Completion	n of this	section	is request	ad hut n	ot required	to an	nly for a d	rivor's	license or	ID Ca	rd. (Virginia	Code 82 2-	3806)
Completion	. 01 0113	2000011			ON FOR TH	•					(7 ii giina '	- 040 32.2	
Mail In / DMV Con of America?	nect On	ily - Are y					Mail In / DN	//V Cor		Do yo	u want to regis	ster to vote	or change
YES (INITIAL BOX	X)		NO (INI	TIAL BOX)			YES (INI				NO (INITIA	L BOX)	
			INFOR	RMATIO	N FOR THE	VIRG	INIA TRAN	ISPLA	NT COUNC	IL			
			Yes	s, I woul	d like to bec	ome a	an organ, e	ye and	tissue dono	or.			
Mamy				•			<u> </u>					DL 1P (07	/01/2021)
w w w . d m v \ Now . c d Virginia Department of Mo Post Office Box 27412 Richmond, Virginia 23269-	tor Vehicles	DRIVE	ER'S LIC	ENSE	AND IDE	NTIF	ICATION	N CA	RD APPL	_ICA	TION	LOG#	
Purpose: Use	this form	to apply fo	or a driver's li	cense, lea	arner's permit	, or ide	ntification ca	ard.					
Instructions: Subr	mit compl	eted appli	cation to any	DMV Cus	stomer Center	r. Com	plete front ar	nd back	of this applic	ation.			
DEAL ID. ID. so suine			in turnel	4			ION TYPE	- M	2 2022 A DE	- 41 10			
REAL ID: ID require Would you like to a												quirements.	
Yes - I wo	uld like to	use my l	icense/identif	ication ca		oard a	domestic fligh	ht or en			facility or milita	ry base on o	r after May 3,
			se/identification litary base or			deral L	imits Apply"	and I w	ill need anoth	ner forn	n of ID to board	a domestic f	light or enter
☐ Driver's Licens	е								ation not applical	ole)	☐ Ider	ntification (ID) Card
Learner's Perm	nit <u>and</u> Dr	iver's Lice	ense				e with Schoo 6 passengers)	l Bus E	ndorsement		☐ Hea	aring Impaire	d ID Card
Driver's Licens			pelow)		`		e Testing for	Foreigr	n Diplomats		☐ Ema	ancipated Mi	nor ID Card
Motorcycle On	ly License	e (complete M	Motorcycle Classi	ication section	on below)								
Motorcycle Classi													
Maintaining cu													
Add, Upgrade		er Motorcy	ycle Classifica	ation or ob			y License. A	dditiona	al testing may	be red			
M 2 (2 whe		lontification	on Card (shoo	one of the f	M 3 (3 w		am currende	ring my	current licen	sa or II		both 2 and 3	wheels)
I certify I cannot su						= .		tolen	Destroye		J card.		
					APPLICA	ANT IN	IFORMATI	ON					
				BE CUR	RENT. THE U	J.S. PO	OSTAL SERV	VICE W			D YOUR LICEN	ISE OR ID C	ARD.
FULL LEGAL NAME (I	ast, first, m	niddle, suffix	()						SOCIAL SEC	URITY I	NUMBER (SSN)		NOT BEEN A SSN.
BIRTHDATE (mm/dd/y	yyy) PH	IONE NUMI	BER (optional)	l '	eck one) E	:		WEIGHT	LBS. HEIG	GHT FT.	IN. EYE C	OLOR HA	AIR COLOR
STREET ADDRESS	•						CITY				STATE	ZIP CODE	
IF YOUR NAME HAS	CHANGED), PRINT YO	OUR FORMER	NAME HE	RE		NAME OF CIT	TY OR C	OUNTY OF RE	SIDEN	CE	1	
MAILING ADDRESS (i	if different t	from above	- this will show	on your lic	cense/permit/ID))	CITY				STATE	ZIP CODE	
EMAIL ADDRESS (opt	tional)										SPECIAL INDI		
Do you wear glass	ses or con	tact lenses	to operate a	motor vehi	icle?			Пү	ES NO	permit	, or ID card:	,	, ,
2. Do you have a phy	•			•	t you take med	lication	? If yes, pleas	~ _	ES NO		sulin-dependent o peech impairment		
3. Have you ever had	d a seizure	e, blackout	t, or loss of co	nsciousne	ss?			Y	ES NO	П	earing impairmen	t*	
4. Do you have a phy	ysical con	dition whic	h requires you	to use sp	ecial equipmer	nt to dri	ive?	ПΥ	ES NO	In	tellectual disabilit	y (IntD)*	
5. Have you been co				•				_		☐ Ai	utism spectrum di	sorder (ASD)*	
resulting from your operation of, or involving, a motor vehicle? (Do not include parking tickets.) YES NO Blind or vision impairment (ID card only)*								• • • • • • • • • • • • • • • • • • • •					
elsewhere, or is it If you answered YES		•		•						lic	raumatic brain inju	physician stat	
required for ID card.)													
