DC DRIVER LICENSE OR IDENTIFICATION CARD APPLICATION

Please complete all applicable sections of this application

A. You will be registered with Selective Service if you are 18 - 26 years old. (To opt out, complete separate form)
B. I would like to be an organ and tissue donor: ☐ Yes ☐ No
C. Do you want to register to vote, update your party, or change your name? ☐ Yes ☐ No

If Duplicate or Correction, please check all that apply:

- Learner Permit
- Provisional License
- Motorcycle Endorsement
- Provisional License

If you are updating your address, but do not want your address updated at the Board of Elections, check here.

MATURE DRIVER CERTIFICATION:

(Physician’s certification required below for applicants 70 years of age and older)

Based on your medical diagnosis, does the applicant have the ability to safely operate a motor vehicle? ☐ Yes ☐ No

Physician’s Signature: Date:

<table>
<thead>
<tr>
<th>Physician’s Name (Please Print)</th>
<th>Physician’s Identification Number</th>
<th>Office Phone Number w/Area Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Physician’s Address (City/State/Zip Code)</th>
<th>E-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have questions, please visit our website at www.dmv.dc.gov or call 311 in DC or 202-737-4404 outside the 202 area code.

To confidentially report waste, fraud or abuse by a DC Government Agency or official, call the DC Inspector General at 1-800-521-1639.

DMVR-4 Rev:08/10/2015
# DC VOTER REGISTRATION FORM and INSTRUCTIONS

Please complete all applicable sections of this application

To register to vote, or to update your name or party, complete and sign this form. Your decision to register to vote or not, and where you submitted this form, will remain confidential.

C. Do you want to register to vote, update your party, or change your name?  
☐ Yes  ☐ No  (If yes, complete Page 2)  If you are updating your address, but do not want your address updated at the Board of Elections, check here.  ☐

## APPLICANT INFORMATION:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Apt/Unit</th>
<th>City and State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Washington, DC</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Social Security Number</th>
<th>U.S. Citizen</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY</td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Male ☐ Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>E-mail Address</th>
<th>Do you need assistance in another language? Which one?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Address Where You Get Your Mail (If different from above)

Party Registration: To vote in a primary election in the District of Columbia, you must be registered to vote in one of the following four (4) parties (Check ONE box below):

☐ Democratic  ☐ D.C. Statehood Green Party  ☐ Republican  ☐ Libertarian

If you register with “No Party (Independent)” or with another party not listed above, you may not vote in primary elections.

☐ No Party (Independent)  ☐ Other (write party name here)

If you have a disability and need help with voting, please tell us what type of disability (optional).

Name and address on last voter registration (include county/city/and state if outside D.C.)

**Voter Declaration - Read and Sign**

Under penalty of perjury, I swear or affirm that I am a U. S. Citizen; I live in the District of Columbia at the address above; I do not claim voting residence outside of the District of Columbia; I am at least 16 years old; I am not in jail for a felony conviction; and I have not been found by a court to be legally incompetent to vote.

**WARNING:** If you sign this statement even though you know it is untrue, you can be convicted and fined up to $10,000 and/or jailed for up to five years.

Sign here __________________________ Date: __________________________

Clerk __________________________ Registration Date __________________________ Registration Number __________________________

Voter registration information is public, with the exception of full/partial social security numbers, dates of birth, email addresses, and phone numbers. In order for your residence and/or mailing address to be kept confidential, you must submit to the Board of Elections’ Registrar of Voters a court order directing that such information must be kept confidential.

You are not a registered voter until you receive your voter registration card in the mail.

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 our website at www.dcboee.org. Hearing-impaired individuals with TDD, call 202-639-8916.

Información en Español: Si le interesa obtener este formulario en Español, llame 202-727-2525.

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DMVR-4 Rev. 08/10/2015