

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 DEPARTMENT OF ELECTIONS

Are you a citizen of the United States of America? YES <input type="checkbox"/> (INITIAL BOX) NO <input type="checkbox"/> (INITIAL BOX)	Do you want to apply to register to vote or change your voter registration address? YES <input type="checkbox"/> (INITIAL BOX) NO <input type="checkbox"/> (INITIAL BOX)
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INFORMATION FOR THE VIRGINIA TRANSPLANT COUNCIL

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



DL 1P (07/01/2015)

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: A \$5 service fee applies to each license or ID card renewal conducted in a CSC if the transaction is eligible to be performed by internet, automated telephone or mail, unless the renewal is conducted with another transaction that must be completed in person at a CSC.

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. <input type="checkbox"/> Driver's License	4. <input type="checkbox"/> Driver's License with School Bus Endorsement (to carry less than 16 passengers)	7. <input type="checkbox"/> Identification (ID) Card	
2. <input type="checkbox"/> Learner's Permit and Driver's License	5. <input type="checkbox"/> Driver's License Testing for Foreign Diplomats	8. <input type="checkbox"/> Hearing Impaired ID Card	
3. <input type="checkbox"/> Motorcycle Learner's Permit (classification not applicable)	6. <input type="checkbox"/> Commercial Learner's Permit or License	9. <input type="checkbox"/> Emancipated Minor ID Card	
10. Motorcycle <input type="checkbox"/> Renew Virginia Motorcycle Class <input type="checkbox"/> New/Upgrade/Transfer Motorcycle Class* <input type="checkbox"/> Motorcycle Only License*			
*Check one if New/Upgrade/Transfer or Motorcycle Only ---> <input type="checkbox"/> M 2 (2 wheels) <input type="checkbox"/> M 3 (3 wheels) <input type="checkbox"/> M (both 2 wheels and 3 wheels)			
11. Replacement license or identification card (check one of the following): <input type="checkbox"/> I am surrendering my current license or ID card. <input type="checkbox"/> I certify I cannot surrender my current license or ID card because it is: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed or Mutilated			
Do you currently have or have you ever held a driver's license, commercial driver's license or learner's permit from Virginia, another state, U.S. territory or foreign country? <input type="checkbox"/> No <input type="checkbox"/> 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) <input type="checkbox"/> MALE <input type="checkbox"/> 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 <input type="checkbox"/> CITY <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO	SPECIAL INDICATOR REQUEST 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 in order 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

REQUIRED TESTS	PASS	FAIL	CUSTOMER NUMBER	TRANSACTION TYPE	FEE
VISION			<input type="text"/>	<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REISSUE <input type="checkbox"/> DUPLICATE <input type="checkbox"/> RENEWAL	
DL ROAD SIGNS EXAM			<input type="text"/>		
DL KNOWLEDGE EXAM			PROOF OF ID (primary)	PROOF OF ID (secondary)	
DL SKILLS					
MOTORCYCLE KNOWLEDGE			PROOF OF SOCIAL SECURITY (specify)	PROOF OF RESIDENCY	
MOTORCYCLE SKILLS M2					
MOTORCYCLE SKILLS M3			PROOF OF LEGAL PRESENCE (specify)		
REMARKS/PAID STAMP			Document Type	Document Number	Expiration Date (mm/dd/yyyy)
			Document Type	Document Number	Expiration Date (mm/dd/yyyy)
			Document Type	Document Number	Expiration Date (mm/dd/yyyy)
			CSR 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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COMMERCIAL DRIVER'S LICENSE/LEARNER'S PERMIT APPLICANTS

PLACE OF DOMICILE - Your place of domicile may or may not be the same as your place of residence. Your place of residence is where you currently live and your place of domicile is where your true, fixed and permanent home and principal residence is and to which you intend to return whenever you are absent. My place of domicile is:

- Virginia Another U.S. state/territory or Canada/Mexico (not eligible - must apply in place of domicile)
 Outside of Virginia/Active Duty U.S. Military (Active Duty Common Access Card (CAC) Required) A country other than the U.S. (unexpired EAD or foreign passport and I-94 required for a non-domiciled CLP/CDL)

(Check the box for the qualification category that applies).	INTERSTATE DRIVER	INTRASTATE DRIVER Requires an Intrastate Only restriction on the CDL (K)
	<input type="checkbox"/> NON-EXCEPTED - I meet the qualification requirements under 49 CFR Part 391 of the Federal Motor Carrier Safety Regulations. (Medical examiner's certificate required)	<input type="checkbox"/> NON-EXCEPTED - I meet the qualification requirements under Title 19 § 30-20-80 of the VA Administrative Code. (Medical examiner's certificate required)
	<input type="checkbox"/> 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)	<input type="checkbox"/> EXCEPTED - I am exempt from the qualification requirements under Title 19 § 30-20-80 of the VA Administrative Code. (No medical examiner's certificate required)

VEHICLE TYPE

I want to be licensed to operate the type of vehicle(s) checked below:

- A - Combination vehicle with GVWR or GCWR of 26,001 lbs. or more
 B - Single vehicle with GVWR of 26,001 lbs. or more, or towing a vehicle less than 10,000 lbs. GVWR.
 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.

AIR BRAKES With (Full Air or Air Over Hydraulic) Without

Remove Endorsement(s) I want to remove the following endorsement(s) from my license: H N P S T X

Add Endorsement(s)

I want to apply for the following vehicle endorsement(s):

- H - Hazardous Materials
 N - Tank
 P - Passenger Carrying Vehicle (16 or more passengers)
 S - School Bus (16 or more passengers)
 T - Double/Triple Trailer
 X - Tank and Hazardous Materials

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.

STATE	LICENSE NUMBER
LICENSE ISSUE DATE (mm/dd/yyyy)	
LICENSE EXPIRATION DATE (mm/dd/yyyy)	

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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