



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	
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
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?	If yes, write from what country, state, or jurisdiction?	<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	<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 <input type="checkbox"/> No <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 the following indicators to my license/ID Card</i>	<input type="checkbox"/> Autism	<input type="checkbox"/> Visually Impaired
	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Hearing Impaired
<i>Office Use:</i>		

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	<i>Office Use:</i> Employee Signature: _____ Date: _____
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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

We will use your information to register you to vote or update your voter registration. To register to vote, you must:

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

Check the box below to decline/opt out of registering to vote or updating your voter registration if:

- You do not meet the requirements listed above
- You meet the requirements listed above but do not want to register to vote; or
- You are already registered in the District of Columbia and do not want to update your registration

If you check the box below, any information you provide in this section (G. Voter Registration) will not be sent to the DC Board of Elections.

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

(If you check this box, skip to Section H. Applicant Certification)

Party Registration. To vote in all contests in District of Columbia primary elections, 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 do so, you cannot vote for candidates in primary elections, but you can vote on any citywide ballot questions (for example, initiatives and referenda) 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) _____

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

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

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 to register/opt out of registering 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: _____