICATION FOR ENHANCED DRIVER LICENSE OR NON-DRIVER ID CARD

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.

This form is also available on DMV's web site at: www.nysdmv.com

Batch File No.
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I AM APPLYING FOR AN ENHANCED (check any that apply):

Upgrade Current Document to EDL
Learner Permit
ID card
Renewal
Replacement
Change
NYS license in exchange for a license from another US State, the District of Columbia or Canadian Province

VOTER REGISTRATION QUESTIONS (Please answer "yes" or "no".)

If you are not registered to vote where you live now, would you like to apply to register, or if you are changing your address, would you like the Board of Elections to be notified?
NOTE: If you do not check either box, you will be considered to have decided not to register to vote.

NEW YORK STATE ORGAN AND TISSUE DONATION SIGN BELOW

to enroll in the NYS Department of Health's Donate Life SM Registry. By signing, you are certifying that you are: 18 years of age or older; consenting to donate all of your organs and tissues for transplantation, research or both; authorizing DMV to transfer your name and identifying information to DOH for enrollment in the Registry; and authorizing DOH to allow access to this information to federally regulated organ donation organizations and NYS-licensed tissue and eye banks and hospitals, upon your death.

Check this box to make a \$1 voluntary contribution to the Life...Pass It On Trust Fund. The \$1 donation will be added to your total transaction fee. A contribution to the Fund is used for organ donation and transplant research and educational projects promoting organ and tissue donation.

Donor Consent Signature: Date:

IDENTIFICATION INFORMATION Do you now have, or did you ever have:

a New York driver license? Yes No or a non-driver ID Card? Yes No
If "Yes", enter the identification number as it appears on the license or non-driver ID card.

NYS DRIVER LICENSE OR NON-DRIVER ID CARD NUMBER

12 digit license number input field

FULL LAST NAME

Last name input field

FULL FIRST NAME

First name input field

FULL MIDDLE NAME

Middle name input field

SUFFIX

Suffix input field

DATE OF BIRTH

Month Day Year input fields

SEX

Male Female checkboxes

HEIGHT

Feet Inches input fields

EYE COLOR

Eye color input field

DAY PHONE NO. (Optional)

Area Code () input fields

SOCIAL SECURITY NUMBER* (SSN) * You must provide your SSN. Authority to collect your SSN is granted by Sections 490.3 and 502 of the Vehicle and Traffic Law. The information will be used only for exchange with other jurisdictions, to assist in verification of identity, and to invoke driver license sanctions pursuant to V&T Law Section 510(4-e). Your number will not be given to the public, or appear on any form or information request.

ADDRESS WHERE YOU GET YOUR MAIL - Include Street Number and Name, Rural Delivery and/or box number (If PO Box, also fill in "Address Where You Live" below)

Address fields: Apt. No., City or Town, State, Zip Code, County

ADDRESS WHERE YOU LIVE REQUIRED IF DIFFERENT FROM MAILING ADDRESS - DO NOT GIVE P.O. BOX. THIS ADDRESS WILL APPEAR ON YOUR DRIVER LICENSE.

Address fields: Apt. No., City or Town, State, Zip Code, County

Has your name changed? Has your mailing address changed? Has the address where you live changed?
OTHER CHANGE: What is the change and the reason for it (new license class, wrong date of birth, etc.)?

PLEASE COMPLETE AND SIGN PAGE 2.

FOR OFFICE USE table with columns: Other Restrictions, Endorsements, Vehicle Restrictions, License Class, Special Conditions, STOP/RESPONSE, Proof Submitted, Approved By, Date, Office

DRIVER LICENSE and LEARNER PERMIT APPLICANTS ONLY

1. Have you had, or are you being treated for, any of the following, or has a previous disability worsened? Yes No If "Yes", check all that apply.
- 1. Convulsive disorder, epilepsy, fainting or dizzy spells, or any condition which causes unconsciousness
 - 2. Heart ailment
 - 3. Hearing impairment
 - 4. Lost use of leg, arm, foot, hand, or eye
 - 5. Other (explain) _____

If you checked box 1, you and your doctor must complete form MV-80U.1, "Medical Statement for Medical Review Unit"; if you checked box 2, your doctor must complete form MV-80, "Physician's Statement". These forms can be obtained at any Motor Vehicles office or at www.nysdmv.com. If you checked boxes 3, 4 or 5, you must contact a Motor Vehicles office for instructions.

2. Have you had a driver license, learner permit, or privilege to operate a motor vehicle suspended, revoked or cancelled, or an application for a license denied in this state or elsewhere? Yes No
 If "Yes", has your license, permit or privilege been restored, or your application approved? Yes No

PARENT/GUARDIAN CONSENT

I am the parent or guardian of the applicant, and I consent to the issuance of a learner permit, license or (if under 16) a non-driver ID card to him/her. I understand that I am responsible for certifying that the applicant has completed at least 20 hours of supervised "practice" driving prior to the applicant taking a road test, and that this certification (MV-262) must be presented at the time of the road test. Note to parent/guardian: *If the driver license applicant is 17 years old and has a Driver Education Student Certificate of Completion (MV-285), consent is not required.*

- Junior License
- Non-driver ID Card (*under 16*)

Parent or Guardian Sign Here ➔

(Relationship to Applicant)

(Date)

COMMERCIAL DRIVER LICENSE APPLICANTS ONLY Please answer questions 1 & 2, below:

1. Did you have a driver license from the District of Columbia or any US state, other than New York, in the **past 10 years**? Yes No
 If YES, list the names of all of the states or DC, but if you are turning in a license from another state, do not list that state:
2. Do you certify that you comply with federal requirements set forth in 49 CFR Part 391 and have a valid Medical Examiner's Certificate? Yes No
 If YES, give medical examiner's license number/issuing state: _____/_____
 and the Medical Certificate expiration date: _____.
- If NO, will your **commercial** driving be limited to **municipal and/or school operations only**? Yes No

NOTE: For an explanation of 49 CFR 391 requirements and operations that do not require a Medical Examiner's Certificate, see form MV-44.5 Federal Requirements for Commercial Driver Applicants.

