

Application for Vermont Operator's License, Junior Operator's License or Learner Permit

Learner Permit New Renew

Jr. Operator's License New Renew

Operator's License New Renew

Name: Last First Middle

Mailing Address (Street, Road or PO Box): City: State: Zip:

Physical Address: City: State: Zip:

Social Security Number:

Date of Birth:

Place of Birth (City, State & Country):

The disclosure of your social security or federal identification number is mandatory, is solicited by the authority granted by 42 U.S.C. § 405(c)(2)(C) and/or 666(a)(13) and will be used by the Department of Motor Vehicles in the administration of motor vehicle, tax and child support laws, to identify individuals affected by such laws.

Vermont Driver License/Permit No. Expiration date of previous license or permit

ARE YOU A US CITIZEN? Yes No
 IF "NO", Do you have proof of legal presence? Yes No
 Check if the above is a change to: Mailing address Physical address
 Is the above a change of address for voting purposes? Yes No

Check if name has changed (maiden name, etc). First M. I. Last First M.I. Last

Gender: Male Female Eye Color: Height: Weight: EDL? Yes No * EDL requires additional forms. See Instructions on back.

- | | | | |
|---|--|---|---|
| 1 | Do you need glasses or contact lenses when driving? | <input type="checkbox"/> Yes <input type="checkbox"/> No | I understand that if I do not pass the required eyesight examination to obtain my VT Learners Permit, JR Operator, Operators License or EDL within 30 days of the date of this application, and I have a valid license from another jurisdiction my privilege to operate in Vermont will be suspended until such time as I pass the required examination.

Initial Here _____ |
| 2 | Is your driving privilege revoked, restricted, suspended, or refused in any state? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 | Do you now hold a valid license from another State? If yes, what state: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4 | Do you have a history of any physical or mental condition, other than properly corrected eyesight, that could affect your ability to safely operate a motor vehicle? If yes, explain on back | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5 | Do you wish to retain your motorcycle endorsement? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 | I certify that I am a Vermont Resident, as defined in Title 23 V.S.A. § 4 See back | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7 | Do you want to be, or continue to be, registered as an organ & tissue donor? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8 | (Renewal Only): Does your current license contain a school bus endorsement? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9 | (Renewal Only): Are you requesting a photo renewal by mail? See back | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Signature of Applicant: I certify that the statements herein are true. This declaration made under penalties of 23 VSA § 202. Date:

Signature of Parent or Guardian if applicant is under 18: I hereby consent to the issuance of the license/permit: Guardian Parent Date:

PID _____ <input type="checkbox"/> PRINT (270) <input type="checkbox"/> NAME CHANGE (231) <input type="checkbox"/> DOB CHANGE (231) <input type="checkbox"/> MISC CHANGE (231) POB SEX EYE HT WGT <input type="checkbox"/> MAILING ADD (232) <input type="checkbox"/> SS# CHANGE (232) <input type="checkbox"/> PHYSICAL ADD (233) ADD CHG DEL TEMPORARY: VOID THIRTY (30) DAYS FROM DATE OF ISSUE. Examiner - Authorized Agent _____	REST. _____ <input type="checkbox"/> CREATE <input type="checkbox"/> 260 <input type="checkbox"/> 220 <input type="checkbox"/> 225 <input type="checkbox"/> 222 <input type="checkbox"/> 227 <input type="checkbox"/> 228 <input type="checkbox"/> DOC LOC <input type="checkbox"/> 234 <input type="checkbox"/> NNL PHOTO ENDORSEMENT <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> VISA <input type="checkbox"/> TEMP ISSUED <input type="checkbox"/> PDPS HIT _____ Plate # _____
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AUDIT LINE:			
RATER #	OPR NEW	16	
<input type="checkbox"/> QCS <input type="checkbox"/> PDPS <input type="checkbox"/> QSD	OPR RENEW	17	
OUT OF STATE LIC #		JUNIOR OPR	18
		PERMIT NEW	19
STATE	VOID	PERMIT RENEW	20
		EXAM, FIRST	21
ISSUE DATE		EXAM, SUBSEQ	22
		EDL (\$25.00)	33
EXP DATE		TOTAL FEE	

APPLICATION FOR ADDITION TO CHECKLIST
 By checking the boxes below I swear that:
 I am a citizen of the United States.
 I am a resident of Vermont at the address above.
 I will be at least 18 years old on or before the next election.
 Check one box below:
 I am at least 18 and I have taken the Voter's Oath.
 I am not yet 18 and will take the voter's oath after I am 18.

