

UT LICENSE # **UT ID #**

Last Name Date of Birth
 First Name SSN or ITIN
This info will not show on your DL or ID
 Middle Phone
 Suffix Gender Email

UT Residence Address
 City Zip Code

Mailing Address
 City State Zip Code

Height FT. IN. Weight
 Hair Color Eye Color

Applicant's Place of Birth State/Country Mother's Maiden Name Last First

NOTICE: APPLICANT MUST ANSWER ALL QUESTIONS. FAILURE TO TRUTHFULLY COMPLETE QUESTIONS MAY RESULT IN WITHDRAWAL OF DRIVING PRIVILEGE OR IDENTIFICATION CARD.

- YES NO Are you a U.S. Citizen?
 YES NO Are you a legal permanent resident alien or a U.S. National?
 YES NO If you are a citizen of another country, do you have evidence of lawful presence in the United States?
- YES NO I would like to register my desire to be an organ, eye, and tissue donor (lifesaving anatomical gift.)
- YES NO Are you a U.S. Military Veteran?
- YES NO If yes, do you authorize sharing this information with the Utah Division of Veterans Affairs for the purpose of identifying veterans and disseminating veteran benefit information?
- YES NO If you have been honorably discharged from the U.S. Military, would you like to have a VETERAN indicator on your driver license or ID card?
- YES NO Are you required to register as a sex offender with the State of Utah, any other state, or with the U.S. Government?
- YES NO If you are **not** registered to vote where you live now, would you like to register to vote today? (*U.S. Citizens Only*)
- YES NO If you are 16 or 17 years of age, and will not be 18 years of age before the date of the next election, would you like to preregister to vote today?
- YES NO Do you now have, or have you ever been issued, a driver license by another state, country or province? If yes, list states/countries/provinces:
 # Exp. Date | # Exp. Date
- YES NO If you are a CDL driver, have you been licensed in another state within the last 10 years? If yes, please list:
 # Exp. Date | # Exp. Date
- YES NO In the last 10 years, has your driving privilege been suspended, revoked, canceled, denied or disqualified? If yes, State: # Why
- YES NO Are you required to carry a medical certificate (DOT Card?) If yes, are you in compliance? Certificate expires: _____
- YES NO Do you wish to contribute a \$2.00 donation to the "Friends for Sight" fund?
- YES NO Do you wish to contribute \$2.00 to educate people about organ, eye and tissue donation?
- YES NO Do you wish to contribute a \$1.00 donation to the "Mobility Assistance Fund?"
- YES NO Do you claim to be disabled under the Americans with Disabilities Act?
- YES NO Do you claim to be indigent and are applying for an ID card for voting purposes?

Print the name of the person signing for minor:

Father Mother Guardian

ID Card	Lapsed	License Fee	\$ _____	Total \$ _____
Original	Lapsed 65	Reinstate Fee	\$ _____	Transaction # _____
Provisional	Upgrade	Admin Fee	\$ _____	Initials: _____
\$15 Learner Permit	Upgrade Previous Lic	ID Fee	\$ _____	
Renewal	Downgrade	Charity Fee(s)	\$ _____	Cash Check
Renewal 65	Retest Fee			Credit/Debit Voucher
Duplicate	MVP	Other	\$ _____	

DLD Office Use Only:

\$15 LERN ORG LERN
 DPC DL CDL ID IDD
 LTID LTDL LTCDL MVP
Class: A B C D
Endorsement: H N X Z P S T M
Visual Acuity: Passed Eye Statement
Restrictions: A B K L G V 6 J:____
Motorcycle Restrictions: 0 2 3 5
Testing: Written Road Refugee/Asylee
Station: _____ **Emp #:** _____ **Initials:** _____

NAME CHANGE
 From: _____ To: _____
 ID #1: _____ ID #2: _____
 Legal Presence: _____

BC NAME
 Full Legal Name: _____
 DOB: ___/___/___ Iss. Date: ___/___/___
 BC PP DHS #: _____ Iss. Agency: _____
 Required Docs Scanned Date: _____

