

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 STATE BOARD OF ELECTIONS

Are you a citizen of the United States of America?

Do you want to apply to register to vote or change your voter registration address?

YES (INITIAL BOX) []

NO (INITIAL BOX) []

YES (INITIAL BOX) []

NO (INITIAL BOX) []

INFORMATION FOR THE VIRGINIA TRANSPLANT COUNCIL

[] Yes, I would like to remain or become an organ, eye and tissue donor.



DL 1P (07/01/2013)

DRIVER'S LICENSE AND IDENTIFICATION CARD APPLICATION

LOG # []

Purpose: Use this form to apply for a Virginia Driver's License or Identification Card.

Instructions: Complete the front and back of this application. Note: Effective July 1, 2011, a \$5 service fee applies to each license or ID card renewal transaction conducted in a CSC, unless the renewal is conducted with another transaction that cannot be completed by internet, automated telephone or mail.

Note: 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). It is not necessary to provide a social security number for an identification card. 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 identification (ID) card may be denied.

APPLICATION TYPE (Check one)

- 1. [] Driver's License
2. [] Learner's Permit and Driver's License
3. [] Motorcycle Learner's Permit (classification not applicable)
4. [] Driver's License with School Bus Endorsement (to carry less than 16 passengers)
5. [] Driver's License Testing for Foreign Diplomats
6. [] CDL Instruction Permit or License
7. [] Identification (ID) Card
8. [] Hearing Impaired ID Card
9. [] Emancipated Minor ID Card

10. Motorcycle

[] Renew Virginia Motorcycle Class

[] New/Upgrade/Transfer Motorcycle Class (also check one below)

[] Motorcycle Only License (also check one below)

[] M 2 (2 wheels) [] M 3 (3 wheels) [] M (both 2 wheels and 3 wheels)

[] M 2 (2 wheels) [] M 3 (3 wheels) [] M (both 2 wheels and 3 wheels)

11. Replacement license or identification card (check one of the following): [] I am surrendering my current license or ID card.

[] I certify I cannot surrender my current license or ID card because it is: [] Lost [] Stolen [] Destroyed or Mutilated

Do you currently have or have you ever held a driver's license or learner's permit from Virginia, 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

APPLICANT INFORMATION

NOTE: YOUR ADDRESS BELOW MUST BE CURRENT. THE U.S. POSTAL SERVICE WILL NOT FORWARD.

FULL LEGAL NAME (last, first, middle, suffix) SOCIAL SECURITY NUMBER BIRTHDATE (mm/dd/yyyy)

DAYTIME TELEPHONE NUMBER () GENDER (check one) [] MALE [] FEMALE WEIGHT LBS. HEIGHT FT. IN. EYE COLOR HAIR COLOR

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/ID card) APT NO. CITY STATE ZIP CODE

- 1. Do you wear glasses or contact lenses? [] YES [] NO
2. Do you have a physical or mental condition which requires that you take medication? [] YES [] NO
3. Have you ever had a seizure, blackout, or loss of consciousness? [] YES [] NO
4. Do you have a physical condition which requires you to use special equipment in order to drive? [] YES [] 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.) [] YES [] 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? [] YES [] NO

SPECIAL INDICATOR REQUEST
I am insulin-dependent or have a speech or hearing impairment and want the following indicator(s) to show on my license;
[] Insulin-dependent diabetic
[] Speech impairment
[] Hearing impairment
Must submit required physician statement

If you answered YES to any of the above provide an explanation here.

FOR DMV USE ONLY — DO NOT WRITE BELOW THIS LINE

Table with columns: REQUIRED TESTS, PASS, FAIL, CUSTOMER NUMBER, TRANSACTION TYPE, FEE. Rows include: VISION, DL ROAD SIGNS EXAM, DL KNOWLEDGE EXAM, DL SKILLS, REMARKS/PAID STAMP, PROOF OF ID (primary/secondary), PROOF OF SOCIAL SECURITY (specify), PROOF OF RESIDENCY, PROOF OF LEGAL PRESENCE (specify) with Document Type, Document Number, Expiration Date, CSR SIGNATURE AND LOGONID, DOCUMENT VERIFIER SIGNATURE AND LOGONID.

PARENT OR GUARDIAN CONSENT FOR APPLICANTS UNDER 18 (Unless applicant is married - marriage certificate required)

I authorize issuance of a learner's permit/driver's license/identification card. 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 my child 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.

I certify that the statements made and the information submitted by me regarding this certification 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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COMMERCIAL DRIVER'S LICENSE/INSTRUCTION PERMIT APPLICANTS

(Check the box for the qualification category that applies).

INTERSTATE DRIVER

- NON-EXCEPTED - I meet the qualification requirements under 49 CFR Part 391 of the Federal Motor Carrier Safety Regulations. (Medical examiner's certificate required)
- EXCEPTED - I am exempt from the qualification requirements under 49 CFR Part 391 of the Federal Motor Carrier Safety Regulations. (No medical examiner's certificate required)

INTRASTATE DRIVER

- NON-EXCEPTED - I meet the qualification requirements under Title 19 § 30-20-80 of the VA Administrative Code. (Medical examiner's certificate or state-approved letter required)
- EXCEPTED - I am exempt from the qualification requirements under Title 19 § 30-20-80 of the VA Administrative Code. (No medical examiner's certificate or state-approved letter required)

<p>VEHICLE TYPE I want to be licensed to operate the type of vehicle(s) checked below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A - Combination vehicle with GVWR or GCWR of 26,001 lbs. or more <input type="checkbox"/> B - Single vehicle with GVWR of 26,001 lbs. or more, or towing a vehicle less than 10,000 lbs. GVWR. <input type="checkbox"/> C - Any vehicle that does not fit the definition of a Class A or Class B vehicle and is either used to transport hazardous materials or designed to carry 16 or more passengers, including the driver. <p>AIR BRAKES</p> <p><input type="checkbox"/> With (Full Air or Air Over Hydraulic) <input type="checkbox"/> Without</p>	<p>ENDORSEMENT I want to apply for the following vehicle endorsement(s):</p> <ul style="list-style-type: none"> <input type="checkbox"/> H - Hazardous Materials <input type="checkbox"/> N - Tank <input type="checkbox"/> P - Passenger Carrying Vehicle (16 or more passengers) <input type="checkbox"/> S - School Bus (16 or more passengers) <input type="checkbox"/> T - Double/Triple Trailer 	<p>Identify any state(s) in which you have been previously licensed within the past 10 years. Provide additional information using the Supplemental Driver's Licensing History Sheet, form DL1PA.</p> <p>STATE(S)</p> <hr/> <p>LICENSE NUMBER</p> <hr/> <p>LICENSE ISSUE DATE (mm/dd/yyyy)</p> <hr/> <p>LICENSE EXPIRATION DATE (mm/dd/yyyy)</p>
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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 or commercial motor vehicle and, because of such employment, I am entitled to the waiver of the motorcycle class and/or commercial motor vehicle endorsement fee, provided I have paid for and hold a valid Virginia driver's license or have made application for such.

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

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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