



DC DRIVER LICENSE or IDENTIFICATION CARD APPLICATION

Questions: Please visit our website at dmv.dc.gov or call 311 in DC or 202.737.4404 outside the 202 area code.

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		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	Eye Color	Hair Color
Phone ()	Email	Other names you have used on a Driver License or ID Card.	
<p>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 not more than \$1,000 or 180 days imprisonment or both. (D.C. Official Code 22-2405).</p> <p>I hereby certify, under penalty of perjury, that the information contained on this application is true and correct.</p> <p>Signature: _____ Date: _____</p>			

C. Tell us about your driving history		
1. Have you ever had a Driver License? <i>If yes, from which 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

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 <i>If yes, when was your last seizure? _____</i>	<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. I would like to register to vote, update my party or change my name .	<input type="checkbox"/> Yes <i>If yes, complete page 2</i>
5. I would like my address updated at the Board of Elections?	<input type="checkbox"/> Yes
6. What language should we use to communicate with you? _____	

Office Use:

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

Office Use: Employee Signature: _____	Form revised November 2017 Date: _____
--	---



DC VOTER REGISTRATION FORM AND INSTRUCTIONS

BOARD OF ELECTIONS

A. What do you need?

B. Tell us about yourself

Last Name	First Name	Middle Name	Jr./Sr./III, etc.
-----------	------------	-------------	-------------------

Address where you live	Apt/Unit #	City & State Washington, DC	ZIP Code
------------------------	------------	--------------------------------	----------

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
----------------------	-------------------	--	--

Phone ()	Email
--------------	-------

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

--

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 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 (3) weeks of completing this applications, 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.

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):

<input type="checkbox"/> Democratic	<input type="checkbox"/> DC Statehood Green Party	<input type="checkbox"/> Republican	<input type="checkbox"/> 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 of D.C.)

--

E. Tell us about your preferences

4. I would like to register to vote, update my party or change my name.	<input type="checkbox"/> Yes
5. I would like my address updated at the Board of Elections?	<input type="checkbox"/> Yes
6. What language should we use to communicate with you?	

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 residency 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 (5) years.

Signature: _____ **Date:** _____

