



A248829722

DO NOT DUPLICATE

DRIVER LICENSE OR IDENTIFICATION CARD APPLICATION (DL 44)

USE BLACK OR BLUE INK ONLY. ALL SECTIONS MUST BE ANSWERED UNLESS OTHERWISE NOTED. NO ERRORS OR ERASURES.

| | | | |
|------------------|-------------------------------|------------------|------------------|
| FOR DMV USE ONLY | BD/LP Code: _____ | Verify Document | Verify Residence |
| | Document Type: _____ | Primary: _____ | Primary: _____ |
| | Document # _____ State: _____ | Secondary: _____ | Secondary: _____ |

Read all information and certifications before submitting the application.

1 WHAT ARE YOU APPLYING FOR? Check all that apply.

☐ DRIVER LICENSE (DL)

What type of license?

- ☐ Driver License (Basic Class C) ☐ Motorcycle
☐ Fifth-Wheel/Travel Trailer ☐ Housecar
(Noncommercial Class A) (Noncommercial Class B)

☐ IDENTIFICATION CARD (ID)

What type of Identification Card?

- ☐ Identification Card
☐ Senior Identification Card (Age 62 or older. Displays "Senior Identification Card" on the front of the card)

2 WHAT DO YOU WANT TO DO? Check all that apply.

- ☐ Get a DL/ID card for the first time ☐ Renew an expired or expiring DL/ID card ☐ Add an ambulance certificate
☐ Make a change or correction ☐ Replace a lost, stolen, or damaged DL/ID card ☐ Add a fire fighter endorsement
☐ Add or remove restrictions ☐ Get a reduced fee ID card ☐ Remove a fire fighter endorsement

3 PREVIOUS LICENSING HISTORY

Have you ever had a Driver License/Identification Card that was issued by California or another state/country?

- ☐ Yes (Please complete section) ☐ No (Go to Section 4)

| | | |
|----------------------|----------------------|----------------------|
| DL/ID NUMBER | STATE OR COUNTRY | EXPIRATION DATE |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

HAVE YOU EVER HAD YOUR DRIVING PRIVILEGE CANCELLED, REFUSED, SUSPENDED OR REVOKED?

- ☐ Yes ☐ No

IF YES:

Year:

Reason:

4 TELL US WHO YOU ARE

FIRST NAME

MIDDLE NAME

LAST NAME

SUFFIX (JR., SR., III)

HAVE YOU EVER APPLIED FOR A DL/ID UNDER A DIFFERENT NAME(S)?

IF YES, PLEASE PRINT NAME(S) HERE

- ☐ Yes ☐ No

BIRTH DATE

SEX

- ☐ M ☐ F

HAIR COLOR

EYE COLOR

HEIGHT

WEIGHT

MAILING ADDRESS (WHERE YOU RECEIVE MAIL - INCLUDE CITY, STATE AND ZIP CODE. THIS WILL APPEAR ON THE CARD. RESIDENCE ADDRESS REQUIRED FOR P.O. BOXES.)

RESIDENCE ADDRESS (WHERE YOU LIVE - INCLUDE FULL ADDRESS, CITY, STATE, AND ZIP CODE.)

☐ Same as Mailing Address (P.O. BOXES MUST PROVIDE A RESIDENCE.)

5 DO YOU HAVE A SOCIAL SECURITY NUMBER? All applicants must sign this section.

- ☐ Yes. My Social Security Number is

- ☐ No Social Security Number has ever been issued to me and I am not presently eligible for a Social Security Number. I understand that pursuant to California Vehicle Code §12801, I must provide my Social Security Number to the Department of Motor Vehicles when one is assigned to me (read the attached Privacy disclosure statement).

I certify (or declare) under penalty of perjury under the laws of the State of California that the Social Security information provided on this form is true and correct.

6

PLEASE READ THE INFORMATION SECTION ON THE NEXT PAGE BEFORE ANSWERING QUESTIONS A-F.
 (*Program participation is voluntary.)

