



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. You will be registered with Selective Service if you are 18-26 years old (To opt out, complete separate form)
 C. Do you want to register to vote? Yes No; or update your registration information Yes No (If yes, complete Page 2 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	
Weight		Height		Eye Color		Hair Color	
LBS.		FT. IN.					
Telephone Number			E-mail Address			What is your primary language if it is not English?	
() -							

TRANSACTION TYPE: (check all that apply)

I am applying for a: Conversion of Out-of-State License to DC License Driver License Provisional License
 Learner Permit Motorcycle Endorsement Identification Card

I already have a DC Driver License or DC Identification Card and applying for: Renewal Duplicate Correction

If Duplicate or Correction, please check all that apply: Name Change Address Change Lost Stolen Damaged
 Other _____

DRIVING HISTORY:

A. Have you ever had a Driver License? Yes No If yes, what jurisdiction/state or country? _____

B. Has your license ever been suspended or revoked? Yes No

C. Has your application for a Driver License been denied in another state or country? Yes 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 Yes No 2. Insulin Dependent Diabetic Yes No 3. Glaucoma, Cataracts or Eye Disease Yes No

4. Seizure or Loss of Consciousness Yes 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? Yes No

6. Do you require corrective lenses or glasses for the vision screening test? Yes No

7. Are you required to wear a hearing device while driving? Yes 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? Yes 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	Examiner's Signature and Date	
Official Use Only		Official Use Only		Official Use Only		Official Use Only	



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

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.dcboee.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.