



DRIVER LICENSE/IDENTIFICATION CARD APPLICATION

Type: Driver License Motorcycle Instruction Permit Identification Card

You are required by A.R.S. §§ 28-3158(D)(5) and §§ 28-3165(F), under authority of 42 U.S.C. §§ 405(c)(2)(C) and § 666 (a)(13)(A), 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.

40-5122 R02/14 azdot.gov

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	

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): I am active duty military or family member.
 I am an out-of-state student or family member.

- 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 visual, physical or psychological condition, 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?

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

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 am a U.S. Military veteran and would like the word "VETERAN" printed on my license/ID (Documentation Required).

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.

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/Adoptive parent, married to other natural/adoptive parent 4. Natural/Adoptive parent, not married to other natural/adoptive parent, share joint custody

2. Natural/Adoptive 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.

Name (first, middle, last, suffix)				Name			
Signature				Signature			
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.

Parent or Guardian Name (first, middle, last, suffix)				Parent or Guardian Name			
Parent or Guardian Signature				Parent or Guardian Signature			
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 #	
State	Driver License/ID Card #	Issue Date	Exp. Date	Credit Card	Issuing Institution	Exp. Date	
Additional Documents							MVD Agent

Visual Acuity				Visual Field				MVD Agent
Right 20/ <input type="checkbox"/> Blind	Left 20/ <input type="checkbox"/> Blind	Both 20/	Right °	Nasal-Right °	Left °	Nasal-Left °	<input type="checkbox"/> Corrective Lens	MVD Agent

Rules of the Road				Road/Skills Test			Motorcycle Knowledge		
Date	Series	Grade	MVD Agent	Date	Grade	MVD Agent	Date	Grade	MVD Agent
1st									
2nd									
3rd									

1st	2nd	3rd	Points	Actual Driving Test		Automatic Failure Codes	
			10 ea	Fails to make full stop		Offset Backing	
			10 ea	Crowding center line		A – Struck pylon	
			10 ea	Following distance		B – Distance from curb	
			10 ea	Right of way to vehicle or pedestrian		C – Jumped curb or took too long	
			10 ea	Over speed limit (within 5-10 mph)		D – Inability after three attempts	
			4 ea	Choice of proper lane		H – Refused instructions	
			4 ea	Signaling		Immediate Rejection: I – Failed vehicle inspection	
			4 ea	Use of brakes		Comments	
			4 ea	Observation and planning			
			2 ea	Operation of motor vehicle			
			2 ea	Position after stopping			
			2 ea	Waits too long		Validation	
			2 ea	Too slow			
			2 ea	Steering			
			2 ea	Improper turn			
Total Points Off							