CERTIFICATION

I state that the information I have given on this application is true to the best of my knowledge. I certify that I am a citizen of the United States of America and a resident of New York State. If I am applying for a replacement license, I certify that I am the holder of a valid New York State driver license that is not now suspended or revoked, and that this license has been lost, mutilated or destroyed. If I am applying for a replacement non-driver ID card, I certify that I am the holder of a valid New York State non-driver ID card and that this non-driver ID card has been lost, mutilated or destroyed. If the lost license or non-driver ID card is found after I receive the replacement license or non-driver ID card, I will turn in the original to the NYS Department of Motor Vehicles. If I am exchanging my out-of-state license for a NYS license, I certify that I was a permanent resident of the state or province in which my license was issued at the time the license was issued, that I have been licensed for AT LEAST 6 MONTHS, and that I have not failed a road test for a New York State driver license in the past 12 months. I understand that the waiver of the written and road tests is at the discretion of the Commissioner of Motor Vehicles. If I am a male at least 18 but less than 26 years of age, I consent to be registered with the Selective Service System (SSS), if so required by federal law. I authorize the Commissioner to forward to the SSS my personal information that is required for registration. If I am using a credit card for payment of any fees in connection with this application, I understand that my signature below also authorizes use of my credit card.

I understand that the information and documentation that I have provided in connection with this application will be used to verify my identity, New York State residency and United States citizenship. I understand that this information and documentation will be shared with the New York State and United States federal entities for these verification purposes and I consent to this dissemination and use.

SIGN HERE ➔

PLEASE PRINT NAME ➔

IMPORTANT: Making a false statement in any license or non-driver ID card application, or in any proof or statement in connection with it, or deceiving or substituting, or causing another person to deceive or substitute in connection with such application, is a misdemeanor under Section 392 of the Vehicle and Traffic Law, and may result in the revocation or suspension of your license or non-driver ID card.

CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:

My signature authorizes _____ to use my credit card for payment of any fees in connection with this application.

Sign Here ➔

(Cardholder-Sign Name in Full)

O F F I C E	TEST RESULTS	Applicant's Signature		Examiner's Initials
	Eye <input type="checkbox"/> Pass <input type="checkbox"/> Corrective Lens	1		
	Written <input type="checkbox"/> Pass <input type="checkbox"/> Fail	2		

NEW YORK STATE VOTER REGISTRATION APPLICATION INFORMATION

(Please read before you complete application on the other side.)

OFFICE USE ONLY

You Can Use This Form To:

- register to vote in New York State
- change your name and/or address, if there is a change since you voted
- enroll in a political party or change your enrollment

Información en español: si le interesa obtener este formulario de registro del votante en español, llame al 1-800-367-8683

中文資料：如果你有興趣索取選民中文登記表請電 1-800-367-8683

To Register You Must:

- be a U.S. citizen
- be 18 years old by December 31 of the year in which you file this form *(note: you must be 18 years old by the date of the general, primary or other election in which you want to vote.)*
- live in the county, city, or village, at least 30 days before an election
- not be in jail or on parole for a felony conviction
- not claim the right to vote elsewhere

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the NYS Board of Elections, 40 Steuben Street, Albany, NY 12207-2109, Phone 1-800-469-6872.

If you have any questions about registering to vote, you should call your County Board of Elections or call 1-800-FOR-VOTE (only for Voter Registration questions). If you live in New York City, you should call 1-212-VOTE-NYC. Hearing impaired people with TDD may call 1-800-533-8683. You may also log on to our website for information at: www.elections.state.ny.us



NEW YORK STATE VOTER REGISTRATION APPLICATION - (Fill out this part only if you want to register to vote or change your address or other information with the Board of Elections, and if you are also filling out the DMV application above.)

If you register to vote, your completed voter registration application will be sent directly to the Board of Elections. If you decline to register, your decision will remain confidential. You will be notified by your County Board of Elections when your voter registration application has been processed.

Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answered NO, do not complete this form.</i>		I will be 18 years old on or before election day: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answered NO, do not complete this form, unless you will be 18 by the end of the year.</i>		Home Telephone Number (optional) Area Code ()
Last year voted	Your Address was <i>(give house number, street, and city)</i>	In county/state	Under the name <i>(if different from your name now)</i>	

Choose a Party – Check one box only

- DEMOCRATIC PARTY
- REPUBLICAN PARTY
- INDEPENDENCE PARTY*
- CONSERVATIVE PARTY
- WORKING FAMILIES PARTY
- OTHER (write in) _____
- I DO NOT WISH TO ENROLL IN A PARTY

Please note: In order to vote in a **primary election**, you must be enrolled in a party. *Except the Independence Party which permits non-enrolled voters to vote in their primary election.

AFFIDAVIT: I swear or affirm that

- I am a citizen of the United States.
- I will have lived in the county, city, or village for at least 30 days before the election.
- I meet all requirements to register to vote in New York State.
- This is my signature or mark on the line below.
- The above information is true. I understand that if it is not true I can be convicted and fined up to \$5,000 and/or jailed for up to four years.

↓ Signature or mark ↓

X

_____ Date