 I hereby swear, or affirm under penalty of a \$10,000 fine, or imprisonment for not more than 15 years, or both, that the statements made by me in this application are true (as provided in 17 V.S.A. § 2011 and in 42 U.S.C. § 1973 gg -10).

 _____ Date
 Signature (Required for Voter Registration Only)

DO NOT SIGN HERE EXCEPT TO REGISTER TO VOTE!

 Telephone () _____

 The last address at which I was registered to vote if any, was:

 Name: _____

 Address: _____

Give complete address, if outside Vermont, include County and State.

Notice to Applicant

If you were provided with this form when you applied for or renewed a motor vehicle driver's license, you may decline to register. If you decline to register, your failure to register will remain confidential and will not be used for voter registration purposes. If you are submitting this application in connection with a motor vehicle driver's license application, or renewal, the office through which you submit this application will remain confidential and will be used only for voter registration purposes. Submission of a false voter registration application is subject to the penalties of perjury as provided in 17 V.S.A. § 2011 and in 42 U.S.C. § 1973 gg - 10.

VOTER'S OATH (Vermont Constitution, Chapter II, Section 42)
 Every voter must take the voter's oath below before voting for the first time in Vermont. You can attest for yourself that you have taken the oath or you can have any person over 18 attest that you have taken the oath below:
 You solemnly swear (or affirm) that whenever you give your vote or suffrage, touching any matter that concerns the State of Vermont, you will do it so as in your conscience you shall judge will most conduce to the best good of the same, as established by the Constitution without fear or favor of any person.

 On the _____ day of _____, 20____, I certify that I took the Voter's Oath myself OR the voter's oath was administered to me by a person over eighteen.

 Signature of voter or person who administered the oath

For Town or City Clerk Use

On _____, 20____ the Town Clerk reviewed your application and _____ ADDED _____ DID NOT ADD your name to the voter checklist. If not, the reason was _____.
 The applicant's usual polling place is located at _____

 Signature of Town Clerk: _____

Keep your copy of this application. Take the copy to the polls when you go to vote. This is proof you submitted an application before the deadline for registration.

Application for Vermont Operator's License, Junior Operator's License or Learner Permit

Learner Permit New Renew

Jr. Operator's License New Renew

Operator's License New Renew

Name: Last First Middle

Mailing Address (Street, Road or PO Box): City: State: Zip:

Physical Address: City: State: Zip:

Date of Birth: Place of Birth (City, State & Country):

The disclosure of your social security or federal identification number is mandatory, is solicited by the authority granted by 42 U.S.C. § 405(c)(2)(C) and/or 666(a)(13) and will be used by the Department of Motor Vehicles in the administration of motor vehicle, tax and child support laws, to identify individuals affected by such laws.

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 Check if the above is a change to: Mailing address Physical address
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Check if name has changed (maiden name, etc). First M. I. Last First M.I. Last

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Signature of Parent or Guardian if applicant is under 18: I hereby consent to the issuance of the license/permit: Guardian Parent Date:

PID _____ REST. _____

PRINT (270)
 NAME CHANGE (231)
 DOB CHANGE (231)
 MISC CHANGE (231)
 POB SEX EYE HT WGT
 MAILING ADD (232)
 SS# CHANGE (232)
 PHYSICAL ADD (233)
 ADD CHG DEL

TEMPORARY: VOID THIRTY (30) DAYS FROM DATE OF ISSUE.

CREATE 260
 220 225
 222 227
 228 DOC LOC
 234 NNL PHOTO

ENDORSEMENT
 M B V
 VISA
 TEMP ISSUED
 PDPS HIT _____

Plate # _____

AUDIT LINE:			
RATER #	OPR NEW	16	
<input type="checkbox"/> QCS <input type="checkbox"/> PDPS <input type="checkbox"/> QSD	OPR RENEW	17	
OUT OF STATE LIC #		JUNIOR OPR	18
		PERMIT NEW	19
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		EXAM, FIRST	21
ISSUE DATE		EXAM, SUBSEQ	22
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EXP DATE		TOTAL FEE	

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APPLICATION FOR ADDITION TO CHECKLIST

By checking the boxes below I swear that:
 I am a citizen of the United States.
 I am a resident of Vermont at the address above.
 I will be at least 18 years old on or before the next election.
 Check one box below:
 I am at least 18 and I have taken the Voter's Oath.
 I am not yet 18 and will take the voter's oath after I am 18.

I hereby swear, or affirm under penalty of a \$10,000 fine, or imprisonment for not more than 15 years, or both, that the statements made by me in this application are true (as provided in 17 V.S.A. § 2011 and in 42 U.S.C. § 1973 gg -10).