DEOUGES TOTAL	B. 6-				E ONLY —	DO N	OT WRITE	_				Teee	
REQUIRED TESTS VISION	PASS	FAIL	CUSTOMER	NUMBER				TRAN	ISACTION TY	Æ		FEE	
DL ROAD SIGNS EXAM									ORIGINAL		REISSUE		
DL KNOWLEDGE EXAM									DUPLICATE		RENEWAL		
DL SKILLS													
MC KNOWLEDGE MC SKILLS M2			CSR SIGNAT	URE				•			CSR LOGON ID	•	
INIO ORILLO IVIZ			4										
MC SKILLS M3													ı

	4.55								
Do you currently have or have		or learner's permit from another	ntinued) state, U.S. territory or foreign cou	ntry? Yes No					
If yes, provide the following:	LICENSE/ID CARD NUMBER	ISSUE DATE (mm/dd/yyyy)	EXPIRATION DATE (mm/dd/yyyy)	STATE/COUNTRY					
,, pg-									
		NT OR LEGAL GUARDIAN							
I authorize issuance attending school regularl will operate a motor vehi If the applicant attends p relations district court (w consecutive school days	of a learner's permit/driver' y and is in good academic standi cle for at least 45 hours (15 of whoublic school, I authorize the princi ithin whose jurisdiction the applic	s license. I certify that the app ng, but if not, I authorize issuand iich will occur after sunset) while ipal or designee of the public sol ant resides) when the applicant I	hool attended by the applicant to r has had 10 or more unexcused ab	rtify that the applicant is ense. I certify that this applicant notify the juvenile and domestic sences from school on					
'		· ' '	olicant that it be shown on the lear	ner's permit/driver's license.					
1	nts made and the information sub	-							
I authorize issuance of an ID card. 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/LEGAL GUARDIAN NA			PARENT/LEGAL GUARDIAN SIGNATURE						
	,								
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, the court making the adjudication of "not innocent" or a court within the jurisdiction where the juvenile's parent/legal guardian resides 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. REMARKS:									
JUDGE NAME (print)		JUDGE SIGNATURE		DATE (mm/dd/yyyy)					
		SELECTIVE SERVICE							
All males under the age of 26	are required to check one of the	following. Failure to provide a re	esponse will result in denial of you	application.					
☐ I am already registered wit	h Selective Service.								
│	nt on a current non-immigrant visa	a or a seasonal agricultural work	er (H-2A Visa) and not required to	register.					
Lauthorize DMV to forward	I to the Selective Service System	nersonal information necessary	to register me with Selective Serv	ice					
□ 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									
		VETERAN INDICATOR							
☐ I would like to add/keep th	ne veteran indicator on my driver'	s license or identification card.							
I would NOT like to add/k	eep the veteran indicator on my c	lriver's license or identification ca	ard.						
You must complete a Virginia Veteran Military Service Certification (DL 11) form and provide an acceptable veteran service proof document to add the veteran indicator, unless you have already done so.									
	GOVERNME	NT EMPLOYEES - (Fee wai	ver certification)						
	the: Commonwealth of Virg	_ , _ ,							
	r in the course of this employmen have paid for and hold a valid Virg		nent, I am entitled to the waiver of de application for such.	the motorcycle class					
		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). Your personally identifiable information is being collected for record keeping purposes and will be disseminated only in accordance with Va. Code §§46.2-208, 46.2-209, and the Driver's Privacy Protection Act, 18 USC §2721. 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. Upon issuance of a driver's license, commercial driver's license or identification card in the Commonwealth of Virginia, any driver's license, commercial driver's license or identification card previously issued by another state must be surrendered and will be cancelled by the issuing state.									
		CERTIFICATION							
DMV are genuine, and that my this certification and affirmatio form, I authorize DMV to verify	y appearance, for purpose of my	nation presented in this application DMV photograph, is a true and a derstand that making a false sta application, as required to deter	on is true and correct, that any doc accurate representation of how I go tement on this application is a crin mine eligibility.	enerally appear in public. I make ninal violation. By signing this					
APPLICANT NAME (print)		APPLICANT SIGNATURE		DATE (mm/dd/yyyy)					