



Motor Vehicle Division

40-5122 R04/16 azdot.gov

# DRIVER LICENSE / IDENTIFICATION CARD APPLICATION

Type:  Driver License  Motorcycle  Instruction Permit  Identification Card  
 Travel Driver License  Travel Identification Card

You are required by A.R.S. §§ 28-3158(D)(5) and §§ 28-3165(F), under authority of 42 U.S.C. §§ 405(c)(2)(C) and § 666 (a)(13)(A), to provide your Social Security Number. It will be used to verify your identity and to comply with federal and state child support enforcement laws. It will not be used as your driver license or identification card number.

Social Security Number		Applicant Name (first, middle, last, suffix)			
Residence Street Address		(Unit # / Apt #)	City	State	Zip
Mailing Address (if different from above)		(Unit # / Apt #)	City	State	Zip

Street  Mailing Which address do you want to appear on your license?

Sex	Weight	Height	Eye Color	Hair	Date of Birth
<input type="checkbox"/> Male <input type="checkbox"/> Female					

Current Driver License Number	Name on Current Driver License or ID (if different from above)
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Class	State	Issue Date	Expiration Date
<input type="checkbox"/> Operator <input type="checkbox"/> Motorcycle <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Identification Card			

Yes  No Has your driving privilege **ever** been suspended, disqualified, canceled, denied or revoked?

If Yes:	States	Dates	Reasons
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Yes  No Is your driving privilege **now** suspended, disqualified, canceled, denied or revoked?

Yes  No Do you have a license from more than one state or jurisdiction?

My vehicle is registered in another state (indicate which state):   I am active duty military or family member.  
 I am an out-of-state student or family member.

I want to show a medical alert condition on my license/ID (must submit physician or registered nurse practitioner statement).

I also want this alert maintained on my permanent computer record. (If not checked, when you reapply or request a duplicate, the alert will not appear on your license/ID unless you resubmit a physician or registered nurse practitioner statement.)

I consent to the release of personal information contained in my driver license and vehicle record. I understand that this is **not** a one-time consent that applies only to a specific individual or organization, but is instead a general consent that applies to all requests from any and all individuals or organizations for any purpose, until revoked by me in writing. Consent for a vehicle record applies to all owners.

Yes  No Do you have a physical, psychological or visual condition (other than wearing glasses or contact lenses), or alcohol/drug dependency or are you taking any medications that could affect your ability to safely operate a motor vehicle? (driver license applicants only)

Please Explain

Yes  No Have you ever been determined to be incapacitated by a court? (driver license applicants only)

Yes  No Are you a United States citizen who wishes to register to vote or update your existing voter registration?

I want to be placed on the permanent early voting list and receive an early ballot by mail for each election I am eligible.

Party Preference
<input type="checkbox"/> Republican
<input type="checkbox"/> Democratic
<input type="checkbox"/> Other

DONOR♥ I check this box to become an organ/tissue donor and join the DonateLifeAZ Registry. DONOR♥ will print on my license.

I am a U.S. Military veteran who was enlisted, drafted, inducted or commissioned to serve in the active military, naval, or air service and I was not dishonorably discharged. I would like the word "VETERAN" printed on my license/ID. (Documentation Required)

**All Applicants:** I certify under penalty of perjury that the information above is true and correct. I understand that I must report a change of address or name to MVD within 10 days. **All Driver Applicants:** I understand the laws, rules and regulations described in the Arizona Driver License Manual, and that I must report to MVD in writing, within 10 days, any medical condition that develops or worsens that may affect my ability to safely operate a motor vehicle.

**Male Applicants Under 26:** By submitting this application, I consent to registration with the Selective Service System if I am required to register under federal law. If I am under 18, I understand that I will be registered as required by federal law when I become 18.

**Voter Registration:** I certify that I am not a convicted felon or my civil rights have been restored, and that I have not been adjudicated incompetent. I certify that I am a United States citizen. Submitting a false voter registration is a Class 6 felony. Your decision to register to vote or not, and where you submitted your application, will remain confidential.