Signature (Required for Voter Registration Only) _____ Date _____

DO NOT SIGN HERE EXCEPT TO REGISTER TO VOTE!

Telephone () _____

The last address at which I was registered to vote if any, was:
 Name: _____
 Address: _____

Give complete address, if outside Vermont, include County and State.

Notice to Applicant

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 You solemnly swear (or affirm) that whenever you give your vote or suffrage, touching any matter that concerns the State of Vermont, you will do it so as in your conscience you shall judge will most conduce to the best good of the same, as established by the Constitution without fear or favor of any person.

On the _____ day of _____, 20____, I certify that I took the Voter's Oath myself OR the voter's oath was administered to me by a person over eighteen.

Signature of voter or person who administered the oath _____

For Town or City Clerk Use

On _____, 20____ the Town Clerk reviewed your application and _____ ADDED _____ DID NOT ADD your name to the voter checklist. If not, the reason was _____.

The applicant's usual polling place is located at _____

Signature of Town Clerk: _____

Keep your copy of this application. Take the copy to the polls when you go to vote. This is proof you submitted an application before the deadline for registration.

Application for Vermont Operator's License, Junior Operator's License or Learner Permit

Learner Permit New Renew

Jr. Operator's License New Renew

Operator's License New Renew

Name: Last First Middle

Mailing Address (Street, Road or PO Box): City: State: Zip:

Physical Address: City: State: Zip:

Social Security Number: Date of Birth: Place of Birth (City, State & Country):

The disclosure of your social security or federal identification number is mandatory, is solicited by the authority granted by 42 U.S.C. § 405(c)(2)(C) and/or 666(a)(13) and will be used by the Department of Motor Vehicles in the administration of motor vehicle, tax and child support laws, to identify individuals affected by such laws.

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Check if name has changed (maiden name, etc). First M. I. Last First M.I. Last

Gender: Male Female Eye Color: Height: Weight: EDL? Yes No * EDL requires additional forms. See Instructions on back.

- | | | | |
|---|--|---|---|
| 1 | Do you need glasses or contact lenses when driving? | <input type="checkbox"/> Yes <input type="checkbox"/> No | I understand that if I do not pass the required eyesight examination to obtain my VT Learners Permit, JR Operator, Operators License or EDL within 30 days of the date of this application, and I have a valid license from another jurisdiction my privilege to operate in Vermont will be suspended until such time as I pass the required examination. |
| 2 | Is your driving privilege revoked, restricted, suspended, or refused in any state? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 | Do you now hold a valid license from another State? If yes, what state: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4 | Do you have a history of any physical or mental condition, other than properly corrected eyesight, that could affect your ability to safely operate a motor vehicle? If yes, explain on back | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5 | Do you wish to retain your motorcycle endorsement? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No | |
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Signature of Applicant: I certify that the statements herein are true. This declaration made under penalties of 23 VSA § 202. Date:

Signature of Parent or Guardian if applicant is under 18: I hereby consent to the issuance of the license/permit: Guardian Parent Date:

