



DC DRIVER LICENSE OR IDENTIFICATION CARD APPLICATION & VOTER REGISTRATION FORM

(Complete Page 3 for Voter Registration)

In order to complete your transaction(s) at DMV, you must provide one primary document or two secondary source documents from each category listed below. Each document can only be used as proof for one category. Documents are subject to verification and approval.

PROOF OF IDENTITY & BIRTH DATE FOR U.S. CITIZENS

Primary Sources (ONE (1) required and must provide original document):

- State issued U.S. Birth Certificate
- DC Driver License, Learner Permit or Identification Card, not expired for more than 180 days
- Valid U.S. Passport
- Valid U.S. Military Identification Card
- Certificate of Naturalization
- Certificate of Citizenship
- Letter/Card from Court Services & Offender Supervision Agency (CSOSA), DC Department of Corrections (DC DOC), or U.S. Probation Office (USPO) (*ID Card Only*)

Secondary Sources (TWO (2) required and must provide original document):

Refer to Document Acceptance Requirements for Transactions Brochure or visit our website: www.dmv.dc.gov

PROOF OF SOCIAL SECURITY NUMBER(SSN)

Non-U.S. Citizens are required to have a SSN. If not eligible, you must provide a letter from Social Security Administration (SSA) (www.ssa.gov)

Primary Sources (ONE (1) required and must provide original document):

- Social Security Card bearing applicant name, SSN and signature
- SSA printout reflecting full name and SSN
- Letter/Card from CSOSA, DC DOC or USPO (*ID Card Only*)
- Letter from SSA reflecting not eligible for SSN

Secondary Sources (TWO (2) required and must provide original document):

Refer to Document Acceptance Requirements for Transactions Brochure or www.dmv.dc.gov

FEES

Driver License (DL) (New/Renewal)	\$44
Temporary Driver License	\$7
Learner Permit	\$20
Provisional License	\$20
Identification Card (ID) (New/Renewal)	\$20
Duplicate	\$7
Identification Card for 65 years and older (New/Renewal)	Free

ELIGIBILITY REQUIREMENTS FOR NON-U.S. CITIZENS

NON-U.S. Citizens obtaining a DC Driver License or Identification Card, must visit the DMV at GEORGETOWN PARK MALL.

- An official document issued by the Department of Homeland Security-United States Citizenship and Immigration Services (USCIS) (i.e., passport, visa, I-94 and supporting documents)
- A USCIS Notice of Action letter reflecting the applicant has applied for an extension of duration of stay or immigration status is being processed. The letter must have been issued within the last six (6) months.

Non-U.S. Citizens with visiting visa classifications are not eligible to obtain a DC Driver License, Identification Card or Learner Permit in the District of Columbia.

PROOF OF IDENTITY, BIRTH DATE & STATUS FOR NON-U.S. CITIZENS

Non-U.S. Citizens must have ONE (1) of the following (must provide original):

Primary Sources (Based on your Visa Type/Classification):

- Valid passport with visa and I-94 reflecting duration of stay, plus the following documents that apply to your visa classification:
 - I-20 (F visa classification)
 - DS-2019 (J visa classification)
 - U.S. State Department letter reflecting no diplomatic immunity (A or G visa classification) and Verification of Employment letter reflecting term appointment expiration date (G visa classification)
- Employment Authorization Card
- Permanent Resident Card

For DMV forms/applications/publications or additional information, visit our website: www.dmv.dc.gov or call 311 or 202-737-4404 outside the (202) area code.

To report waste, fraud, or abuse by any DC Government Agency or official, call DC Inspector General at 1-800-521-1639.

PROOF OF CURRENT DC RESIDENCY

Primary Sources (ONE (1) required containing applicant name and current DC address and must provide original document):

- Utility bill (water, gas, electric, oil or cable): provide entire bill issued within 60 days
- Telephone bill (no cell phone or pager bills accepted): provide entire bill issued within 60 days
- DC Property Tax bill issued within the last 12 months
- Valid Homeowner or Renter insurance policy reflecting name and DC address
- Lease or rental agreement issued within the last 2 years with the name of lessee or renter (*sublease agreement not acceptable*)
- Deed, Settlement Agreement Statement
- Letter/Card from CSOSA, DC DOC or USPO (*ID Card Only*)
- Notarized verification form from a DC Social Services agency issued within 60 days (*DC Homeless Only*)
- Veteran's Home ID Card with letter
- DC DMV Proof of Residency Application

PROOF OF ABILITY TO DRIVE

- All applicants must take the vision test and comply with medical requirements
- A valid out-of-state Driver License or not expired for more than 90 days
- An out-of-state certified driving record (issued within the last 30 days) reflecting a license which is (a) in good standing, and (b) has not expired more than 90 days
- A valid out-of-country Driver License. You must take and pass the DC DMV knowledge and vision test. A certified translation is required for an out-of-country Driver License not written in English (International Licenses are not acceptable)
- If you do not qualify for the above categories, you must take and pass the DC DMV knowledge, road skills and vision tests and comply with medical requirements



DC DRIVER LICENSE OR IDENTIFICATION CARD APPLICATION

Please complete all applicable sections of this application

- A. I would like to be an organ and tissue donor: Yes
- B. I would like to register for Selective Service: Yes No (If yes, complete a separate application for Selective Services)
- C. Do you want to register to vote? Yes No; or update your registration information Yes No (If yes, complete Page 3 of the application)

