

HQ MICROGRAPHICS USE ONLY

DRIVER LICENSE	OR II	ENTIFI	CATIO	N CARI	DAP	PLICA	TION		DO NO	T DU	PLICATI	
PURPOSE FOR YO					- AI I	LIO	· · · · · · · · · · · · · · · · · · ·			DMV USE		
PRINT USING BLACK OR BLUE INK ONLY									BD/LP Code			
DRIVER LICENSE (DL)  ☑ Original DL/Permit □ Re			☐ Origina	al ID Card/	Renewal		NAME CHANG CORRECTION		State/Country DOCUMENT#			
☐ Renewal ☐ Ch ☐ Duplicate	☐ Senior	Senior ID Card/Renewal (Age 62+) Replacement			DL ID CARD	□ DL						
Lost Stolen			Lost Stolen			Complete Par	Parts 2, Secondary Tech ID/Date					
Complete Parts 2 through 8.  PLEASE PROVIDE	10 0 0 10 0 10 0 10 0	N I OWING		Parts 2, 3	, 5A, 6 &	only.	3, 5, 6 & 7 only	<i>y</i>				
NOTE: You must use				cumentatio	n may be	e required	d. Refer to the C	Californ	ia Driver H	Handboo	ok.	
Driver License or ID Card Number State or Cou			untry	E				3.00%	Social Security Number			
First Name Middle N			Jame I			/   10   15   1989			123 - 45 - 6789 Suffix (Jr., Sr., III)			
Јое	Carr		Driver				Guina (or., or., m)					
Mailing Address, P.O. Box, or Pr			Box Numbe	r, St., Ave.,	Rd., Blvd	l., etc.). Nu	ımber, Street, Apt	/Space	No., City, S			
123 Main Street Address Where You Live (If diffe	Anytou		ress Numb	er Street A	nt/Snace	No City	State Zin Code			9999	99	
Address vincie rod Live (ii diiii	itelit iloli	i maning add	1033), 1401110	or, outcot, r	роорисс	ivo., ony,	Otate, Zip Oode					
Sex Hair Cole	Brov	1)11	Eye Color	Brown		Height	6' 1"	10	Weight	165		
M □ F	Diov	vii		Diowii			0 1			105		
3 COMPLETE THIS S	ECTION	ONLY IF Y	OU ARE	NOT EL	IGIBLE	FOR A	SOCIAL SEC	URITY	NUMBE	R:		
I certify under penalty of perju												
presently eligible for a Social Number to the Department of						enicie Co	de Section 1280	)1 I ML	ist provide	my 50	ociai Securit	
Signature							Date					
X	0.000	40-10	26 16 05 15	90 DO DO 8009				220,000	9509090	V09-5		
4 LICENSING NEEDS	3: ✓ the	appropriate	box(es). F	Refer to the	Californ	nia Driver	Handbook for a	addition	al informa	ition.		
		C Motor	•				_		AMBULANCE CERTIFICATE			
If basic	icense o	nly, go to Pa	art 5.		∐ Cla	☐ Class B ☐ Class B						
5 THE FOLLOWING	QUESTI	ONS MUST	BE ANS	WERED:								
A Have you applied for a D	river Lice	ense or Ident	ification Ca	rd in Califo	rnia or a	nother st	tate/country usin	g a diff	erent nam	ne	,	
or number within the pas If yes, print name, DL/ID	t ten (10)	years?								🗆	Yes 🗹 No	
B. Have you had your driving				ncelled, ref	used, de	elayed, su	spended, or rev	oked?			Yes No	
If yes, indicate date and	reason be	elow.										
DATE DATE	hous vs	u had ar ava	orionand or	ay of the m	adical as	REASON	anacified on the	book o	of this form			
<ul> <li>Within the last five years that affects your ability to</li> </ul>												
form before answering.											Yes 🗹 No	
If yes, briefly explain:			tores en trope			an caracter	- Legert Merele fiction beautiful	ner engar o	Device of the second	SACOLOGI		
6 DO YOU WISH TO	REGIST	ER TO VOT	TE OR CH	ANGE PO	LITICA	L AFFIL	IATION OR V	OTER	ADDRES	<b>SS</b> ?		
DO YOU WISH TO REGISTER TO	ete the er form.	VOTE										
VOTE OR CHANGE	complete	OF	S	☐ withir	inty—D	Do not complete the attached						
POLITICAL AFFILIATION		attached vote		ADDRE		Styreton discover	Your voter reco	rd will b	e automa	tically u	pdated.	
7 DO YOU WISH TO F	REGISTE	RTOBEA	NORGAN	ANDTIS	SUEDO	NOR?						
				If you ma	rk "VEQ	l" vou wil	l he added to th	o Dona	ata Lifa Ca	lifornia	organ and	
DO YOU WISH TO  YES! I want to be an organ tissue donor registry and a pink donor dot will be printed on the front												
REGISTER TO BE AN and tissue donor. driver license or identification card. If you are currently registered, y												
ORGAN AND TISSUE  \$2 voluntary contribution to support and promote organ  \$2 voluntary contribution to support and promote organ												
DONOR?		tissue donat					rnia (see back).					
				can only	remove	tne pink	donor dot from	your lic	ense or ic	ientifica	ition card.	
8 FOR DRIVER UNDI								minor				
If both parents/guardians have joint custody, <b>BOTH MUST SIG</b> other's/Guardian's Signature						Date 10/17/05			Daytime Phone Number			
x Suzanne Driver				were a			0/17/03		(916)		5-4382	
Address Street 123 Main	St.		Apt N	10.		City A1	ıytown	,	State Ca	Zip	99999	
Father's/Guardian's Signature						Date		1	Daytime Ph	one Num	nber	
X Neal Driver			A - 4	No		City	17/05		(916)		7205	
Address Street 123 Main S	St.		Apt. I	VO.		City An	ytown		State Ca	Zip	99999	
g CERTIFICATION: I	have rea	d, understand	d and agree	e with the c	ontents o	of this for	m, including the	certifica		he back	of this form	
I certify under penalt	y of perj	ury under th	e laws of t	he State of	f Califor	nia that a	all the informati	on on				
	gn un	til instru	ucted to	o do so	by a	DMV	employe	е				
Applicant's Signature					-		FOR DMV FIELD	OFF	CE USE C	NLY		
X Date		Daytime Ph	none Number	r								
			555-4382									