



# Motor Vehicle Division

40-5122 R11/09 www.azdot.gov

## DRIVER LICENSE / IDENTIFICATION CARD APPLICATION

Type:  Driver License  Motorcycle  Commercial (CDL)  Instruction Permit  Identification Card

You are required by ARS 28-3158 (D)(5), 28-3165 (F) and 42 USC 405 (c)(2)(C) 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.

Social Security Number *	Applicant Name (first, middle, last, suffix)		
Residence Street Address	City	State	Zip
Mailing Address (if different from above)	City	State	Zip

Street  Mailing Which address do you want to appear on your license?

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Weight	Height	Eye Color	Hair	Date of Birth
Current Driver License Number	Name on Current Driver License or ID (if different from above)				
Class <input type="checkbox"/> Operator <input type="checkbox"/> Motorcycle <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Identification Card	State	Issue Date	Expiration Date		

**CDL Applicants:** \* Must show current Social Security card at time of CDL application.

Alien Registration # (HazMat applicants only)

I certify that I comply with CFR 49 Section 391, medical Qualification of Drivers.

States Where You Held Any Type of Driver License in the Last 10 Years (CDL applicants only, CFR 49 Section 384.206)

Yes  No Has your driving privilege **ever** been suspended, disqualified, canceled, denied or revoked?

If Yes:	States	Dates	Reasons
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Yes  No Is your driving privilege **now** suspended, disqualified, canceled, denied or revoked?

Yes  No Do you have a license from more than one state or jurisdiction?

My vehicle is registered in another state (indicate which state):  State  I am active duty military or family member.  I am an out-of-state student or family member.

I want to be an organ and tissue donor. By checking this box, Donor Network of AZ will add me to the Donate Life AZ Registry.

I want to show a medical alert condition on my license/ID (must submit physician or registered nurse practitioner statement).

I also want this alert maintained on my permanent computer record. (If not checked, when you reapply or request a duplicate, the alert will not appear on your license/ID unless you resubmit a physician or registered nurse practitioner statement.)

I consent to the release of personal information contained in my 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  No Do you have a physical/mental illness, alcohol/drug dependency or are you taking any medications that could affect your ability to drive? (driver license applicants only)

Please Explain

Yes  No Have you ever been determined to be incapacitated by a court? (driver license applicants only)

Yes  No Are you a United States citizen who wishes to register to vote or update your existing voter registration?  Party Preference

I want to be placed on the permanent early voting list and receive an early ballot by mail for each election I am eligible.

**All Applicants:** I certify 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. **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. **Duplicates Only:** Males under 26 applying for a duplicate license, endorsement or duplicate ID, have the option of registering with the Selective Service.  Yes, I consent to Selective Service registration.  No, I do not consent to Selective Service registration.

**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 (If under 18, Legal Guardian Certificate on the back must be completed.)			
Acknowledged before me this date.		Notary or MVD Agent Signature	
Date	County	State	Commission Expires

**Relationship To Applicant** (check one). #1 & 2 require only *one signature*; #3 may require *one or more*, depending on the proof provided; #4 requires *both*.

1. Natural parent, married to other natural parent       4. Natural parent, not married to other natural parent, share joint custody  
 2. Natural parent with sole custody                               5. Other: \_\_\_\_\_  
 3. Full legal guardian (proof required)

This certificate is for a driver license or permit application. I am responsible for any negligence or willful misconduct caused by the minor applicant.

Signature				Signature			
Printed Name				Printed Name			
Acknowledged before me this date.		Notary or MVD Agent Signature		Acknowledged before me this date.		Notary or MVD Agent Signature	
Date	County	State	Commission Expires	Date	County	State	Commission Expires

  

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.

Signature				Signature			
Printed Name				Printed Name			
Acknowledged before me this date.		Notary or MVD Agent Signature		Acknowledged before me this date.		Notary or MVD Agent Signature	
Date	County	State	Commission Expires	Date	County	State	Commission Expires

- MVD Use -

Medical Observations						Medical Certificate Expires		MVD Agent							
Birth Certificate State/Control #		Tribal CIB #		Citizenship/Immigration Type/Form #		Social Security #		Background Check Date							
State	Driver License/ID Card #	Issue Date	Exp. Date	Credit Card		Issuing Institution		Exp. Date							
Additional Documents								MVD Agent							
<b>Visual Acuity</b>				<b>Visual Field</b>											
Right	Left	Both	Right	Nasal-Right	Left	Nasal-Left	MVD Agent								
20/ <input type="checkbox"/> Blind	20/ <input type="checkbox"/> Blind	20/	o	o	o	o	<input type="checkbox"/> Corrective Lens								
<b>Rules of the Road</b>				<b>CDL Other</b>											
1st	Date	Series	Grade	MVD Agent	Date	Series	Air Brk	Comb	H	M	N	P	S	T	MVD Agent
2nd	Date	Series	Grade	MVD Agent	Date	Series	Air Brk	Comb	H	M	N	P	S	T	MVD Agent
3rd	Date	Series	Grade	MVD Agent	Date	Series	Air Brk	Comb	H	M	N	P	S	T	MVD Agent
<b>CDL General Knowledge</b>				<b>Road / Skill Test</b>											
1st	Date	Series	Grade	MVD Agent	Date	Pre-Trip (CDL)	Basic Cntl (CDL)		SK/RT		MVD Agent				
2nd	Date	Series	Grade	MVD Agent	Date	Pre-Trip (CDL)	Basic Cntl (CDL)		SK/RT		MVD Agent				
3rd	Date	Series	Grade	MVD Agent	Date	Pre-Trip (CDL)	Basic Cntl (CDL)		SK/RT		MVD Agent				
1st	2nd	3rd	Points	<b>Actual Driving Test</b>			<b>Automatic Failure</b>								
			10 ea	Fails to make full stop			Offset Backing		Other (describe below)						
			10 ea	Crowding center line			A - Struck pylon		E - Involved in accident						
			10 ea	Following distance			B - Distance from curb		F - Dangerous action						
			10 ea	Right of way to vehicle or pedestrian			C - Jumped curb or took too long		G - Serious violation						
			10 ea	Over speed limit (within 5-10 mph)			D - Inability after three attempts		H - Refused instructions						
			4 ea	Choice of proper lane			Immediate Rejection: I - Failed vehicle inspection								
			4 ea	Signaling			Comments ..... ..... ..... ..... .....								
			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			Validation								
			2 ea	Steering											
			2 ea	Improper Turn											
			<b>Total Points Off</b>												