APPLICANT INFORMATION:							
Last Name		First Name		Middle Name		Suffix	
Address		Apt/Unit		City and State		Zip Code	
				Washington, DC			
Date of Birth		Social Security Number		U.S. Citizen		Gender	
MM / DD / YYYY		_____ / _____ / _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Weight		Height		Eye Color		Hair Color	
LBS.		FT. IN.					
Telephone Number		E-mail Address		What is your primary language if it is not English?			
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TRANSACTION TYPE: (check all that apply)		
I am applying for a:		
<input type="checkbox"/> Conversion of Out-of-State License to DC License	<input type="checkbox"/> Driver License	<input type="checkbox"/> Provisional License
<input type="checkbox"/> Learner Permit	<input type="checkbox"/> Motorcycle Endorsement	<input type="checkbox"/> Identification Card
I already have a DC Driver License or DC Identification Card and applying for:		
<input type="checkbox"/> Renewal <input type="checkbox"/> Duplicate <input type="checkbox"/> Correction		
If Duplicate or Correction, please check all that apply:		
<input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Other _____		

DRIVING HISTORY: (check all that apply)		Skip this section if applying for an Identification Card
A. Have you ever had a Driver License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what jurisdiction/state or country? _____		
B. Has your license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
C. Has your application for a Driver License been denied in another state or country? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered Yes to questions B or C, provide the date and reason for the suspension, revocation or refusal? _____		
D. List other names you have used on a Driver License:		
1. _____ 2. _____ 3. _____		

MEDICAL FITNESS: (check all that apply)		Skip this section if applying for an Identification Card
In the past 5 years, have you had or been treated for any of the following?		
1. Alzheimer's Disease <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Insulin Dependent Diabetic <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Glaucoma, Cataracts or Eye Disease <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Seizure or Loss of Consciousness <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, when was the last seizure)? _____ (Note: Must be seizure free for 12 consecutive months)		
5. Do you have other mental or physical conditions that would impair your ability to drive? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Do you require corrective lenses or glasses for the vision screening test? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, a restriction will be applied)		
7. Are you required to wear a hearing device while driving? <input type="checkbox"/> Yes <input type="checkbox"/> No		

APPLICANT CERTIFICATION:	
Any person using a fictitious name or address and/or knowingly making any false statement on this application is in violation of D.C. Law and subject to a fine of not more than \$1,000 or 180 days imprisonment or both. (D.C. Official Code §22-2405).	
I hereby certify, under penalty of perjury, that the information contained on this application is true and correct.	
Applicant Signature: _____	Date: _____

MATURE DRIVER CERTIFICATION: (Physician's certification required below for applicants 70 years of age and older)			
Physician's Name (Please Print)		Physician's Identification Number	Office Phone Number w/Area Code
Physician's Address (City/State/Zip Code)		E-mail Address	

Based on your medical diagnosis, does the applicant have the ability to safely operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Physician's Signature: _____			Date: _____	
Proof of Identity	Out-of-State License Number		Proof of Social Security Number	Proof of Residency
Official Use Only	Official Use Only		Official Use Only	Official Use Only
Official Use Only	State	Issuance Date	Exp. Date	Vision Restriction Required
Official Use Only	Official Use Only		Official Use Only	Official Use Only
Examiner's Signature and Date		Examiner's Signature and Date		



DC VOTER REGISTRATION FORM and INSTRUCTIONS

Please complete all applicable sections of this application

To register or update your voter registration, complete and sign lower half of this form. If you decide NOT to register or update your information, the Board of Elections and Ethics will keep your decision confidential.

C. Do you want to register to vote? Yes No; or update your registration information Yes No (If yes, complete Page 3 of the application)

APPLICANT INFORMATION:			
Last Name	First Name	Middle Name	Suffix
Address		Apt/Unit	City and State
			Washington, DC
Date of Birth	Social Security Number	U.S. Citizen	Gender
MM / DD / YYYY		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female

Telephone Number	E-mail Address	What is your primary language if it is not English?
—		

Address Where You Get Your Mail (If different from above)	Zip Code

Party Registration NOTE: To vote in a primary election in the District of Columbia, you must be registered to vote in the Democratic, Republican or D.C. Statehood Green Party. **(Check ONE box below).**

- Democratic
 D.C. Statehood Green Party
 Republican
 No Party (Independent)
 Other (write party name here) _____

If you have a disability and need help with voting, please tell us what type of disability (optional).

Name and address on last voter registration (include county/city/and state if outside D.C.)

Voter Declaration - Read, Check (✓) All That Apply and Sign

Under penalty of perjury, I swear or affirm that:

- I am a U.S. Citizen.
- I live in the District of Columbia at the street address above.
- I am at least 17 years old.

I am not in jail on a felony conviction; have not been judged “mentally incompetent” in a court of law; and I do not claim the right to vote anywhere outside the District of Columbia.

WARNING: If you sign this statement even though you know it is untrue, you can be convicted and fined up to \$10,000 and/or jailed for up to five years. 17 years old are encouraged to complete this form, but they cannot vote until they are 18.

Sign here _____ Date: _____

Clerk	Registration Date	Registration Number

If you do not receive a voter registration card within three weeks of completing this application, call the Board of Elections and Ethics at 202-727-2525. You may also visit our website at www.dcoee.org. Hearing-impaired individuals with TDD, call 202-639-8916. Información en Español: Si le interesa obtener este formulario en Español, llame 202-727-2525.