



PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.

This form is also available on DMV's web site at: dmV.ny.gov

OFFICE USE ONLY
Image #

I AM APPLYING FOR A (check any that apply):

Learner Permit ID card Renewal Change NYS license in exchange for a license from another US State, the District of Columbia or Canadian Province

IDENTIFICATION INFORMATION Do you now have, or did you ever have a New York: Driver license? Learner permit? Non-driver ID Card? ID NUMBER ON NYS DRIVER LICENSE, LEARNER PERMIT, or NON-DRIVER ID CARD

FULL LAST NAME FULL FIRST NAME FULL MIDDLE NAME Do you have or did you ever have a driver license that is valid or that expired within the last two years, issued by another US State, the District of Columbia or a Canadian Province? If "Yes", where was it issued? Date of Expiration: Type of License: Out-of-State License ID No.:

SUFFIX DATE OF BIRTH SEX HEIGHT EYE COLOR TELEPHONE NUMBER

Has your name changed? MOBILE PHONE NUMBER EMAIL

SOCIAL SECURITY NUMBER* (SSN) * You must provide your SSN. Authority to collect your SSN is granted by Sections 490.3 and 502 of the Vehicle and Traffic Law.

ADDRESS WHERE YOU GET YOUR MAIL (This address will appear on your document) - Include Street Number and Name, Rural Delivery and/or box number (If PO Box, also fill in "Address Where You Live" below)

ADDRESS WHERE YOU LIVE IF DIFFERENT FROM MAILING ADDRESS - DO NOT GIVE P.O. BOX.

HAS YOUR MAILING ADDRESS CHANGED? HAS THE ADDRESS WHERE YOU LIVE CHANGED? If you answered yes to either of the questions above, then addresses on all vehicle registrations tied to your ID number will also be updated with this address, unless you check this box.

OTHER CHANGE: What is the change and the reason for it (new license class, wrong date of birth, etc.)?

VETERAN STATUS Check this box if you would like to have "Veteran" printed on the front of your photo document. You must present proof that indicates an honorable discharge from military service.

NEW YORK STATE ORGAN AND TISSUE DONATION (You must fill out the following section) To enroll in the NYS Department of Health's Donate Life Registry, check the "yes" box and then sign and date below. You are certifying that you are: 16 years of age or older; consenting to donate your organs and tissues for transplantation, research or both; authorizing DMV to transfer your name and identifying information to DOH for enrollment in the Registry; and authorizing DOH to allow access to this information to federally regulated organ donation organizations and NYS-licensed tissue and eye banks and hospitals, upon your death. "ORGAN DONOR" will be printed on the front of your DMV photo document. You will receive a confirmation from DOH, which will also provide you an opportunity to limit your donation. If you are 16 or 17 years of age, parents/legal guardians may rescind or amend your decision upon your death. You must answer the following question: Would you like to be added to the Donate Life Registry? Donor Consent Signature: Date:

VOTER REGISTRATION QUESTIONS (Please check "yes" or "no".) NOTE: If you do not check either box, you will be considered to have decided not to register to vote. If you are not registered to vote where you live now, would you like to apply to register? YES - Complete Voter Registration Application Section (Not necessary if you bring this form to a DMV office). NO - I Decline to Register/Already Registered

PLEASE COMPLETE AND SIGN PAGE 2.

FOR OFFICE USE Other Restrictions Endorsements CDL Certifications License Class Special Conditions TEENS License/Permit Surrendered for Non-Driver ID Card Proof Submitted: Driver License/ID, Learner Permit, MV-45, Out of-State-License, Birth Certificate, U.S. Passport, Foreign Passport, Other: DHS Document(s), Medical Certificate (CDL Only), Image Retrieval, Social Security Card, Credit Card, ATM Card, Approved By, Date

DRIVER LICENSE and LEARNER PERMIT APPLICANTS ONLY

1. Have you had a driver license, learner permit, or privilege to operate a motor vehicle suspended, revoked or cancelled, or an application for a license denied in this state or elsewhere, in this or any other name? Yes No
 If "Yes", has your license, permit or privilege been restored, or your application approved? Yes No
2. Have you had, or are you currently receiving treatment or taking medication for any condition which causes unconsciousness or unawareness such as convulsive disorder, epilepsy, fainting or dizzy spells, or heart ailment? Yes No
 If "Yes", you and your doctor must complete form MV-80U.1, even if you have been released from the Medical Review Program. This form can be obtained at any Motor Vehicles office or at dmv.ny.gov.
3. Do you need a hearing aid and/or full view mirror while operating a motor vehicle? Yes No
4. Have you lost use of a leg, arm, hand or eye? Yes No
 4a. If you are renewing your license and answered "Yes", is this a new condition since your last license? Yes No
 4b. If you answered "NO" to 4a, has your condition worsened since your last 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)