Medical Conditions — FOR DRIVER LICENSE APPLICATIONS ONLY.

- A. Have you had any medical conditions in the last three (3) years affecting your ability to drive? ☐ Yes ☐ No
 IF YES, Please explain: _____

Veterans Statement*

- B. Have you ever served in the United States Military? ☐ Yes ☐ No
 If you have served, would you like to receive benefits information for which you may be eligible? ☐ Yes ☐ No
 If you have served, would you like to add the word "VETERAN" on your DL or ID card for a \$5 fee? ☐ Yes ☐ No
NOTE: The word "VETERAN" will remain on your card unless you request otherwise. Remove "VETERAN" from my ☐ DL ☐ ID

Organ and Tissue Donation*

- C. Do you wish to be an Organ or Tissue Donor? ☐ Yes, add or keep my name on the donor registry.
 Marking "Yes" adds your name to the Donate Life California Organ and Tissue Donor Registry and a pink 'donor' dot will appear on your license and/or identification card. **You must mark "Yes" to maintain the donor dot on your DL/ID Card.**
 ☐ I do not wish to register at this time.
 Marking "I do not wish to register at this time" will not remove you from the registry. If you wish to remove your name from the registry, you must contact Donate Life California (see next page); DMV can remove the pink dot from your license but cannot remove you from the registry.
- D. Would you like to make a voluntary donation? ☐ Mark this box to provide a \$2 voluntary contribution to support and promote organ and tissue donation.

Voter Registration STOP — FOR U.S. CITIZENS ONLY.*

- E. Eligibility
 Are you a U.S. citizen and a resident of California? ☐ Yes ☐ No
 Additional eligibility requirements: (a) 18 or older (you may pre-register if you are 16 or 17, but you must be 18 or older to vote on Election Day); (b) not currently deemed mentally incompetent by a court for voting purposes; (c) not currently imprisoned or on parole for the conviction of a felony. Persons in county jail serving a misdemeanor sentence or in county jail as a condition of probation, or who are on probation, mandatory supervision, or post-release community supervision are eligible to register to vote.
 Do you meet these additional eligibility requirements? ☐ Yes ☐ No
 If you answered "No" to either of the eligibility questions in Section E, you are NOT eligible to register to vote. (Go to Section 7.)
 If you meet all the eligibility requirements and want to register to vote or change your current voter registration preference(s), continue to Section F.
- F. Register to Vote or Change Voter Preferences (*Select only one.*)
☐ I want to register to vote or I have changes to my voter registration information (including political party preference, language preference, and vote-by mail preference). (Y)
☐ I have moved to a new address within the **same** county and I have no other changes to my voter registration information. (S)
☐ I have moved to a new address within a **different** county and I have no other changes to my voter registration information. (C)
☐ I do **not** want to register to vote or I do **not** want to change my voter registration information. (N)

7 IF THE DRIVER LICENSE APPLICANT IS UNDER THE AGE OF 18, COMPLETE THIS SECTION.

Signature of the parent(s) or guardian(s) is required if applicant is under the age of 18. If there is more than one parent or guardian with custody, BOTH MUST SIGN.

- ☐ I/We accept civil liability for this minor and understand a provisional permit issued to a minor is not valid until he/she begins driver training.

| | | | |
|---------------------------------------|---------------------------------|------------------------------|----------------|
| PARENT/GUARDIAN SIGNATURE X | | ADDRESS (STREET/APT. NUMBER) | |
| DATE | DAYTIME TELEPHONE NUMBER () | CITY | STATE ZIP CODE |
| PARENT/GUARDIAN SIGNATURE X | | ADDRESS (STREET/APT. NUMBER) | |
| DATE | DAYTIME TELEPHONE NUMBER () | CITY | STATE ZIP CODE |

