

UT LICENSE # \_\_\_\_\_ UT ID # \_\_\_\_\_

FULL LEGAL NAME: \_\_\_\_\_  
Last First Middle Suffix

DATE OF BIRTH \_\_\_\_\_ Social Security # or ITIN \_\_\_\_\_  
mm/dd/yyyy (This information will not show on your Driver License or ID Card)

UTAH RESIDENCE ADDRESS: \_\_\_\_\_  
Number/Street/Apartment City Zip Code

MAILING ADDRESS: \_\_\_\_\_  
P O Box/Number/Street/Apartment City Zip Code

HEIGHT: \_\_\_\_\_ FT. \_\_\_\_\_ IN. WEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ GENDER: Male / Female

Applicant's Place Of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
State/ Country Last First

Examiner Notes and Completed Date Stamp:

**NOTICE: APPLICANT MUST ANSWER ALL QUESTIONS. FAILURE TO TRUTHFULLY COMPLETE QUESTIONS MAY RESULT IN WITHDRAWAL OF DRIVING PRIVILEGE OR IDENTIFICATION CARD.**

Yes  No Are you a U.S. Citizen?  
 Yes  No Are you a legal permanent resident alien or a U.S. National?  
 Yes  No If you are a citizen of another country, do you have evidence of lawful presence in the United States?

Yes  No I would like to register my desire to be an organ, eye, and tissue donor (life saving anatomical gift).

Yes  No Are you a U.S. Military Veteran?  
 Yes  No If yes, do you authorize sharing this information with the Utah Division of Veterans Affairs for the purpose of identifying veterans and disseminating veteran benefit information?

Yes  No If you have been honorably discharged from the U.S. military, would you like to have a VETERAN indicator on your driver license or ID card?

Yes  No Are you required to register as a sex offender with the State of Utah, any other state, or with the U.S. Government?

Yes  No If you are **not** registered to vote where you live now, would you like to register to vote today? (U.S. CITIZENS ONLY)

Yes  No Do you now have, or have you ever been issued, a driver license by another state, country or province? If yes, list states/countries/provinces:  
# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Yes  No If you are a CDL driver, have you been licensed in another state within the last 10 years? If yes, please list: # \_\_\_\_\_, # \_\_\_\_\_

Yes  No In the last 10 years, has your driving privilege been suspended, revoked, canceled, denied or disqualified? If yes, State: # \_\_\_\_\_  
Why \_\_\_\_\_?

Yes  No Are you required to carry a medical certificate (DOT card)? If yes, are you in compliance? \_\_\_\_\_ Certificate expires: \_\_\_\_\_

Yes  No Do you wish to contribute a \$2.00 donation to the "Friends for Sight" fund?

Yes  No Do you wish to contribute a \$2.00 donation to educate people about organ, eye and tissue donation?

Yes  No Do you wish to contribute a \$1.00 Donation to the "Mobility Assistance Fund"?

Yes  No Do you claim to be disabled under the Americans With Disabilities Act?

Yes  No Do you claim to be indigent and are applying for an ID card for voting purposes?

Print the name of the person signing for minor:  
\_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_

**\*Please turn the form over and complete all the questions to the stop sign.**

**DLD Office Use Only:**

**\$15 LERN ORG LERN**  
**DPC DL CDL ID IDD**  
**LTID LTDL LTCDL**  
Class: **A B C D**  
End: **H N X Z P S T M**  
Visual Acuity: Passed Failed Eye Statement  
Restrictions: **A B K L G V**  
J: \_\_\_\_\_  
Motorcycle Restrictions: **O 2 3**  
Testing: Written Road Ref/Asyl  
Station Code, Employee Number, Initials:  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Name Change:  
From: \_\_\_\_\_  
To: \_\_\_\_\_  
ID # 1 \_\_\_\_\_  
ID # 2 \_\_\_\_\_  
Legal Presence \_\_\_\_\_

