



DC DRIVER LICENSE or IDENTIFICATION CARD APPLICATION

Unless you decline/opt out, information you provide on this form will be used to register you to vote or update your registration.

A. What do you need?		
<input type="checkbox"/> Driver License	<input type="checkbox"/> Identification Card	<input type="checkbox"/> Motorcycle Endorsement

B. Tell us about yourself			
Last Name	First Name	Middle Name	Jr./Sr./III, etc.
Address where you live (a mailing only address cannot be used)		Apt/Unit #	City & State Washington, DC
ZIP Code			
Date of Birth / /	Social Security #	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified
Weight LBS	Height FT IN	Hair Color	Eye Color
Phone ()	Email	Other names you have used on a Driver License or ID Card.	

C. Tell us about your driving history		
1. Have you ever had a Driver License? <i>If yes, write from what country, state, or jurisdiction?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Has your license ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Has your application for a Driver License been denied in another country or state?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

D. Tell us about your medical history <i>Skip this section if you are only here for an ID card.</i>		
1. Do you require corrective lenses or glasses for the vision screening test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are you required to wear a hearing device while driving?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
In the past 5 years, have you had or been treated for any of the following? <i>If yes, to an item, please complete the Medical/Eye form.</i>		
1. Alzheimer's Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Insulin Dependent Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Glaucoma, Cataracts, or Eye Diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Seizure or Loss of Consciousness <i>If yes, when was your last seizure? _____</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Do you have other mental or physical conditions that would impair your ability to drive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

E. Tell us about your preferences	
1. All males 18-26 years old will be registered with Selective Service . <i>To opt out, complete the opt-out form</i>	
2. I would like to add a Veteran designation to my license/ID card.	<input type="checkbox"/> Yes <i>If yes, provide proof of your status</i>
3. I would like to be an organ and tissue donor .	<input type="checkbox"/> Yes
4. What language should we use to communicate with you? _____	

Office Use:

F. If you are 70+ years of age, your licensed medical practitioner MUST complete this section		
Practitioner's Name (<i>print</i>)	Practitioner's Identification Number	Phone Number
Does the applicant have the ability to safely drive a vehicle? <input type="checkbox"/> Yes, the applicant can safely drive a vehicle. <input type="checkbox"/> No, the applicant cannot safely drive a vehicle.		
Practitioner's Signature:	Date:	

To confidentially report waste, fraud or abuse by a DC Government Agency or official, call the DC Inspector General at 1.800.521.1639	Office Use:	Form revised May 2018
	Employee Signature:	Date:

Questions? Please visit our website at dmv.dc.gov or call 311 in DC or 202.737.4404 outside the 202 area code.

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G. Voter Registration

Unless you decline/opt out, the information you have provided on this application will be used to register you to vote or to update your registration. If you do not meet the voter registration requirements listed below, or if you do not want to register to vote, you MUST decline.

To register to vote, you must:

- Be a US Citizen
- Live in the District of Columbia (You may not vote in an election in the District of Columbia unless you have lived in the District of Columbia for at least 30 days before the election in which you intend to vote.)
- Not claim voting residence or the right to vote in another U.S. state or territory
- Be at least 16 years old (You may pre-register at 16. You may vote in a primary election if you are at least 17 years old and you will be 18 years old by the next general election. You may vote in a general or special election if you are at least 18 years old.)
- Not be in jail for conviction of a crime that is a felony in the District of Columbia
- Not have been found by a court to be legally incompetent to vote

I decline/opt out. Do not register me to vote or update my voter registration.

(If you decline/opt out, skip to Section H. Applicant Certification)

Party Registration. To vote in a primary election in the District of Columbia, you must be registered to vote in one of the following four (4) parties (**Check ONE box below**):

Democratic Party Republican Party DC Statehood Green Party Libertarian Party

You may register as "No Party (independent)" or with a party that is not listed above by checking one of the boxes below. If you register as "No Party (independent)" or with a party not listed above, you cannot vote in candidate contests in primary elections, but you can vote on any citywide ballot questions (for example, initiatives) that appear on primary election ballots. If you do not choose any of the six options presented, you will be registered as "No Party (independent)" by default.

No Party (independent) Other (write party name here) _____

If you need help with voting, please tell us what type of help you need (optional):

Address where you get your mail (if different from the address where you live provided in Section B.):

Name and address on your last voter registration (include city and state if outside of DC):

Would you like information on serving as a poll worker in the next election? Yes No

Important Notices. Voter registration information is public, with the exception of social security numbers, dates of birth, email addresses, and phone numbers.

If you decline/opt out to register to vote, your decision will remain confidential and will be used only for voter registration purposes. If you choose to register to vote, the identity of the agency where you registered will remain confidential and will be used only for voter registration purposes.

In order for your residence and/or mailing address to be kept confidential, you must submit a court order to the DC Board of Elections which directs that such information must be kept confidential.

If you believe that someone has interfered with your right: a) to register to vote; b) to decline to register to vote; c) to privacy in deciding whether to register or in applying to register to vote, or; d) to choose your own political party or other political preference, you may file a complaint with the DC Board of Elections, 1015 Half Street SE, Suite 750, Washington, DC 20003.

You may check the status of your registration at <https://dcboe.org/VoterRegistrationStatus>.

Questions? Visit our website at www.dcboe.org, or call 202.727.2525 • 1.866.328.6837 (toll-free) • 711 (TDD)

H. Applicant Certification

I hereby certify, under penalty of perjury, that the information contained on this application is true and correct. If I am applying to register to vote, I swear or affirm that I meet each requirement listed in Section G. I understand that: a) any person using a fictitious name or address and/or knowingly making any false statement on this application is in violation of DC Law and subject to a fine of up to \$1,000 and/or up to 180 days imprisonment (DC Official Code 22-2405), and; b) any person who registers to vote or attempts to register and makes any false representations as to their qualifications for registering is in violation of DC Law and subject to a fine of up to \$10,000 and/or up to 5 years imprisonment (DC Official Code 1-1001.14(a)).

Applicant Signature: _____ Date: _____