PID _____ <input type="checkbox"/> PRINT (270) <input type="checkbox"/> NAME CHANGE (231) <input type="checkbox"/> DOB CHANGE (231) <input type="checkbox"/> MISC CHANGE (231) POB SEX EYE HT WGT <input type="checkbox"/> MAILING ADD (232) <input type="checkbox"/> SS# CHANGE (232) <input type="checkbox"/> PHYSICAL ADD (233) ADD CHG DEL TEMPORARY: VOID THIRTY (30) DAYS FROM DATE OF ISSUE.	REST. _____ <input type="checkbox"/> CREATE <input type="checkbox"/> 260 <input type="checkbox"/> 220 <input type="checkbox"/> 225 <input type="checkbox"/> 222 <input type="checkbox"/> 227 <input type="checkbox"/> 228 <input type="checkbox"/> DOC LOC <input type="checkbox"/> 234 <input type="checkbox"/> NNL PHOTO ENDORSEMENT <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> V <input type="checkbox"/> VISA <input type="checkbox"/> TEMP ISSUED <input type="checkbox"/> PDPS HIT _____ Plate # _____	AUDIT LINE: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">RATER #</td> <td style="width: 15%;">OPR NEW</td> <td style="width: 10%;">16</td> <td style="width: 10%;"></td> </tr> <tr> <td><input type="checkbox"/> QCS <input type="checkbox"/> PDPS <input type="checkbox"/> QSD</td> <td>OPR RENEW</td> <td>17</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;"><i>OUT OF STATE LIC #</i></td> <td>JUNIOR OPR</td> <td>18</td> </tr> <tr> <td colspan="2"></td> <td>PERMIT NEW</td> <td>19</td> </tr> <tr> <td style="text-align: center;"><i>STATE</i></td> <td style="text-align: center;"><i>VOID</i></td> <td>PERMIT RENEW</td> <td>20</td> </tr> <tr> <td colspan="2"></td> <td>EXAM, FIRST</td> <td>21</td> </tr> <tr> <td colspan="2" style="text-align: center;">ISSUE DATE</td> <td>EXAM, SUBSEQ</td> <td>22</td> </tr> <tr> <td colspan="2"></td> <td>EDL (\$25.00)</td> <td>33</td> </tr> <tr> <td colspan="2" style="text-align: center;">EXP DATE</td> <td>TOTAL FEE</td> <td></td> </tr> </table>	RATER #	OPR NEW	16		<input type="checkbox"/> QCS <input type="checkbox"/> PDPS <input type="checkbox"/> QSD	OPR RENEW	17		<i>OUT OF STATE LIC #</i>		JUNIOR OPR	18			PERMIT NEW	19	<i>STATE</i>	<i>VOID</i>	PERMIT RENEW	20			EXAM, FIRST	21	ISSUE DATE		EXAM, SUBSEQ	22			EDL (\$25.00)	33	EXP DATE		TOTAL FEE	
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 I am a resident of Vermont at the address above.
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 Check one box below:
 I am at least 18 and I have taken the Voter's Oath.
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 Signature (Required for Voter Registration Only) Date
DO NOT SIGN HERE EXCEPT TO REGISTER TO VOTE!
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 The last address at which I was registered to vote if any, was:
 Name: _____
 Address: _____
Give complete address, if outside Vermont, include County and State.

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 Signature of voter or person who administered the oath
For Town or City Clerk Use
 On _____, 20____ the Town Clerk reviewed your application and _____ ADDED _____ DID NOT ADD your name to the voter checklist. If not, the reason was _____.
 The applicant's usual polling place is located at _____

Keep your copy of this application. Take the copy to the polls when you go to vote. This is proof you submitted an application before the deadline for registration. Signature of Town Clerk:

Learner Permit	\$17.00	Exam Road/Driving	\$17.00
JR Operator License	\$28.00	Exam Written	\$28.00
Operator License	\$45.00 (\$28.00 for 2 year)	Out of State	\$17.00 (admin fee, additional)
Enhanced Driver License*	\$25.00 (additional)	Motorcycle Endorsement	\$2.00 per year

Question 4 Details:

VERMONT RESIDENCY REQUIRED

Only Vermont residents are allowed to obtain an Operator's License, Commercial Driver's License, Enhanced Driver's License/ID, Learner's Permit or Non-Driver Identification Card. Applicants must provide the Department with two pieces of mail with current name and street address. NOTE: These are NOT considered identity documents, they are only used to prove residency. If no mail comes to the street address, contact DMV for additional information.

REQUIRED IDENTIFICATION DOCUMENTATION

Each applicant for an original learner's permit, license, or non-driver ID is required to show documentary proof of identity and date and place of birth and must be applied for in person. Proof of identity shall be one primary document and one secondary document from the following list. A primary document must contain the full name and date of birth and must be verifiable, i.e., we must be able to contact the issuing agency to determine the authenticity of the document.

• **PRIMARY DOCUMENTS:**

Photo driver license (cannot be expired more than one year), State/province/territory issued photo ID card (not expired more than one year), Certified microfilm/copy of driver license or ID card (cannot be expired more than one year), Certificate of Birth (U.S. or Canadian issued which must be an original or certified copy, have a raised seal and be issued by the Bureau of Vital Statistics or State Board of Health. Hospital issued birth certificates and baptismal certificates are NOT acceptable.) **USCIS DOCUMENTS, AS FOLLOWS:** Certificate of Naturalization (N-550, N-570, or N-578), Certificate of Citizenship (N-560, N-561, or N-645), Northern Marina Card (I-551), American Indian Card (I-551), U.S. Citizen Identification Card (I-179 or I-197), Permanent Resident or Resident Alien Card (I-151, I-551, AR-3A, or AR-103), Temporary Resident Identification Card (K-688), Non-resident Alien Canadian Border Crossing Card (I-185 or I-586), Record of Arrival and Departure (in a valid Foreign Passport, I-94 or I-94W visa waiver program), Record of Arrival and Departure w/attached photo stamped 'Temporary Proof of Lawful Permanent Resident' (I-94 processed for I-551 stamp in a valid Foreign Passport), Permanent Resident Re-entry Permit (I-327), Refugee Travel Document (I-571), Record of Arrival and Departure in a Certificate of Identity (I-94), Record of Arrival and Departure Stamped 'Refugee', 'Parole', 'Parolee' or 'Asylee' (I-94, Employment Authorization Document (card) 'EAD' Ins. form I-766, Canadian Immigration Record and Visa or Record of Landing (IMM 1000), Court order (must contain full name, date of birth and court seal. Examples include adoption document, name change document, gender document, etc.), Military ID, Valid passport (U. S. or Canadian - if foreign, appropriate INS document also is required), State issued photo learner permit (Out-of-state issued permit is NOT acceptable, cannot be expired more than one year. A learner permit without a photo is NOT acceptable UNLESS accompanied by a primary document), Canadian Department of Indian Affairs issued ID card (Tribal issued card and U.S. issued Department of Indian Affairs card are NOT acceptable).

