

Customer: Please complete the area inside the black box by printing in ink.

MICHIGAN DEPARTMENT OF STATE DRIVER LICENSE AND ID CARD APPLICATION

Making a false statement on a driver license or ID card application can result in fines or criminal prosecution and action against your driving privilege. Department personnel will notify law enforcement if they believe a fraudulent application is being made.

FULL LEGAL NAME (First) (Middle) (Last)			ARE YOU A CITIZEN OF THE UNITED STATES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
RESIDENCE ADDRESS (Required)			ARE YOU A RESIDENT OF THE STATE OF MICHIGAN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
CITY	ZIP	IN THE LAST SIX MONTHS*, HAVE YOU HAD A MEDICAL CONDITION WHICH AFFECTED YOUR ABILITY TO DRIVE? <small>(*Twelve months if applying for a chauffeur or commercial driver license.)</small>		<input type="checkbox"/> YES <input type="checkbox"/> NO
COUNTY	CHECK ONE: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	IN THE LAST SIX MONTHS*, HAVE YOU HAD A FAINTING SPELL, BLACKOUT, SEIZURE, OR OTHER LOSS OF CONSCIOUSNESS? <small>(*Twelve months if applying for a chauffeur or commercial driver license.)</small>		<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF BIRTH (Month/Day/Year)	HEIGHT (FT/IN)	WEIGHT	IS YOUR DRIVER LICENSE CURRENTLY SUSPENDED, REVOKED, CANCELLED OR DENIED IN MICHIGAN OR ANY OTHER STATE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE NUMBER/EMAIL	EYE COLOR		WILL YOU BE OPERATING A MOTORCYCLE ON PUBLIC ROADS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
PERMANENT MAILING ADDRESS (If different from residence)			PLEASE CHECK IF YOU WANT YOUR NAME ADDED TO THE ORGAN DONOR REGISTRY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
MAILING ADDRESS CITY	STATE	ZIP CODE	WOULD YOU LIKE TO ADD THE VETERAN'S DESIGNATION TO YOUR DRIVER LICENSE OR PERSONAL ID? <small>(Proof of honorable or under honorable conditions (general) discharge required.)</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO

To be eligible to vote, you must be:

- a United States citizen
- at least 18 years old
- a 30-day resident of your city or township in Michigan

We will not share your driver license and social security number, day and month of birth, email, phone number (or decision to not register). Some voter registration information, however, is public.

We will register you to vote unless you check the box below.

Do not use my information for voter registration.

I hereby certify, under penalty of perjury, that the information contained on this application is true and correct, and that a court is not holding my license. I understand that if I have provided false information to apply to register to vote, I may be subject to Federal or State criminal penalties.

Applicant, sign here

Today's date

X

***** (THE SECTIONS BELOW ARE FOR DEPARTMENTAL USE ONLY) *****

APPLICATION TYPE (Circle one)		LICENSE TYPE				GROUP DESIGNATION			ENDORSEMENTS															
TIP	ORIG.	REN.	DUP.	CORR.	VAL.	O	C	M	GDL 1	GDL 2	GDL 3	PID	A	B	C	CY	F	H	N	P	R	S	T	SEAS.
CORRECTIVE LENS? <input type="checkbox"/> YES <input type="checkbox"/> NO		CDL RESTRICTIONS <small>Refer to Skills Test Certificate or Record of Certificate in CSTIMS</small>				SAVE CASE NUMBER							SOCIAL SECURITY DOCUMENT PRESENTED											
LEGAL PRESENCE DOCUMENT PRESENTED						U.S. BIRTH CERTIFICATE <small>(original or certified copy)</small>						STATE			COUNTY			FILE #						
U.S. PASSPORT OR PASSPORT CARD						ISSUE DATE						EXP. DATE			FILE #									
CONSULAR REPORT OF BIRTH ABROAD <small>(FS-240, DS-1350, FS-545)</small>						ISSUE DATE						FILE #												
CERTIFICATE OF CITIZENSHIP <small>(N-560, N-561)</small>						ISSUE DATE						ALIEN #			CERTIFICATE #									
CERTIFICATE OF NATURALIZATION <small>(N-550, N-570, N-578)</small>						ISSUE DATE						ALIEN #			CERTIFICATE #									
ENHANCED MICHIGAN DL/PID						EXP. DATE						DL/PID NUMBER #												
PERMANENT RESIDENT CARD (I-551) <small>(valid, unexpired)</small>						EXP. DATE						ALIEN #												
EMPLOYMENT AUTHORIZATION CARD (EAD)						ISSUE DATE						EXP. DATE			ALIEN #									
U.S. VISA <small>(immigrant or non-immigrant)</small>						TYPE (F-1, J-1 etc.)						EXP. DATE			FILE #									
FOREIGN PASSPORT WITH PORT OF ENTRY STAMP						COUNTRY						EXP. DATE			FILE #									
ARRIVAL AND DEPARTURE FORM (I-94)						ISSUE DATE						EXP. DATE			FILE #									