**BC Name** \_\_\_\_\_  
DOB \_\_\_\_\_ File Date \_\_\_\_\_  
State File # \_\_\_\_\_  
Iss. Agency \_\_\_\_\_

**SSN:** \_\_\_\_\_ Date: \_\_\_\_\_  
**SSV:** Yes / Override Date: \_\_\_\_\_  
Address Verified: Y / N \_\_\_\_\_

**SAVE:** 1<sup>st</sup> \_\_\_\_\_  
2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_  
Final \_\_\_\_\_ Approved/exp. \_\_\_\_\_ Denied \_\_\_\_\_  
Emp \_\_\_\_\_ Date \_\_\_\_\_

**CDLIS: CSR CBU CDR DHR**  
SI: \_\_\_\_\_ SI: \_\_\_\_\_ SI: \_\_\_\_\_

**CND:** \_\_\_\_\_ **CSR:** \_\_\_\_\_  
Match No Match Pending  
Eligible Not Eligible Error Lic

**PDPS:** \_\_\_\_\_ **SB:** \_\_\_\_\_  
License Surrender YES NO  
CDL YES NO  
10 Year History YES NO

**ISS:** \_\_\_\_\_ **EXP:** \_\_\_\_\_  
State \_\_\_\_\_ Endorsement: \_\_\_\_\_

License # \_\_\_\_\_

ID Card Original	License Fee	\$ _____	Total \$ _____ Transaction # _____ Initials _____ CASH CHECK CREDIT / DEBIT VOUCHER
Provisional	Reinstate. Fee	\$ _____	
\$15 Lern Perm	Admin. Fee	\$ _____	
Renewal	ID Fee	\$ _____	
Renew 65	Charity Fee (s)	\$ _____	
Lapsed	Other	\$ _____	
Lapsed 65			
Duplicate			
Upgrade			
Upgrade prev lic			
Downgrade			
Retest Fee			

**DO YOU HAVE, OR HAVE YOU HAD, ANY OF THE FOLLOWING CONDITIONS IN THE LAST FIVE YEARS?**

- Yes  No **A. Diabetes:** Diabetes (High blood sugar, sugar diabetes you control with diet, medication or insulin) or hypoglycemia or other metabolic condition etc., which may interfere with driving safety?
- Yes  No **B. Cardiovascular:** Heart condition, with or without symptoms (heart attack, heart surgery, irregular rhythm, general heart disease) within the last five years; or hypertension (high blood pressure) not controlled with medication?
- Yes  No **C. Pulmonary:** Pulmonary (lung) condition (asthma, emphysema, passing out from coughing, etc.) shortness of breath which has required treatment?  
 Yes  No Is an inhaler the only medication prescribed for this condition?  
 Yes  No Are you required to use supplemental oxygen while driving?
- Yes  No **D. Neurologic:** Neurological condition (stroke, head injury, cerebral palsy, multiple sclerosis, muscular dystrophy, Parkinson's disease, etc.) which may interfere with driving safety?
- Yes  No **E. Epilepsy:** Epilepsy, seizures, other episodic conditions which include any recurrent loss of consciousness or control?  
 Commercial: Anytime during your life?  Yes  No
- Yes  No **F. Learning and Memory:** Learning and memory difficulties observed personally or reported to you by others?
- Yes  No **G. Psychiatric:** Psychological condition (severe anxiety, severe depression, severe behavioral mood conditions, schizophrenia, or other conditions for which hospitalization has occurred or been recommended by a physician or other mental health professional.)
- Yes  No **H. Alcohol and Drugs:** Excessive use of alcohol and/or prescription drugs, or use of any illegal drugs; or treatment or recommendation for treatment of alcohol use or chemical dependency?
- Yes  No **I. Vision:** Do you wear glasses or contact lenses for driving?  
 Yes  No Is your visual acuity worse than 20/40 in the better eye, even with corrective lenses?  
 Yes  No Do you have a degenerative or progressive eye condition?  
 Yes  No Have you experienced a decrease in peripheral (side) vision?
- Yes  No **J. Musculoskeletal/Chronic Debilities:** Loss or paralysis of all or part of an extremity; or onset of a general debilitating illness requiring treatment?  
 Yes  No New or changed in the past 5 years?  
 Yes  No Present longer than 5 years?
- Yes  No **K. Alertness or Sleep Disorders:** Do you have a condition that produces abnormal sleepiness? (sleep apnea, narcolepsy, etc.)
- Yes  No **L. Hearing Impairment** (Only if you are a commercial driver) No hearing requirements have been established for Regular Operator license.
- Yes  No **Balance (ENT Problems):** Have you experienced any sudden vertigo or infection of the inner ear (vestibular neuronitis or labyrinthitis) which might interfere with driving ability and safety?
- Yes  No **Other:** Other health problems or use of medications which might interfere with driving ability or safety?

