DMV-DS-23P REVISED 6/2016

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.

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 _____

Email Address _____

WV License # _____ Birthdate ____/____/_____
MM DD YYYY

Gender _____ Weight _____ LBS Height _____ FT _____ IN

Eye Color _____ Do you wear corrective lenses? YES NO

Daytime Phone (_____) _____ - _____

Cellular Phone (_____) _____ - _____

Social Security Number _____

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

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 "no", you must provide your Alien Registration Number below.*

Alien Registration # _____

YES NO **Have been issued a license/ID in another jurisdiction in the last 10 years?**

List jurisdiction and License/ID # _____

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 ***APPLICANT'S THAT OWE A CHILD SUPPORT OBLIGATION ONLY:*** **Do you owe an obligation that is more than six months in arrears?**

YES NO ***APPLICANT'S 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 6 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 **Do you wish to be designated on your license as an organ donor?**
By checking "yes", I agree that the DMV may furnish my personal information to designated organ donation groups.

Organ Donor Indicator

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

Diabetic Indicator

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

Hearing Impaired Indicator

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.)*

VETERAN
VETERANS DESIGNATION

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?**

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 ove*
- ☐ **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 UPS.*

PHYSICIAN / AUDIOLOGIST CERTIFICATION FOR MEDICAL ENDORSEMENT

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

(X) _____ SIGNATURE (Pysician for *diabetic* or audiologist for *deaf/hard of hearing*)

_____ MEDICAL LICENSE NUMBER

_____ STATE

_____ ADDRESS

_____ BUSINESS PHONE NUMBER

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 WVDMV - 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

_____

_____

_____

_____