

West Virginia DMV  
PO BOX 17010  
Charleston, WV 25317

# Application for a Driver's License or Identification Card

Complete both sides of this application. All requested information is mandatory unless otherwise noted.



Name \_\_\_\_\_  
LAST, FIRST, AND MIDDLE

Former Names \_\_\_\_\_  
SUPPORTING LEGAL DOCUMENTATION IS REQUIRED BY LAW

Residence Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
REQUIRED IF DIFFERENT FROM RESIDENCE ADDRESS

City, State, ZIP code \_\_\_\_\_

Social Security Number \_\_\_\_\_

WV License # \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Gender \_\_\_\_\_ Weight \_\_\_\_\_ LBS Height \_\_\_\_\_ FT \_\_\_\_\_ IN

Eye Color \_\_\_\_\_ Do you wear corrective lenses? ☐ YES ☐ NO

Daytime Phone (optional) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cellular Phone (optional) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

## YOU MUST ANSWER "YES" OR "NO" TO ALL QUESTIONS BELOW, UNLESS YOU DO NOT MEET THE QUESTION'S CRITERIA.

☐ YES ☐ NO  
☐ YES ☐ NO Has your address changed since your last License/ID issuance?  
If "yes", please list previous address below:

*Please remember WV Law requires you to notify DMV within 20 days after a change of address.*

☐ YES ☐ NO Are you a U.S. Citizen? If not, list your Alien Registration Number below.

☐ YES ☐ NO Have you been issued a license/ID in another jurisdiction in the last 10 years?  
If "yes", list jurisdiction and License/ID#(s): \_\_\_\_\_

☐ YES ☐ NO Do you have a suspended/revoked license or a pending license suspension/revocation in ANY jurisdiction within the previous five years?  
If "yes", you are required to provide a letter of explanation including the date of the incident.

☐ YES ☐ NO Have you been refused a license by any jurisdiction within the previous five years? If "yes", you are required to provide a letter of explanation including the date of the incident.

☐ YES ☐ NO **APPLICANTS THAT OWE A CHILD SUPPORT OBLIGATION ONLY:** Do you owe an obligation that is more than six months in arrears?

☐ YES ☐ NO **APPLICANTS THAT OWE A CHILD SUPPORT OBLIGATION ONLY:** Are you the subject of a child support-related warrant, subpoena, or court order?

☐ YES ☐ NO **LEVEL 2 GDL Applicants ONLY:** Have you been convicted of a traffic violation in the past six months?

☐ YES ☐ NO **LEVEL 3 GDL Applicants ONLY:** Have you been convicted of a traffic violation in the past 12 months?

☐ YES ☐ NO Do you have any visual/medical condition(s) affecting your ability to drive safely? If "yes", you are required to provide a letter of explanation.

☐ YES ☐ NO  
☐ YES ☐ NO Do you wish to be designated on your license as an organ donor?  
By checking "yes", you agree that the DMV may furnish your personal information to designated organ donation groups.

☐ YES ☐ NO  
☐ YES ☐ NO Do you wish to be designated on your license as diabetic? If "yes", a licensed physician must certify your condition by completing the MEDICAL ENDORSEMENT section on side two of this application.

☐ YES ☐ NO  
☐ YES ☐ NO Do you wish to be designated on your license as hearing impaired? If "yes", a licensed audiologist must certify your condition by completing the MEDICAL ENDORSEMENT section on side two of this application.

☐ YES ☐ NO  
☐ YES ☐ NO **Veterans of the United States Military ONLY:** Do you wish to have the United States Veterans designation on your license? If you choose to have the veterans designation, DMV is required to verify your status with your DD Form 214, WD AGO 53, WD AGO 55, WD AGO 53-55, NAVPERS 553, NAVMC 78PD, NAVCG 553, Military Identification Card, or a Current Military license plate registration card. (A CSR may verify status as a current military license plate holder through the vehicle system if an applicant does not have their registration card on hand.)

☐ YES ☐ NO Have you ever experienced seizures or loss of consciousness, emotional or mental illness, alcohol or drug problems, or any physical condition that requires you to use special equipment to drive? If "yes", you are required to provide a letter of explanation.