8 CERTIFICATION STOP — DO NOT SIGN UNTIL INSTRUCTED TO DO SO BY A DMV EMPLOYEE AT A DMV OFFICE.

I certify that I have read, understand and agree with the contents of this form. I acknowledge that I have received a copy of the declarations and certification statements pertaining to the issuance of a driver license or identification card. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PRIVACY NOTICE

- DMV uses the information on this form to determine your eligibility for a Driver License or Identification Card and for the administration of driver license laws.
 - Information provided to DMV on this form is collected and subject to the limitations in the Information Practices Act (*Civil Code* 1798 et seq.), the Driver's Privacy Protection Act (18 U.S.C. 2721-2725), the *California Vehicle Code* (CVC) and other applicable state and federal laws and regulations.,
 - For more information regarding specific CVC Sections, please visit www.dmv.ca.gov and at the bottom of the page, click the "Privacy Policy" link. On the Privacy Policy page, click Driver License Notice on Collection.
 - DMV verifies the information and documents you provide with other governmental agencies.
 - All information on this form is mandatory except where noted.
 - ✓ DMV may deny your application for not providing the required information.
 - ✓ Failure to provide the information required on this form is cause for refusal to issue a driver license or identification card, or, in some cases, cancellation or withdrawal of the driving privilege.
 - DMV shares your information with other governmental agencies and commercial entities as authorized by law. For more information regarding sharing of your information, please visit www.dmv.ca.gov and at the bottom of the page, click the "Privacy Policy" link. On the Privacy Policy page, click Driver License Notice on Collection or request a copy of "How Your Information is Shared" (FFDMV 17) from any field office.
 - You may obtain a copy of your record at www.dmv.ca.gov or at any DMV field office during regular office hours. For assistance with access to your record, call (800) 777-0133 or make an appointment to visit a DMV field office during regular business hours.
 - ✓ For assistance with corrections to your record, contact DMV's Mandatory Actions Unit at (916) 657-6525.
 - Questions regarding your Driver License or Identification Card should be addressed to:
Driver License Inquiries
Department of Motor Vehicles
PO Box 942890
Sacramento, CA 94290-0001
 - DMV's Privacy Policy is located at www.dmv.ca.gov under the "Privacy Policy" link at the bottom of the page.
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CERTIFICATIONS

- I agree to submit to a chemical test of my blood, breath, or urine for the purpose of determining the alcohol or drug content of my blood when testing is requested by a peace officer acting in accordance with *California Vehicle Code* (CVC) §23612.
 - I am hereby advised that being under the influence of alcohol or drugs, or both, impairs the ability to safely operate a motor vehicle. Therefore, it is extremely dangerous to human life to drive while under the influence of alcohol or drugs, or both. If I drive while under the influence of alcohol or drugs, or both, and as a result, a person is killed, I can be charged with murder.
 - By signing this application, I certify that I was notified that if I am under 21 years of age, I cannot legally drive with a blood alcohol concentration (BAC) of 0.01% or more. Driving with a BAC of 0.01% or more, or refusing to take, or failing to complete an alcohol screening or drug test, results in a one-year suspension of my driving privilege.
 - By signing this application, I certify that I was notified that if I am currently on court probation for a driving under the influence offense, I cannot legally drive with a blood alcohol concentration (BAC) of 0.01% or more. Driving with a BAC of 0.01% or more results in a one-year suspension of my driving privilege. Refusing to take, or failing to complete an alcohol screening or chemical test will result in a two to three year suspension/revocation of my driving privilege.
 - I am the person whose name appears on the front of this form. The mailing address shown is valid, existing, and accurate. I agree to accept service of process at this mailing address according to §§415.20(b), 415.30(a), and 416.90 of the *California Code of Civil Procedure*.
 - I understand DMV may add traffic convictions reported by other states or jurisdictions to my driving record that may result in sanctions against my California driving privilege.
 - By signing this form, I am acknowledging my presence in the United States is authorized under federal law, except as specified in CVC §12801.
 - I understand I may have no more than one driver license in my possession or under my control in accordance with CVC §12511.
 - By signing this application, I certify that I understand traffic signs and signals in accordance with CVC §12800(h).
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MEDICAL INFORMATION