• **SECONDARY DOCUMENTS:**

All Primary Documents, Bureau of Indian Affairs Card/Indian Treaty Card (Tribal ID card is NOT acceptable), Driver license/ID card, expired more than one year, Court order that does not contain the applicant's date of birth, Employer ID card, Foreign birth certificate (must be translated by approved translator), Health insurance card (i.e., Blue Cross/Blue Shield, Kaiser, HMO), IRS/State tax forms (W-2 NOT acceptable), Marriage certificate/license, Civil Union certificate/license, Medical records from doctor/hospital, Military dependent ID, Military discharge/separation papers, Parent/guardian affidavit (Parent/guardian must appear in person and prove his/her identity and submit a certified/notarized affidavit regarding the child's identity - applies only to minors), Gun Permit, Pilot's license, School record/transcript (must be certified), Social security card (Metal card is NOT acceptable), Social insurance card (for Canadian residents only), Student ID Card (must contain photo), Vehicle title (vehicle registration NOT acceptable), Welfare card, Prison release document.

Additional documentation may be required at the department's discretion if documentation submitted is questionable or if there is reason to believe the person is not who s/he claims to be.

The name, date of birth and place of birth shown on this application must match the information shown on the proof of identity documents submitted with the application. Applicants must bring original documents with them to a Department of Motor Vehicles Customer Service Counter. This Department will retain copies of documents submitted.

ORGAN & TISSUE DONOR

If yes, the DMV will provide this information to federally designated organ procurement organizations serving Vermont, and will print this designation on your driver's license/ID card.

Applicants under age 18 need consent from a parent/guardian.

APPLICATION FOR ADDITION TO CHECKLIST – VERMONT VOTER REGISTRATION APPLICATION

How to register to vote: You are eligible to vote in the town or city where you physically reside if as of Election Day, you: / are a United States citizen (NOT green card) / are a resident of Vermont / are 18 years old / take Voter's Oath. **Residency for voting purposes** is defined as "a person who is domiciled in the town as evidenced by an intent to maintain a principal dwelling place in the town indefinitely and to return there if temporarily absent, coupled with an act or acts consistent with that intent."

You must submit the application on the bottom of the front page before 5 p.m. on the Wednesday immediately prior to an election in order to vote in that election. **If you are not sure if you are registered to vote, please call your Town or City Clerk to check before completing the registration form. You must complete the legal address (where you physically live, not a PO Box) if you are applying to register to vote.**

Complete the voter registration form at the bottom of the front page ONLY IF YOU ARE NOT ALREADY REGISTERED TO VOTE IN THE TOWN WHERE YOU RESIDE. DO NOT complete this voter registration form if you are already registered to vote in your current Town or City of residence.

You only need to take the Voter's Oath ONCE. If you were previously registered to vote in Vermont you have already taken the Voter's Oath so please check that line. You can attest that you have taken the voter's oath for yourself or, the Customer Service Representative can administer the Voter's Oath to you.

KEEP YOUR COPY OF THIS APPLICATION and bring it with you to the polls when you vote for the first time in your town. It is your proof that you have submitted an application to vote.

You are not automatically registered to vote by completing this application—your Town or City Clerk will review your application to be sure that you meet all eligibility requirements. The Clerk will notify you in writing if your application is approved and notify you of the location of your polling place. If your application is denied, the Clerk will notify you explaining why you are not eligible and also explain how you can file an appeal to the Board of Civil Authority in your Town or City.

The laws relating to voter registration are in 17 V.S.A. §§ 2121 to 2150 (Chapter 43). If you have questions, you may call the Office of the Secretary of State at (802) 828-2363 or toll free in Vermont at (800) 439-8683.