

# 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)

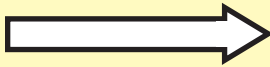
\_\_\_\_\_  
DATE

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	<b>\$10.50</b>
	18	<b>\$ 8.00</b>
<b>\$5.00</b>	19	<b>\$ 5.50</b>
	20	<b>\$ 3.00</b>

**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		3 years	\$ 7.50
IF YOUR	4 years	IF YOUR	4 years	\$10.00
LICENSE	5 years	PHOTO ID	5 years	\$12.50
IS VALID FOR	6 years	IS VALID FOR	6 years	\$15.00
	7 years		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 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

The following restrictions apply: \_\_\_\_\_

Examiner's signature and unit number \_\_\_\_\_

**IDENTIFICATION PRESENTED**

certified birth certificate  WDDMV 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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

