

DRIVER LICENSE and LEARNER PERMIT APPLICANTS ONLY

- Has your driver license, learner permit, or privilege to drive a motor vehicle been suspended, revoked or cancelled, or has your application for a license been denied in this state or elsewhere, in the name you provide on this form or any other name? Yes No
If "Yes", has your license, permit or privilege been restored, or has your application been approved? Yes No
- Have you received treatment, do you currently receive treatment, or do you take medication for any condition that causes unconsciousness or unawareness (for example, a convulsive disorder, epilepsy, fainting or dizziness, or a heart condition)? Yes No
If you marked "Yes", you must submit form MV-80U.1, even if you were released from the Medical Review Program. You can get this form at any Motor Vehicles office or at dmv.ny.gov.
- Do you need a hearing aid and/or full view mirror to drive a motor vehicle? Yes No
- Have you lost the use of a leg, arm, hand or eye? Yes No
 - If you need to renew your driver license and you marked "Yes", did this occur since your last driver license? Yes No
 - If you marked "NO" to 4a, has your condition gotten worse since your last driver license? Yes No

PARENT/GUARDIAN CONSENT Junior License Non-driver ID Card (under 16)

I am the parent or guardian of the applicant, and I consent to the issuance of a learner permit, license or (if under 16) a non-driver ID card to him/her. I understand that I am responsible for certifying that the applicant has completed at least 50 hours of supervised "practice" driving, including 15 hours of driving after sunset, prior to the applicant taking a road test, and that this certification (MV-262) must be presented at the time of the road test. Note to parent/guardian: *If the driver license applicant is 17 years old and has a Driver Education Student Certificate of Completion (MV-285), consent is not required.*

Parent or Guardian Sign Here
 (Relationship to Applicant) (Date)

Teen Electronic Event Notification Service (TEENS)

I would like to enroll in the TEENS program to be notified if the under 18 year-old applicant receives a conviction, suspension, revocation or an accident on their license file. For more information about this program, see form MV-1046, How to Enroll in TEENS or MV-1056, TEENS FAQs. This is a **FREE** service.

ID Number on NYS Driver License, Permit or Non-driver ID Card of Consenting Parent or Guardian Above (Required)

COMMERCIAL DRIVER LICENSE APPLICANTS ONLY

- In the past 10 years, was a driver license issued to you from another state in the U.S. or the District of Columbia? Yes No
If YES, write the name of each one (if you turn in a license from another state, do not include that state): _____
- You **MUST** certify to DMV that you operate (or expect to operate) a commercial motor vehicle in one of the following four driving types (select only one):
 - Non-excepted Interstate (NI)** - Certified medical status is required. You are age 21 or older and you operate, or expect to operate, interstate (other than for excepted operation).
 - Non-excepted Intrastate (NA)** - Certified medical status is required. You are age 18 or older and you operate, or expect to operate, in NYS only (other than for excepted operation).
 - Excepted Interstate (EI)** - You are age 18 or older and you operate, or expect to operate, interstate in Excepted Operation ONLY. You must have A3 restriction.
 - Excepted Intrastate (EA)** - You are age 18 or older and you operate, or expect to operate, in Excepted Operation ONLY and in NYS ONLY. You must have A3 and K restrictions.

If the driving type you selected requires certified medical status (NI or NA) you must provide a legible copy of your current USDOT Medical Examiner's Certificate to DMV if it is not already on file. Please see DMV form MV-44.5 if additional information is needed to help you determine your driving type.

CERTIFICATION I certify that the information I have given on this application is true and complete. I understand that the information provided with this application will be used to verify my identity, residency, U.S. citizenship, or lawful presence in the U.S. I am applying for one or more of the following:

- **Enhanced Driver License** - I am a U.S. citizen and a resident of NYS.
- **REAL ID Document** - I am lawfully present in the U.S.
- **Replacement Driver License/Non-driver I.D.** - My NYS driver license or non-driver I.D. has been lost, stolen, or mutilated. If I find the lost document after DMV issues a replacement to me, I will return the found document to DMV.
- **Exchanging Out-of-State Driver License for a NYS Driver License** - When I obtained my out-of-state driver license I was a permanent resident of the state or province that issued the license, and that license has been valid for at least 6 months, and I have not failed a driving skills road test in NYS in the last 12 months.

Selective Service - If I am a male at least 18 but less than 26 years old, DMV will provide this information for registration with the U.S. Selective Service System.

IMPORTANT: Making a false statement in any license or non-driver ID card application, or in any proof or statement in connection with it, or deceiving or substituting, or causing another person to deceive or substitute in connection with such application, may subject you to criminal prosecution for a misdemeanor or felony under the Vehicle and Traffic Law and/or the Penal Law.

SIGN HERE

DATE:

PLEASE PRINT NAME

CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:

My signature authorizes _____ to use my credit card for payment of any fees in connection with this application and I understand that I must be present for this transaction.

Sign Here
(Cardholder-Sign Name in Full)

OFFICE USE	TEST RESULTS	Applicant's Signature	Examiner's Initials
	Eye <input type="checkbox"/> Pass <input type="checkbox"/> Corrective Lens	1	
	Written <input type="checkbox"/> Pass <input type="checkbox"/> Fail	2	