



Motor Vehicle Division

40-5122 R01/18 azdot.gov

DRIVER LICENSE / IDENTIFICATION CARD APPLICATION

What are you applying for?

- Driver License (DL)
 Travel
 Standard (Non Travel)
 Permit
 Motorcycle
 Limited (Active duty military, student or family member)
- Identification Card (ID)
 Travel
 Standard (Non Travel)

Contact Number ()

Have you ever had a DL/ID issued in Arizona? Yes

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
- 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

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)(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.

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	State	Commission Expires

Notary Stamp

MVD USE -
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
Check one of the boxes that applies to your relationship with the applicant

Notary Stamp

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

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	State	Commission Expires		Date	County	State	Commission Expires	

<p>Driving Practice Certificate</p> <p>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.</p>	Parent or Guardian Name			
	Parent or Guardian Signature			
	Acknowledged before me this date.		Notary or MVD Agent Signature & RACF	
	Date	County	State	Commission Expires

MVD USE

Rules of the Road Knowledge Test			Motorcycle Knowledge Test			Road/Skills Test		
Date	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	MVD Agent RACF	Date	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	MVD Agent RACF	Date	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	MVD Agent RACF
Date	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	MVD Agent RACF	Date	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	MVD Agent RACF	Date	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	MVD Agent RACF
Date	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	MVD Agent RACF	Date	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	MVD Agent RACF	Date	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	MVD Agent RACF

Parking Test Scoring				Road Test Scoring			
Parallel Parking		Three Point Parking		1st	2nd	3rd	Points
2 pts	<input type="checkbox"/> Not wearing seatbelt	<input type="checkbox"/> Not wearing seatbelt					10 ea Fails to make full stop
2 pts	<input type="checkbox"/> Over 2 maneuvers	<input type="checkbox"/> Over 2 maneuvers					10 ea Crowding center line
2 pts	<input type="checkbox"/> Vehicle not parallel	<input type="checkbox"/> Vehicle not in box 1					10 ea Following distance
2 pts	<input type="checkbox"/> Stalling, hard brake etc.	<input type="checkbox"/> Vehicle not in box 2					10 ea Right of way to vehicle or pedestrian
4 pts	<input type="checkbox"/> Vehicle outside of space	<input type="checkbox"/> Stalling, hard brake etc.					10 ea Over speed limit
	<input type="checkbox"/> Total Points Off	<input type="checkbox"/> Total Points Off					4 ea Choice of proper lane
							4 ea Signaling
							4 ea Use of brakes
							4 ea Observation and planning
							2 ea Operation of motor vehicle
							2 ea Position after stopping
							2 ea Waits too long
							2 ea Too slow
							2 ea Steering
							2 ea Improper turn
							Total Points Off

Passed Parking

Automatic Failure Codes

- | | |
|----------------------------------|--------------------------|
| A – Struck pylon | F – Dangerous action |
| C – Jumped curb or took too long | G – Serious violation |
| E – Involved in accident | H – Refused instructions |

Comments: _____

MVD USE – I certify I have verified and scanned the documents checked off below – MVD Agent Signature _____

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> AZ Identification Card | <input type="checkbox"/> Enhanced DL/ID | <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Additional Information |
| <input type="checkbox"/> Birth Certificate/Birth Abroad | <input type="checkbox"/> Foreign Passport/I-94/B1-B2 | <input type="checkbox"/> US Certificate of Naturalization | _____ |
| <input type="checkbox"/> Certificate of Indian Blood | <input type="checkbox"/> I-797 Notice of Action | <input type="checkbox"/> US Department of Veterans Affairs Card | _____ |
| <input type="checkbox"/> DD-214 | <input type="checkbox"/> Marriage License/Certificate | <input type="checkbox"/> US Military Card (active duty, reserve and retired) | <input type="checkbox"/> Court Document (Type) |
| <input type="checkbox"/> Driver License/CDL | <input type="checkbox"/> Medical Insurance Card | <input type="checkbox"/> US Military Dependent ID Card | _____ |
| <input type="checkbox"/> Employee ID Badge (w/photo) | <input type="checkbox"/> Permanent Resident Card | <input type="checkbox"/> US Passport/Passport Card | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Employment Authorization Card | <input type="checkbox"/> School ID (w/photo) | <input type="checkbox"/> W-2 Form | _____ |