☐ YES ☐ NO **Ages 18 and up ONLY:** Do you wish to register to vote?

☐ YES ☐ NO Do you wish to make a contribution to the West Virginia State Police Forensic Laboratory Fund? If "yes" specify the contribution amount: \$ \_\_\_\_\_

☐ YES ☐ NO Do you wish to make a contribution to the West Virginia Department of Veterans Assistance? If "yes", choose a contribution amount: \$3 ☐ \$5 ☐ \$10 ☐

**You must complete BOTH sides of this application. An incomplete application will not be processed.**

## TYPE OF LICENSE / ID APPLICANT WISHES TO OBTAIN

*Any valid license / ID issued by any jurisdiction must be surrendered.*

☐ Instruction Permit  
Level 1 age 15-17

☐ Skills Test  
Level 2 age 16-17

☐ Level 3 License

☐ Instruction Permit "E"  
Age 18 and Over

☐ Skills Test E  
Age 18 and Over

☐ Instruction Permit "F"

☐ Motorcycle Skills  
Test/Safety course

☐ Motorcycle  
Endorsement

☐ Transfer

☐ Renewal

☐ Duplicate license

☐ "For Federal Identification"  
Federally Compliant Card\*

☐ Child ID Card  
Ages 2 thru 15

☐ ID Card  
Ages 16 and over

☐ Secondary ID Card

\* Only one state issued Driver's License or ID card per person may be designated "For Federal Identification". If you choose this option you will receive a temporary license or ID card for use until you permanent card arrives in approximately ten (10) business days through USPS.

## PHYSICIAN / AUDIOLOGIST CERTIFICATION FOR MEDICAL ENDORSEMENT

I certify that the applicant named herein is ☐ diabetic ☐ deaf ☐ hard of hearing.

(X) \_\_\_\_\_  
SIGNATURE (Physician for diabetic or audiologist for deaf/hard of hearing)

\_\_\_\_\_ MEDICAL LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

\_\_\_\_\_ ADDRESS \_\_\_\_\_ ( ) - \_\_\_\_\_ BUSINESS PHONE NUMBER

## AFFIDAVIT OF WEST VIRGINIA RESIDENCY

### Homeowner Information and Certification

I, \_\_\_\_\_ hereby swear or affirm that \_\_\_\_\_  
FULL NAME OF HOMEOWNER FULL NAME OF APPLICANT

resides in my home at the following address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

(X) \_\_\_\_\_  
SIGNATURE OF HOMEOWNER

\_\_\_\_\_ WV DRIVER'S LICENSE/ID NUMBER \_\_\_\_\_ / / \_\_\_\_\_  
DATE

**I understand that any false statement may result in cancellation or suspension of my license.** As a driver's license applicant, I certify that I am not subject to any disqualification, suspension, revocation or cancellation, and that I do not have a driver's license from more than one state or jurisdiction. I do solemnly swear or affirm under penalty of perjury that I am the person named and described herein and that the statements in this application are true and correct.

**Males age 18 - 25 only:** I understand that I am required to register for the military draft and that my information will be forwarded to the Selective Service System, as required by law.

(X) \_\_\_\_\_ / / \_\_\_\_\_  
APPLICANT SIGNATURE DATE

(X) \_\_\_\_\_ / / \_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE (REQUIRED ONLY IF APPLICANT IS UNDER AGE 18 AND IS APPLYING FOR AN INSTRUCTION PERMIT) DATE

## THE REMAINDER OF THIS APPLICATION IS TO BE COMPLETED BY THE WVDMMV - DO NOT WRITE ANYTHING IN THE SPACE BELOW THIS LINE.

The applicant named herein passed the DMV written test \_\_\_\_\_ road skills test \_\_\_\_\_  
on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ which was conducted at the \_\_\_\_\_  
regional office/test site. The applicant's restrictions are as follows: \_\_\_\_\_

Examiner's Signature & Unit Number (X) \_\_\_\_\_

Vision Screening PASSED \_\_\_\_\_ FAILED \_\_\_\_\_ Knowledge Exam 1ST \_\_\_\_\_ 2ND \_\_\_\_\_

### Identification Presented and Scanned

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Dates of Examinations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_