SSN, ADDRESS, SAVE
 SSN: ___-___-___ Date: _____
 SSV: Yes / Override Date: _____
 Address Verified Date: _____
 SAVE: 2nd: _____ 3rd: _____
 Approved Final Date: _____ Exp.: _____
 Denied Date: _____ Employee #: _____

CDL
 CDLIS CSR CDR
 SI: _____ SI: _____ SI: _____
 UA: _____ CSR: _____
 Match No Match Eligible Not Eligible
 Pending Error License

PDPS
 SB: _____ License Surrender: Y / N
 CDL: Y / N 10-Year History: Received / Completed
 Issued: _____ Expired: _____
 State: _____ Endorsement: _____ License #: _____

UT LICENSE #

UT ID #

Last Name

DOB

Examiner Notes and Completed Date Stamp:

**Individuals who apply for or hold a license and have, or develop, or suspect that they have developed a physical, mental, or emotional impairment that may affect driving safety are responsible for reporting this to the division or its agent.
DO YOU HAVE, OR HAVE YOU HAD, ANY OF THE FOLLOWING CONDITIONS IN THE LAST FIVE YEARS?**

- | | | | | |
|-----|----|----------|---|--|
| YES | NO | A | Diabetes | Diabetes (high blood sugar, sugar diabetes you control with diet, medication or insulin) or hypoglycemia or other metabolic condition etc., which may interfere with driving safety? |
| YES | NO | B | Cardiovascular | Heart condition, with or without symptoms (heart attack, heart surgery, irregular rhythm, general heart disease) within the last five years; or hypertension (high blood pressure) unable to be controlled with medication? |
| YES | NO | C | Pulmonary | Pulmonary (lung) condition (asthma, emphysema, passing out from coughing, etc.) shortness of breath which has required treatment? |
| | | | YES NO | Is an inhaler the only medication prescribed for this condition? |
| | | | YES NO | Are you required to use supplemental oxygen while driving? |
| YES | NO | D | Neurologic | Neurological condition (stroke, head injury, cerebral palsy, multiple sclerosis, muscular dystrophy, Parkinson's disease, etc.) which may interfere with driving safety? |
| YES | NO | E | Epilepsy | Seizures or other episodic conditions which include any recurrent loss of consciousness or control? |
| | | | YES NO | Commercial: Anytime during your life. |
| YES | NO | F | Learning and Memory | Learning and memory difficulties which may interfere with driving safety? |
| YES | NO | G | Psychiatric | Psychological condition (severe anxiety, severe depression, severe behavioral mood conditions, schizophrenia, etc.) or other conditions for which hospitalization has occurred or been recommended by a physician or other mental health professional? |
| YES | NO | H | Alcohol and Drugs | Excessive use of alcohol and/or prescription drugs, or use of any illegal drugs; or treatment or recommendation for treatment of alcohol use or chemical dependency? |
| YES | NO | I | Vision | Do you wear glasses or contact lenses for driving? |
| | | | YES NO | Is your visual acuity worse than 20/40 in the better eye, even with corrective lenses? |
| | | | YES NO | Do you have degenerative or progressive eye condition? |
| | | | YES NO | Have you experienced a decrease in peripheral (side) vision? |
| YES | NO | J | Musculoskeletal Chronic Debilities | Loss or paralysis of all or part of an extremity; or onset of a general debilitating illness requiring treatment? |
| | | | YES NO | New or changed in the past 5 years? |
| | | | YES NO | Present longer than 5 years? |
| YES | NO | K | Alertness or Sleep Disorders | Do you have a condition that produces abnormal sleepiness (sleep apnea, narcolepsy, etc.?) |
| YES | NO | L | Hearing Impairment | Only if you are a Commercial driver – no hearing requirements have been established for Regular Operator license. |
| YES | NO | | Balance (ENT Problems) | Have you experienced any sudden vertigo or infection of the inner ear (vestibular neuronitis or labyrinthitis?) |
| YES | NO | | Other | Other health problems or use of medications which might interfere with driving ability or safety? Please explain: _____ |

Answering yes to any of the above questions may result in a request for additional follow-up information.

Please print and take this completed form with you to the office.