

ONLY DRIVER LICENSE APPLICANTS MUST COMPLETE THIS PART

1. Do you need to wear corrective lenses while operating a motor vehicle? Yes No
Taking a corrective lens restriction off your license can only be done in a Motor Vehicles office.
2. Have you had, or are you being treated for, any of the following, or has a previous disability worsened? Yes No
If "Yes", check all that apply.
1. Convulsive disorder, epilepsy, fainting or dizzy spells, or any condition which causes unconsciousness
2. Heart ailment
3. Hearing impairment
4. Lost use of leg, arm, foot, hand, or eye
5. Other (explain) _____
- If you checked box 1 or 2, obtain the appropriate medical form from a Motor Vehicles office. The form must be completed by you and your physician.
3. Have you had a driver license, learner permit, or privilege to operate a motor vehicle suspended, revoked or cancelled, or an application for a license denied in this state or elsewhere? Yes No
If "Yes", has your license, permit or privilege been restored or your application approved? Yes No
4. Within the last 5 years, have you been found guilty of a traffic infraction or vehicle-related crime or offense, or forfeited bail in any such case in any court either in this state or elsewhere? Yes No
If "Yes", give details below. If more space is needed, attach another page.

Date (Mo/Day/Yr)	Crime, Infraction, or Offense	Court & Location
/ /		
/ /		

CONSENT SECTION

- Junior License
- Non-Driver ID (under 16)

I am the parent or guardian of the applicant, and I consent to the issuance of a learner permit, license or non-driver ID card (under 16) to him/her. If the driver license applicant is 17 years old and has a Driver Education "Blue Card" (Student's Certificate, Form MV-285), consent is not required.



(Signature of Parent or Guardian)

(Relationship to Applicant)

(Date)

ROAD TEST AND WRITTEN TEST WAIVER

If you have a license from another state or Canada, check box to request exemption from road test and written test.

- I request that the road test and written test be waived because I have a license issued by another state or Canada that is valid or that expired in the past year.

By signing below, I certify that, when it was issued, I was a permanent resident of the state or province in which the license was issued, that I have been licensed for AT LEAST 6 MONTHS, and that I have not failed a road test for a New York State driver license in the past 12 months. I understand that waiver of the road test and written test is at the discretion of the Commissioner of Motor Vehicles.

If you are applying for a Commercial Driver License and will be driving interstate, do you meet Federal 49 CFR Part 391 physical qualifications and medical requirements for driving in interstate commerce? Yes No

CERTIFICATION - I state that the information I have given on this application is true to the best of my knowledge. If I am applying for a replacement license or record of convictions, I certify that I am the holder of a valid New York State driver license that is not now suspended or revoked, and that this license or record of convictions has been lost, mutilated or destroyed. If I am applying for a replacement non-driver ID card, I certify that I am the holder of a valid New York State non-driver ID card and that this non-driver ID card has been lost, mutilated or destroyed. If the lost license or non-driver ID card is found after I receive the replacement license or non-driver ID card, I will turn in the original to the NYS Department of Motor Vehicles.

SIGN HERE

(Sign name in full - A married woman must use her own first name.)

IMPORTANT: Making a false statement in any license or non-driver ID card application, or in any proof or statement in connection with it, or deceiving or substituting, or causing another to deceive or substitute in connection with such application, is a misdemeanor under Section 392 of the Vehicle and Traffic Law, and may result in the revocation or suspension of your license or non-driver ID card.

FOR OFFICE USE ONLY - TEST RESULTS

Applicant's Signature

Examiner's Initials

Eye Pass corr lens

1

Written Pass fail

2

NEW YORK STATE VOTER REGISTRATION APPLICATION INFORMATION

(Please read before you complete application on the other side.)

OFFICE USE ONLY

You Can Use This Form To:

- register to vote in New York State
- change your name and/or address, if there is a change since you voted
- enroll in a political party or change your enrollment

Información en español: si le interesa obtener este formulario de registro del votante en español, llame al 1-800-367-8683

中文資料: 如果你有興趣索取選民中文登記表請電 1-800-367-8683

To Register You Must:

- be a U.S. citizen
- be 18 years old by December 31 of the year in which you file this form (note: you must be 18 years old by the date of the general, primary or other election in which you want to vote.)
- live in the county or in the city of New York at least 30 days before an election
- not be in jail or on parole for a felony conviction
- not claim the right to vote elsewhere

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the NYS Board of Elections, 6 Empire State Plaza, Suite 201, Albany NY 12223-1650, Phone 1-800-469-6872.

If you have any questions about registering to vote, you should call your County Board of Elections or call 1-800-FOR-VOTE (only for Voter Registration questions). If you live in New York City, you should call 1-212-VOTE-NYC. Hearing impaired people with TDD may call 1-800-533-8683.