Please explain: \_\_\_\_\_



**PLEASE STOP AND TAKE THE COMPLETED FORM TO AN EXAMINER**

By submitting this application, I am consenting to registration with the Selective Service System, if required by federal law. Refusal to consent to the release of information to the Selective Service System shall result in the denial of the license and/or identification card.

<p><b>ID AFFIDAVIT:</b> I, the undersigned, under penalty of perjury affirm that I am the applicant described on this application and that the information entered herein is true and correct to the best of my knowledge.</p> <p>X _____ hereby affirmed _____ day of _____ 20____</p> <p>I, _____ give permission for the described applicant, who is under 16 years of age, to obtain a Utah Identification Card.          Parent/Legal Guardian</p>
<p><b>DL AFFIDAVIT:</b> I, the undersigned, under penalty of perjury affirm that I am the applicant described on this application and that the information entered herein is true and correct to the best of my knowledge. If the application is for a duplicate driver license, I acknowledge cancellation and surrender to the Driver License Division, where possible, of any previously issued license certificate(s). I hold harmless the State of Utah, its political subdivisions and employees for damage or injury that may occur during a driving test, should one or more be required of me. I agree I will allow the State of Utah to administer any additional driving skills tests at any future date in order to demonstrate my ability to operate a motor vehicle.</p> <p>X _____ hereby affirmed _____ day of _____ 20____</p>
<p><b>ASSUMPTION OF LIABILITY FOR MINORS UNDER EIGHTEEN YEARS OF AGE:</b> I, the undersigned, under penalty of perjury state that I have read the statements made in this application and that they are true and correct to the best of my knowledge. I hereby consent to assume the obligation imposed under Section 53-3-211 Utah Code Annotated 1953 as amended, of being jointly and severally liable with the applicant for any damages caused by his/her negligence or willful misconduct while he/she is under the age of eighteen years while driving a vehicle upon a highway.</p> <p>X _____ hereby affirmed _____ day of _____ 20____</p>
<p><b>I CERTIFY THAT:</b> Said minor has completed 40 hours of driving, of which at least ten hours were after sunset, in compliance with Utah Code Annotated Section 53-3-211 Utah Code Annotated 1953 as amended.</p> <p>X _____ hereby affirmed _____ day of _____ 20____</p>
<p><b>CDL AFFIDAVIT:</b> I hereby state, under penalty of perjury affirm that I am the applicant described on this application and that the information entered herein is true and correct to the best of my knowledge. I am of legal age to obtain the driver license for which I have applied, and that I have been a licensed driver for at least one year. I acknowledge cancellation and surrender to the Driver License Division, where possible, of any previously issued license certificate(s). I hold harmless the State of Utah, its political subdivisions and employees for any damage or injuries that may occur during, or as a result of my driving skills test(s). I agree I will allow the State or Federal Government to administer any additional Pre-Trip, Basic Control Skills, and On-Road Driving tests at any future date in order to demonstrate my ability to operate a commercial motor vehicle. I certify that I meet all requirements in 49 CFR Part 391 and that my driving privilege is not suspended, disqualified, revoked or denied in this or any other state.</p> <p>X _____ hereby affirmed _____ day of _____ 20____</p>
<p><b>STATE OF UTAH, COUNTY OF _____</b></p> <p style="text-align: right;">_____          Person authorized to administer oaths</p> <p style="text-align: right;">_____          Employee Initials and number</p> <p style="text-align: right;">_____          Station Code</p>

**To register to vote please complete and sign the Voter Registration Form**

The Voter Registration form must be complete before the County Clerk can process the application.