



DC DRIVER LICENSE or IDENTIFICATION CARD APPLICATION

The information you provide will be used to **register you to vote unless you decline** in Section G.

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	
Date of Birth / /		Social Security #		US 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	Other names you have used on a Driver License or ID Card.			
Cell Phone ()		Alternate Phone ()		Text Notification <input type="checkbox"/> Yes Standard rates apply		Email	
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			
IMPORTANT: Upon issuance of a driver license or identification card in the District of Columbia, any driver license or identification card previously issued by another state will be cancelled.							
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				<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? _____							
Special Designations (Optional): <i>Add to my Driver License or ID Card</i>				<input type="checkbox"/> Autism <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Hearing Impaired			
F. If you are 70+ years of age, your licensed medical practitioner MUST complete this section							
Practitioner's Name (print)		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: <i>Form revised February 2025</i> 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, the information you have provided on this application will be used to register you to vote. 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 through the DMV**, 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 state, territory, or country
- 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 have been found by a court to be legally incompetent to vote

☐ **I decline.** Do not register me to vote.

If you decline, skip to Section H, Applicant Certification. Please note that if you decline but are eligible to register to vote, your information may be shared with the Board of Elections to update their records as provided in DC Official Code §1-1001.07b(a).

Party Registration. To vote in a primary election in the District of Columbia, you must be registered to vote in one of the following three (3) parties (**Check ONE box below**):

☐ Democratic Party ☐ DC Statehood Green Party ☐ Republican Party

If you register as "No Party (independent)" or with another party not listed above, you may not vote in primary elections.

If you do not choose a party, you will be registered as "No Party (independent)."

☐ 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 above):

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 full/partial social security numbers, dates of birth, email addresses, and phone numbers. If you decline to register to vote, your decision will be confidential. If you choose to register to vote, the agency at which your voter registration application is submitted will remain confidential and will be used only for your voter registration purposes.

If you would like to make your residence and/or mailing address confidential, please contact the Board of Elections' Voter Services Division at 202-727-2525 or at voterservices@dcboe.org for more information.

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 Executive Director of the Board of Elections, 1015 Half Street, SE, Suite 750, Washington, DC 20003.

If you do not receive a voter registration card within three weeks of completing this application, call the Board of Elections at 202-727-2525. You may also visit the Board of Elections' website at www.dcboe.org. For TYY assistance, call 711. Si necesita esta informacion en español, llame al 202-727-2525.

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: _____