



Motor Vehicle Division

40-5122 R04/19 azdot.gov

LICENSE / IDENTIFICATION APPLICATION

What are you applying for?

TRAVEL

- Driver License (DL)
- Identification Card (ID)
- Commercial License (CDL)

NON TRAVEL

- DL (Not For Federal Identification)
- ID (Not For Federal Identification)
- CDL (Not For Federal Identification)
- Permit
- Motorcycle
- Permit

Have you ever had a DL/ID issued in Arizona? Yes No

Contact Number (optional) ()

Social Security Number	Applicant Name (First, Middle, Last)	Suffix
Residence Street Address	(Apt / Unit #)	City State Zip
Mailing Address (if different from above)	<input type="checkbox"/> <i>Appear on license</i> (Apt / Unit #)	City State Zip

Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Weight (lbs)	Height (Ft/In)	Eye Color	Hair	Date of Birth (Month/Day/Year)
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- Do you wish to register to vote or update your existing voter registration **AND** are you a U.S. citizen? Yes No
 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
 Republican
 Democratic
 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. **(Proof Required)**
- I have a medical condition that I want displayed on my license/ID. **(Proof Required)**

5. Do you have a physical, psychological or visual condition **(other than wearing corrective lenses)**, or alcohol/drug dependency or are you currently taking any medications that could affect your ability to safely operate a motor vehicle? YES

Please Explain

- Have you ever been determined to be incapacitated by a court? YES
- (Optional)** Do you consent to the release of personal information contained in your 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

CDL APPLICANT ONLY

States where you held any type of license in the last 10 years (CFR) 49 Section 384.206

- Non-Excepted Interstate: I certify that I operate, or expect to operate, in interstate commerce and that I meet the qualifications under 49 CFR 391. I understand that I am required to obtain a medical examiner's certificate according to 49 CFR 391.45.
- Non-Excepted Intrastate: I certify that I operate in intrastate commerce and therefore am subject to Arizona driver qualifications. I understand that I am required to obtain a medical examiner's certificate according to 49 CFR 391.45.

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.

Social Security Number: You are required by A.R.S. §§ 28-3158(D)(4) 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.

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			
Acknowledged before me this date.		Notary or MVD Agent Signature & RACF	
Date	County (notary only)	State	Commission Expires

Notary Stamp

MVD AGENT – Vision Results

Passed Vision Exam – YES or Passed Daylight Restriction Vision Exam – YES - Corrective Lens – MVD Agent RACF _____

Legal Guardian Certificate
For under 18 license/permit applicants
Initial one of the boxes that applies to your relationship with the applicant:

Notary Stamp

1. Natural/Adoptive parent, married to other natural/adoptive parent (Initial) _____
2. Natural/Adoptive parent with sole custody (Initial) _____
3. Natural/Adoptive parents share joint custody (**Both parents signatures required**) (Initial) _____
4. Full legal guardian (Initial) _____ (**Proof required**) _____
5. Other (Initial) _____ (**Proof required**) _____

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. (Initial) _____

I am responsible for any negligence or willful misconduct caused by the minor applicant.

Parent or Guardian Name				Parent or Guardian Name					
Parent or Guardian Signature				Parent or Guardian Signature					
Acknowledged before me this date.		Notary or MVD Agent Signature & RACF				Acknowledged before me this date.		Notary or MVD Agent Signature & RACF	
Date	County (notary only)	State	Commission Expires	Date	County (notary only)	State	Commission Expires		

MVD AGENT

Driving/MSF Certificate Submitted Date: _____

Re-Examination Skills Test

CDL Other

Rules of the Road

Date	GK	Air Brk	Comb	H	N	P	S	T	MVD Agent
Date	GK	Air Brk	Comb	H	N	P	S	T	MVD Agent
Date	GK	Air Brk	Comb	H	N	P	S	T	MVD Agent

Date	<input type="checkbox"/> Pass	MVD Agent RACF
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Motorcycle Knowledge Test

Date	<input type="checkbox"/> Pass	MVD Agent RACF
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CDL Road/Skills Test

Passed Parking

MVD AGENT RACF _____

1st	CCD #	Date	VIT	BCST	RT	MVD Agent
2nd	CCD#	Date	VIT	BCST	RT	MVD Agent
3rd	CCD#	Date	VIT	BCST	RT	MVD Agent

Road/Skills Test

Date	<input type="checkbox"/> Pass	MVD Agent RACF
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MVD AGENT

Primary

Used OnBase/Base Record date: _____

Social Security Verification

Used ONBASE Doc date: _____

Residency

I certify that the documents used in order to establish this customers identity and eligibility have been verified and scanned into the system.

MVD Agent Signature & RACF _____

DO NOT COPY BARCODE

Barcode Area