

DRIVER'S LICENSE / PHOTO ID APPLICATION

APPLICANT'S IDENTITY, ADDRESS, AND PHYSICAL DESCRIPTION (must change address within 20 days)

Name _____
LAST FIRST MIDDLE

WV license # _____

Former names _____
SUPPORTING LEGAL DOCUMENTATION IS REQUIRED BY LAW

Gender _____ Birthdate _____

Residence address _____

Weight _____ Height _____ Eye Color _____

Mailing address _____
REQUIRED IF DIFFERENT FROM RESIDENCE ADDRESS

SSN _____
REQUIRED BY FEDERAL LAW .. DOES NOT APPEAR ON LICENSE / ID

City, state, ZIP code _____

Has your address changed since last license / ID issuance? yes no

Are you a United States citizen? yes no Alien Registration # _____

Have you ever had a license issued by any other jurisdiction(s)? yes no
 Issuing jurisdiction(s) and number(s) _____

IF YOU HAVE EXPERIENCED ANY OF THE FOLLOWING, YOU MUST SO INDICATE, AND SUBMIT A LETTER OF EXPLANATION

	yes	no
any seizures or loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>
emotional or mental illness	<input type="checkbox"/>	<input type="checkbox"/>
alcohol or drug problems	<input type="checkbox"/>	<input type="checkbox"/>
any physical condition requiring special equipment to drive	<input type="checkbox"/>	<input type="checkbox"/>
glasses or contact lenses	<input type="checkbox"/>	<input type="checkbox"/>
visual/medical condition(s) affecting ability to drive safely	<input type="checkbox"/>	<input type="checkbox"/>
license suspension/revocation or pending license suspension/revocation in any jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>
refusal by any jurisdiction to issue a driver's license	<input type="checkbox"/>	<input type="checkbox"/>

TYPE OF LICENSE / ID APPLICANT WISHES TO OBTAIN Any valid license / ID issued by any jurisdiction must be surrendered. See reverse for fees not listed below.

- | | | |
|---|---|---|
| <input type="checkbox"/> \$5 instruction permit Level 1 age 15-17 | <input type="checkbox"/> skills test E age 18 and over | <input type="checkbox"/> \$5 child photo ID, ages 2 thru 15 |
| <input type="checkbox"/> \$5 skills test Level 2 age 16-17 | <input type="checkbox"/> \$5 instruction permit F motorcycle | <input type="checkbox"/> adult photo ID, ages 16 and over |
| <input type="checkbox"/> Level 3 license | <input type="checkbox"/> motorcycle skills test/safety course | <input type="checkbox"/> \$5 duplicate license |
| <input type="checkbox"/> \$5 instruction permit E age 18 and over | <input type="checkbox"/> motorcycle endorsement | <input type="checkbox"/> transfer |
| | | <input type="checkbox"/> renewal |

CHILD SUPPORT LAW COMPLIANCE

Do you owe a child support obligation? yes no

Do you owe a child support obligation that is more than 6 months in arrears? yes no

Are you the subject of a child support-related warrant, subpoena or court order? yes no

I hereby certify, under penalty of false swearing, that all my answers to the above questions are true.

APPLICANT'S INITIALS

Complete both sides of form. All information requested is mandatory. INCOMPLETE FORMS WILL NOT BE PROCESSED.

I HEREBY CERTIFY, UNDER PENALTY OF FALSE SWEARING, THAT ALL STATEMENTS CONTAINED ON THIS FORM ARE TRUE.
Any false statement may result in cancellation or suspension of my license.

Men ages 16-26 only: By submitting this application and answering "yes" to the relevant questions, I am consenting to release of my personal information to the Selective Service System for draft registration, as required by Federal law.

APPLICANT SIGNATURE

DATE

Parent/Guardian Signature (Applicants Under 18 for Instruction Permit Only)

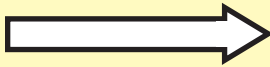
DATE

Do you wish to register to vote? YES NO

Do you wish to register for Selective Service?
Men ages 16-26 only YES NO

Do you wish to be designated on your license/ID as an organ donor? YES NO

Do you wish to be designated on your license/ID as diabetic or deaf and hard of hearing?
If so, a physician (for diabetics) or licensed audiologist (for the deaf and hard of hearing) must certify your condition. YES NO



GRADUATED DRIVER'S LICENSE APPLICANTS ONLY

Level 2 applicants: Have you been convicted of a traffic violation in the past six months? yes no

Level 3 applicants: Have you been convicted of a traffic violation in the past 12 months? yes no

GRADUATED DRIVER'S LICENSE FEES

	Level 3 full license --assessed by age	
Level 1 instruction permit	<u>age</u>	<u>fee</u>
Level 2 intermediate license	17	\$10.50
	18	\$ 8.00
\$5.00	19	\$ 5.50
	20	\$ 3.00

PHYSICIAN / AUDIOLOGIST CERTIFICATION FOR MEDICAL ENDORSEMENT
I certify that the applicant named herein is diabetic deaf and hard of hearing.

physician /audiologist signature (diabetic) (deaf and hard of hearing) medical license #/state

office address office telephone #

ADULT LICENSE / ID FEES -- ASSESSED BY CALCULATED AGE

(current year – applicant's birth year = calculated age)
Calculated age and actual age may differ. Use next calendar year to calculate age for December applications. All licenses expire in next year that bearer's age is a multiple of five. This chart applies to all license issuances, transfers and renewals. An additional \$5.00 fee is assessed for renewal of expired licenses.

	2 or 7		3 years
	1 or 6	LICENSE / ID	4 years
LAST DIGIT OF	0 or 5	WILL BE	5 years
CALCULATED AGE	4 or 9	VALID FOR	6 years
	3 or 8		7 years
	3 years		\$ 7.50
IF YOUR	4 years	IF YOUR	\$10.00
LICENSE	5 years	PHOTO ID	\$12.50
IS VALID FOR	6 years	IS VALID FOR	\$15.00
	7 years		\$17.50

The applicant named herein passed the DMV written test road skills test on this _____ day of _____, 20____, which was conducted at DMV's _____ office.

Vision Screening Passed _____ Failed _____
Knowledge Exam 1st _____ 2nd _____

The following restrictions apply: _____

Examiner's signature and unit number _____

IDENTIFICATION PRESENTED

certified birth certificate WDMV children's ID
 Social Security card valid USDOD military ID card
 school enrollment form other government-issued non-driver ID
 certified marriage certificate other _____

Out of State License Surrendered? Yes No State _____

DATES OF ALL EXAMINATIONS

