

UT LICENSE #

UT ID #

DLD Office Use Only:

\$15 LERN ORG LERN

DPC DL CDL ID IDD
LTID LTDL LTCDL

Class: A B C D

End. H N X Z P S T M

Visual Acuity: Passed Failed Eye Statement

Restrictions: A B K L G V

J: \_\_\_\_\_

Motorcycle Restrictions: O 2 3

Testing: Written Road

Station Code, Employee Number, Initials:

Name Change: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

ID # 1 \_\_\_\_\_

ID # 2 \_\_\_\_\_

Legal Presence \_\_\_\_\_

BC Name \_\_\_\_\_

DOB \_\_\_\_\_ File Date \_\_\_\_\_

State File # \_\_\_\_\_

Iss. Agency \_\_\_\_\_

SSN: \_\_\_\_\_ Date: \_\_\_\_\_

SSV: Yes / Override Date: \_\_\_\_\_

Address Verified: Y / N \_\_\_\_\_

SAVE: 1st 2nd 3rd \_\_\_\_\_

Final: Approved/exp. Denied \_\_\_\_\_

Emp \_\_\_\_\_ Date \_\_\_\_\_

CDLIS: CSR CBU CDR DHR

SI: SI: SI: \_\_\_\_\_

CND: \_\_\_\_\_ CSR: \_\_\_\_\_

Match No Match Pending
Eligible Not Eligible Error Lic

PDPS: SB: \_\_\_\_\_

License Surrender YES NO

CDL YES NO

10 Year History YES NO

ISS: \_\_\_\_\_ EXP: \_\_\_\_\_

State \_\_\_\_\_ Endorsement: \_\_\_\_\_

License # \_\_\_\_\_

APPLICATION - Print on white paper and dark ink

FULL

LEGAL

NAME: \_\_\_\_\_

Last First Middle Suffix

DATE OF BIRTH \_\_\_\_\_ Social Security # or ITIN \_\_\_\_\_
mm/dd/yyyy (This information will not show on your Driver License or ID Card)

UTAH RESIDENCE

ADDRESS: \_\_\_\_\_
Number/Street/Apartment City Zip Code

MAILING ADDRESS: \_\_\_\_\_
P O Box/Number/Street/Apartment City Zip Code

HEIGHT: \_\_\_\_\_ FT. \_\_\_\_\_ IN. WEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ GENDER: Male / Female

Applicant's Place Of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_
State/ Country Last First

Please answer the following questions:

- Yes No Are you a US Citizen?
Yes No Are you a legal permanent resident alien or national?
Yes No If you are a citizen of another country, do you have evidence of lawful presence in the United States?
Yes No I would like to register my desire to be an organ, eye, and tissue donor (life saving anatomical gift).
Yes No Are you a U.S. Military Veteran?
Yes No If yes, do you authorize sharing this information with the Utah Division of Veterans Affairs for the purpose of identifying veterans and disseminating veteran benefit information?
Yes No Do you wish to contribute a \$2.00 donation to the "Friends for Sight" fund?
Yes No Do you wish to contribute a \$2.00 donation to educate people about organ, eye and tissue donation?
Yes No Do you wish to contribute a \$1.00 Donation to the "Mobility Assistance Fund"?
Yes No Do you claim to be disabled under the Americans With Disabilities Act?
Yes No Do you claim to be indigent and are applying for an ID card for voting purposes?
Yes No If you are not registered to vote where you live now, would you like to register to vote today? (U.S. CITIZENS ONLY)

NOTICE: APPLICANT MUST ANSWER ALL QUESTIONS. FAILURE TO TRUTHFULLY COMPLETE QUESTIONS MAY RESULT IN WITHDRAWAL OF DRIVING PRIVILEGE OR IDENTIFICATION CARD.

- Yes No Are you required to register as a sex offender with the State of Utah, any other state, or with the US Government?
Yes No Do you now have, or have you ever been issued, a driver license by another state, country or province? If yes, list states/countries/provinces: # Exp. Date
Yes No If you are a CDL driver, have you been licensed in another state within the last 10 years? If yes, please list: # #
Yes No In the last 10 years, has your driving privilege been suspended, revoked, canceled, denied or disqualified? If yes, State: # Why?
Yes No Are you required to carry a medical certificate (DOT card)? If yes, are you in compliance? Certificate expires: \_\_\_\_\_

Print the name of the person signing for minor:

\_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_

Table with 3 columns: Fee Type, Amount, and Other. Rows include Original License Fee, Renewal Fee, Lapsed Renewal Fee, Lapsed Provisional Duplicate Retest Fee, Charity Fee, and Emp. Initials.

Examiner Notes and Completed Date Stamp:

  
  
  
  
  
  
  
  
  
  

**DO YOU HAVE, OR HAVE YOU HAD, ANY OF THE FOLLOWING CONDITIONS IN THE LAST FIVE YEARS?**

- Yes  No **A. Diabetes:** Diabetes (High blood sugar, sugar diabetes you control with diet, medication or insulin) or hypoglycemia or other metabolic condition etc., which may interfere with driving safety?
- Yes  No **B. Cardiovascular:** Heart condition, with or without symptoms (heart attack, heart surgery, irregular rhythm, general heart disease) within the last five years; or hypertension (high blood pressure) currently requiring medication for control?
- Yes  No **C. Pulmonary:** Pulmonary (lung) condition (asthma, emphysema, passing out from coughing, etc.) shortness of breath which has required treatment?  
 Yes  No Is an inhaler the only medication prescribed for this condition?  
 Yes  No Are you required to use supplemental oxygen while driving?
- Yes  No **D. Neurologic:** Neurological condition (stroke, head injury, cerebral palsy, multiple sclerosis, muscular dystrophy, Parkinson's disease, etc.) which may interfere with driving safety?
- Yes  No **E. Epilepsy:** Epilepsy, seizures, other episodic conditions which include any recurrent loss of consciousness or control?  
Commercial: Anytime during your life?  Yes  No
- Yes  No **F. Learning and Memory:** Learning and memory difficulties observed personally or reported to you by others?
- Yes  No **G. Psychiatric:** Psychological condition (severe anxiety, severe depression, severe behavioral mood conditions, schizophrenia, etc.)
- Yes  No **H. Alcohol and Drugs:** Excessive use of alcohol and/or prescription drugs, or use of any illegal drugs; or treatment or recommendation for treatment of alcohol use or chemical dependency?
- Yes  No **I. Vision:** Do you wear glasses or contact lenses for driving?
- Yes  No Is your visual acuity worse than 20/40 in the better eye, even with corrective lenses?
- Yes  No Do you have a degenerative or progressive eye condition?
- Yes  No Have you experienced a decrease in peripheral (side) vision?
- Yes  No **J. Musculoskeletal/Chronic Debilities:** Loss or paralysis of all or part of an extremity; or onset of a general debilitating illness requiring treatment?  
 Yes  No New or changed in the past 5 years?  
 Yes  No Present longer than 5 years?
- Yes  No **K. Alertness or Sleep Disorders:** Do you have a condition that produces abnormal sleepiness? (sleep apnea, narcolepsy, etc.)
- Yes  No **L. Hearing** (Only if you are a commercial driver) No hearing requirements have been established for Regular Operator license
- Yes  No **Balance (ENT Problems):** Have you experienced any sudden vertigo or infection of the inner ear (vestibular neuronitis or labyrinthitis) which might interfere with driving ability and safety?
- Yes  No. **Other:** Other health problems or use of medications which might interfere with driving ability or safety?  
Please explain: \_\_\_\_\_