The following conditions that may affect your ability to operate a motor vehicle safely include, but are not limited to:

- loss of consciousness; or
 - episode of marked confusion caused by any condition which may bring about recurring lapses; or
 - disease, disorder, or disability (examples of these are epilepsy, diabetes, stroke, cataracts, Parkinson's disease); or
 - decrease or change in your vision due to cataracts, macular degeneration, diabetic retinopathy, glaucoma, retinitis pigmentosa, or other progressive condition; or
 - health problems because of alcohol or drug abuse.
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VETERAN STATEMENT

- By marking the veteran box on this application, I certify that I am a veteran of the United States Armed Forces and that I want to receive veteran benefits information from the California Department of Veterans Affairs. By marking the veteran box on this application, I also consent to Department of Motor Vehicles (DMV) transmitting my name and mailing address to the California Department of Veterans Affairs for this purpose only, and I certify that I have been notified that this transmittal will occur.
 - The veteran designation is a way to identify and honor the service of California's veterans. As a veteran you may choose to mark the face of your driver license or identification (DL/ID) card with the word "VETERAN" to indicate you have served in the United States Armed Forces, for a fee of \$5 per card, in addition to all applicable fees. Once the veteran designation has been added, any future cards will have the designation and additional documentation will not be required at renewal.
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ORGAN DONOR STATEMENT

If you marked 'Yes' to register as an organ and tissue donor, you are legally authorizing the recovery of organs and tissues in the event of your death. Registering as a donor will not affect your medical treatment in any way. As outlined in the California Anatomical Gift Act, your authorization is legally binding and, unless the donor is under 18 years of age, your decision does not require the consent of any other person. For registered donors under 18 years of age, the legal guardian shall make the final donation decision. You may limit your donation to specific organs or tissues, place usage restrictions (for example transplantation or research), obtain more information about donation, or remove your name from the registry on the website of Donate Life California: www.donateLIFecalifornia.org. By registering as an Organ Donor, you are giving your consent to allow DMV to electronically transmit your true full name, residence or mailing address, year of birth, and California driver license or identification card number to Donate Life California. By signing this form, you consent to this process and have been notified that this transmittal will occur.

VOTER REGISTRATION

- If sharing your address could put you in life-threatening danger, you may be eligible to register to vote confidentially. For more information, contact the **Safe at Home** program at (877) 322-5227 or visit www.sos.ca.gov/safeathome/.
 - **For U.S. citizens only.** If you have not received voter registration information within 30 days of requesting it, you should contact your County Elections Official or the California Secretary of State.
 - By registering to vote at DMV, you acknowledge that DMV will send your voter information and your digital signature to the California Secretary of State in order to complete the voter registration process.
 - If you do not want to register to vote, your decision will remain confidential and will be used only for voter registration purposes.
 - If you want to register to vote, the office where you registered will remain confidential and will be used only for voter registration purposes.
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CRIMINAL PROSECUTION

- If you submit fraudulent information, the DMV may pursue criminal prosecution.
 - Any person who uses false documents to conceal his or her true citizenship or resident alien status is guilty of a felony pursuant to *California Penal Code* §114.
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FINANCIAL RESPONSIBILITY

- Financial responsibility (commonly known as insurance) is required on all vehicles operated or parked on California roadways. You must carry evidence of financial responsibility in your vehicle at all times and it must be provided when: requested by law enforcement, renewing vehicle registration, the vehicle is involved in a traffic collision.
 - If you cannot afford liability insurance, you may be eligible for the California Low Cost Automobile Insurance Program. Additional information is available at www.mylowcostauto.com or by calling 1-866-602-8861.
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REFUNDS

- Once this application form and fee have been submitted, no refunds will be made.
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