Applicant Signature (If under 18, Legal Guardian Certificate on the back must be completed.)			
Acknowledged before me this date.		Notary or MVD Agent Signature	
Date	County	State	Commission Expires

**Legal Guardian Certificate**

**Relationship To Applicant** (check one) – #1 & 2 require only **one signature**; #3 may require **one or more**, depending on the proof provided; #4 requires **both**.

1. Natural/Adoptive parent, married to other natural/adoptive parent     4. Natural/Adoptive parent not married to other natural/adoptive parent, share joint custody

2. Natural/Adoptive parent with sole custody     5. Other: \_\_\_\_\_

3. Full legal guardian (proof required) \_\_\_\_\_

This certificate is for a driver license or permit application. I am responsible for any negligence or willful misconduct caused by the minor applicant.

Name (first, middle, last, suffix)				Name			
Signature				Signature			
Acknowledged before me this date.		Notary or MVD Agent Signature		Acknowledged before me this date.		Notary or MVD Agent Signature	
Date	County	State	Commission Expires	Date	County	State	Commission Expires

**Driving Practice Certificate**

The applicant completed at least 30 hours of **supervised driving practice**, including at least 10 hours at night for a graduated driver license; at least 30 hours of **motorcycle riding practice** for a motorcycle license or motorcycle endorsement.

Parent or Guardian Name (first, middle, last, suffix)				Parent or Guardian Name			
Parent or Guardian Signature				Parent or Guardian Signature			
Acknowledged before me this date.		Notary or MVD Agent Signature		Acknowledged before me this date.		Notary or MVD Agent Signature	
Date	County	State	Commission Expires	Date	County	State	Commission Expires

**MVD USE**

Medical Observations					Medical Certificate Expires			MVD Agent		
Birth Certificate State/Control #			Tribe and Tribal #		Citizenship/Immigration Type/Form #		Passport		Social Security #	
State	Driver License/ID Card #/Permit	Issue Date	Exp. Date	Credit Card		Issuing Institution			Exp. Date	
Additional Documents								MVD Agent		
<b>Visual Acuity</b>				<b>Visual Field</b>						
Right 20/	<input type="checkbox"/> Blind	Left 20/	<input type="checkbox"/> Blind	Both 20/	Right o	Nasal-Right o	Left o	Nasal-Left o	<input type="checkbox"/> Corrective Lens	MVD Agent
<b>Rules of the Road</b>				<b>Road/Skills Test</b>			<b>Motorcycle Knowledge</b>			
1st	Date	Series	Grade	MVD Agent	Date	Grade	MVD Agent	Date	Grade	MVD Agent
2nd	Date	Series	Grade	MVD Agent	Date	Grade	MVD Agent	Date	Grade	MVD Agent
3rd	Date	Series	Grade	MVD Agent	Date	Grade	MVD Agent	Date	Grade	MVD Agent
1st	2nd	3rd	Points	<b>Actual Driving Test</b>			<b>Automatic Failure Codes</b>			
			10 ea	Fails to make full stop			Offset Backing		Other (describe below)	
			10 ea	Crowding center line			A – Struck pylon		E – Involved in accident	
			10 ea	Following distance			C – Jumped curb or took too long		F – Dangerous action	
			10 ea	Right of way to vehicle or pedestrian					G – Serious violation	
			10 ea	Over speed limit (within 5-10 mph)					H – Refused instructions	
			4 ea	Choice of proper lane			Immediate Rejection: I – Failed vehicle inspection			
			4 ea	Signaling			<b>Parking Test Scoring</b>			
			4 ea	Use of brakes			Parallel Parking		Three Point Parking	
			4 ea	Observation and planning			2 pts	Not wearing seatbelt	2 pts	Not wearing seatbelt
			2 ea	Operation of motor vehicle			2 pts	Over 2 maneuvers	2 pts	Over 2 maneuvers
			2 ea	Position after stopping			2 pts	Vehicle not parallel	2 pts	Vehicle not in box 1
			2 ea	Waits too long			2 pts	Stalling, hard brake etc.	2 pts	Vehicle not in box 2
			2 ea	Too slow			4 pts	Vehicle outside of space	4 pts	Stalling, hard brake etc.
			2 ea	Steering			<b>Total Points Off</b>		<b>Total Points Off</b>	
			2 ea	Improper turn			Validation			
			<b>Total Points Off</b>							
Comments										