

APPLICATION FOR LICENSE OR IDENTIFICATION CARD

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF MOTOR VEHICLES

THIS SPACE FOR OFFICE
USE ONLY

							DATE
LICENSE NO.	PRINT FULL NAME		LAST	FIRST	MIDDLE/MAIDEN OR SUFFIX		Real ID Credential <input type="checkbox"/> Yes <input type="checkbox"/> No
CLASS	MAILING ADDRESS						<input type="checkbox"/> Original <input type="checkbox"/> Duplicate <input type="checkbox"/> Renewal <input type="checkbox"/> Out-of-State <input type="checkbox"/> Transfer
RESTRICTIONS	RESIDENCE ADDRESS						TESTS <input type="checkbox"/> Written <input type="checkbox"/> Driving
ENDORSEMENTS	CITY/TOWN			ZIP			<input type="checkbox"/> Operator <input type="checkbox"/> ID Card <input type="checkbox"/> Commercial
DATE OF BIRTH (MM/DD/YY)	RACE	SEX	EYES	HEIGHT	WEIGHT	SOCIAL SECURITY NUMBER	DOMICILE CODE

ORGAN DONOR? Yes No REGISTER TO VOTE? Yes No

By submitting this application, I am consenting to registration with the Federal Selective Service System, if so required. If under 18 years of age, I understand that I will be registered when I attain 18 years of age as required by Federal law.

CHANGE/CORRECTION NAME CHANGE FROM: _____ CHANGE DOB FROM _____ TO _____
 CHANGE CLASS FROM _____ TO _____ ADD RESTRICTION _____ LIFT RESTRICTION _____

VISUAL ACUITY: LEFT 20/____ RIGHT 20/____ BOTH 20/____ WITHOUT CORRECTIVE LENS WITH CORRECTIVE LENS
 HEARING: GOOD DEAF POOR INTRASTATE VISION WAIVER
 PHYSICAL INFIRMITIES: NONE NOTED MISSING EXTREMITIES OTHER
 STIFFNESS MENTAL SHAKINESS

ANSWER THE FOLLOWING QUESTIONS:

CIRCLE ONE

- | | | |
|--|---|---|
| 1. Have you ever applied for or been previously issued a learner's permit or driver's license? | Y | N |
| 2. Have you ever had a commercial driver's license?
If your answer to question one or two is yes, list the state(s) of issuance and the license/permit number(s): _____ | Y | N |
| 3. Have you ever held a license in any name other than the one on this application?
If yes, list the name(s). _____ | Y | N |
| 4. Are you currently under suspension in this or any other state? If yes, list the name of the state. _____ | Y | N |
| 5. Are you a United States citizen?
If no, are you a permanent resident alien?
If no, what documents are presented to show legal presence? _____ What is the expiration date of your status? _____ | Y | N |
| 6. Have you ever experienced any loss of consciousness other than normal sleep?
If yes, explain: _____ | Y | N |
| 7. Do you currently have any physical or mental condition which could impair your ability to operate a motor vehicle safely? | Y | N |
| 8. Do you wear contact lenses or glasses when driving? | Y | N |
| 9. Would you like the Office of Motor Vehicles to retain a copy of your source documents? | Y | N |

<input type="checkbox"/> ISSUE OPERATOR CLASS	<input type="checkbox"/> ISSUE "02" RESTRICTED LEARNER'S LICENSE	<input type="checkbox"/> ISSUE IDENTIFICATION CARD
<input type="checkbox"/> ISSUE DUPLICATE LICENSE/IDENTIFICATION CARD	<input type="checkbox"/> LIFT "02" OR "61" RESTRICTION	
<input type="checkbox"/> HAS A MINIMUM OF FIFTY HOURS OF BEHIND THE WHEEL DRIVING EXPERIENCE WITH A LICENSED ADULT DRIVER. AT LEAST FIFTEEN HOURS MUST BE NIGHTTIME DRIVING.		

I certify that I am the custodial parent legal domiciliary parent legal guardian of the minor applying and this is my authorization to the Office of Motor Vehicles to issue a license/identification card as indicated above. I hereby declare with proof by documents presented that he/she was born on the _____ day of _____, _____.

I also declare by my signature below that information furnished by minor and me is complete and correct.

Signature of person authorized to sign in accordance with R.S. 32:407. **NOTE: Only the domiciliary parent can sign if joint custody has been awarded.**

	Printed Name		
First	Middle/Maiden	Last	License/ID No.
_____	_____	_____	_____

MVCA Signature & Operator # _____ Notary's Printed Name, Signature, Number _____

DECLARATION OF INTENT

By my signature affixed below, I certify under penalty of law, that: (1) all statements on this application are true and correct; (2) I have obtained Louisiana registration on all vehicles I intend to operate in the State of Louisiana; (3) I have and will maintain vehicle liability insurance or security on all owned vehicles, as required by R.S. 32:861-865; (4) I may be subject to certain criminal and/or civil penalties for offenses involving a commercial motor vehicle or a commercial driver's license if I am the operator of such motor vehicle or the holder of such license; (5) I meet the qualifications of 49 CFR 391 for interstate operation of a commercial motor vehicle (if applicable); (6) I am in compliance with the CMV Safety Act of 1986; I do not and will not have in my possession more than one driver's license; (7) I hereby give my consent, under the provisions of R.S. 32:661 et. Seq., to take a chemical test to determine the presence of alcohol or a controlled dangerous substance in my blood while operating a motor vehicle, if requested to do so by a law enforcement officer; (8) New residents to the state, who own vehicles, shall have thirty (30) days from the date of this notification to pay applicable use tax before penalties and interest begin to accrue. (9) I have been provided with information as required by R.S. 32:410(E)(4)(b).

DATE _____ SIGNATURE OF APPLICANT _____ SIGNATURE OF M. V. COMPLIANCE OFFICER _____ OPERATOR # _____ OFFICE # _____

Remarks: _____

MVCA INITIALS (_____)