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COMMERCIAL DRIVER LICENSE APPLICANTS ONLY

1. 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): _____
2. You **MUST** certify to DMV that you operate (or expect to operate) a CMV in one of the following four driving types (select only one):
 - Non-excepted Interstate (NI)** - certified medical status required. (Age 21 or older; operate/expect to operate Interstate)
 - Non-excepted Intrastate (NA)** -certified medical status required. (Age 18 or older; operate/expect to operate in NYS only; must have K restriction)
 - Excepted Interstate (EI)** - (Age 18 or older; operate/expect to operate Excepted Operation Only; must have A3 restriction)
 - Excepted Intrastate (EA)** - (Age 18 or older: operate/expect to operate Excepted Operation Only and in NYS Only; must have A3 and K restriction)*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. If I am applying for a replacement license or non-driver identification card, I certify that the license or non-driver identification card has been lost, stolen or mutilated and that, if the lost license or non-driver identification card is found, I will turn it in to the Department of Motor Vehicles. If I am exchanging my out-of-state license for a NYS license, I certify that I was a permanent resident of the state or province in which my license was issued at the time the license was issued, that such license has been valid for at least 6 months, and that I have not failed a road test in NYS in the last 12 months. If I am a male at least 18 but less than 26 years old, I consent to be registered with the Selective Service System, if so required by federal law, and authorize the forwarding of any personal information required for such registration. My signature below also authorizes use of my credit card, if applicable.

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 fees in connection with this application, and I understand that I must be present for this transaction.

Sign Here →

(Cardholder-Sign Name in Full)

O F F I C E	TEST RESULTS				Applicant's Signature	Examiner's Initials
	Eye	Pass	Corrective Lens	1		
	Written	Pass	Fail	2		

MV-44 (8/17)

NEW YORK STATE VOTER REGISTRATION APPLICATION INFORMATION

(Please read before you complete application on the other side.)

OFFICE USE ONLY

Use the NYS Voter Registration Application to Register to Vote in NYS Elections, and/or:

- change the name or address on your voter registration
- become a member of a political party
- change your party membership

To Register You Must:

- be a U.S. citizen;
- be 18 years old by the end of this year;
- not be in prison or on parole for a felony conviction;
- not claim the right to vote elsewhere

Información en español: si le interesa obtener este formulario de registro del votante en español, llame al 1-800-367-8683

한국어: 한국어 양식을 원하시면 1-800-367-8683 으로 전화하십시오.

এই ফর্মটি বাংলায় পেতে চাইলে এই নম্বরে ফোন করুন: **1-800-367-8683**

中文資料: 如果你有興趣索取本中文資料表格, 請電 1 - 800 - 367-8683

If you do not complete the NYS Voter Registration Application, you will be considered to have declined to register to vote. If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for voter registration purposes. If you do register to vote, the office at which you submit a voter registration application will remain confidential and will only be used for voter registration purposes. If you believe that someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the NYS Board of Elections, 40 Steuben Street, Albany, NY 12207-2109 (phone: 1-800-469-6872).

Your completed application will be sent to the Board of Elections and you will be notified by your County Board of Elections when your application has been processed. If you have any questions about filling out the voter registration application or registering to vote, you should call your County Board of Elections or call 1-800-FOR-VOTE (TDD/TTY enter 711) (only for voter registration questions). If you reside in New York City, you should call 1-866-VOTE-NYC or visit the NYS Board of Elections website: www.elections.ny.gov

NEW YORK STATE VOTER REGISTRATION APPLICATION

Only fill this out if you want to register to vote or change your address or other information with the Board of Elections.

If you register to vote, your completed voter registration application will be sent directly to the Board of Elections. If you decline to register, your decision will remain confidential. You will be notified by your County Board of Elections when your voter registration application has been processed.

Are you a citizen of the U.S.? Yes No <i>If you answer NO, you cannot register to vote</i>	Will you be 18 years of age or older on or before election day? Yes No <i>If you answer NO, you cannot register to vote unless you will be 18 by the end of the year.</i>	Telephone Number (optional)
Have you voted before? Yes No What Year?	Voting information that has changed: skip if this has not changed or you have not voted before.	Your name was _____ Your address was _____ Your state or NYS County was: _____

Political Party
Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party unless state party rules allow otherwise.

- I wish to enroll in a political party:**
- Democratic party
 - Republican party
 - Conservative party
 - Green party
 - Working Families party
 - Independence party
 - Women's Equality party
 - Reform party
 - Other _____

I do not wish to enroll in a political party
No party

AFFIDAVIT: I swear or affirm that

- I am a citizen of the United States.
- I will have lived in the county, city, or village for at least 30 days before the election.
- I meet all requirements to register to vote in New York State.
- This is my signature or mark on the line below.
- The above information is true. I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years.

Sign X _____ Date _____