IDENTITY DOCUMENT PRESENTED

U.S./CANADIAN DRIVER LICENSE or PID <i>(valid or expired less than 4 years)</i>	STATE	DL/PID #	EXP. DATE
FOREIGN PASSPORT <i>(valid or expired less than 1 year)</i>	COUNTRY	EXP. DATE	FILE #
U.S. LEGAL DOCUMENTS <i>(marriage, divorce, adoption, legal name change)</i>	STATE/COUNTY	TYPE	FILE #
PHOTO ID CARD (issued by U.S. military, or federal, Michigan or tribal government agency)	ISSUE DATE	EXP. DATE	FILE #
U.S. SCHOOL RECORDS <i>(photo, diploma, transcript, yearbooks)</i>	ID TYPE	SCHOOL, CITY, STATE, TELEPHONE #	
MDOC PRISONER ID CARD <i>(requires verification)</i>	FILE #		
OTHER	TYPE	FILE #	

RESIDENCY DOCUMENTS PRESENTED (at least two documents required)

RESIDENCY DOCUMENTS	TYPE	TYPE
EMPLOYEE SIGNATURE X	MANAGER OR DESIGNEE SIGNATURE X	BRANCH NUMBER

ADDITIONAL INFORMATION	Refer App? (Circle one)	C CDL	E ENFORCE	R RESEARCH	O OTHER	F FOREIGN ADDRESS	Request for exception? <input type="checkbox"/> YES <input type="checkbox"/> NO
DOCUMENTS IN POSSESSION OF? <input type="checkbox"/> Applicant <input type="checkbox"/> Mailed In-House <input type="checkbox"/> Branch		TRANSACTION #S, INCLUDING VOIDS					

COMMENTS – BE SPECIFIC: (If referring this application, an explanation is REQUIRED. Use additional pages if needed. Print name, sign and date at the bottom).

Any act or attempted act of cheating, as determined by the Secretary of State, may result in immediate test failure and denial of testing privileges for up to 60 days. All testing materials must be returned to the Secretary of State immediately after completing a test. The copying or distribution of test materials is strictly prohibited. All personal electronic devices must be turned off and stored out of sight. Any use of personal electronic devices in the testing area is strictly prohibited.

X APPLICANT SIGNATURE _____ DATE (Month/Day/Year) _____

X INTERPRETER SIGNATURE (IF APPLICABLE) _____ DLN / PID _____

FOREIGN LANGUAGE INTERPRETED _____

WRITTEN/ORAL TEST RESULTS	CDL TEST RESULTS	
Enter Date and Pass or Fail Test Score Operator ___/___/___ P ___ F ___ ___/___/___ P ___ F ___ Road Sign Test ___/___/___ P ___ F ___ ___/___/___ P ___ F ___ Moped ___/___/___ P ___ F ___ ___/___/___ P ___ F ___ Motorcycle ___/___/___ P ___ F ___ ___/___/___ P ___ F ___ Recreational Double ___/___/___ P ___ F ___ ___/___/___ P ___ F ___ Chauffeur ___/___/___ P ___ F ___ ___/___/___ P ___ F ___ Manager or Designee Signature _____ Date: _____	General Knowledge ___/___/___ P ___ F ___ ___/___/___ P ___ F ___ ___/___/___ P ___ F ___ Combination Vehicle ___/___/___ P ___ F ___ ___/___/___ P ___ F ___ ___/___/___ P ___ F ___ Double Trailers ___/___/___ P ___ F ___ ___/___/___ P ___ F ___ ___/___/___ P ___ F ___ Tanker ___/___/___ P ___ F ___ ___/___/___ P ___ F ___ ___/___/___ P ___ F ___ Hazardous Materials (No Oral Test or Foreign Language Test Allowed) ___/___/___ P ___ F ___ ___/___/___ P ___ F ___	Air Brakes ___/___/___ P ___ F ___ ___/___/___ P ___ F ___ ___/___/___ P ___ F ___ Passenger ___/___/___ P ___ F ___ ___/___/___ P ___ F ___ ___/___/___ P ___ F ___ School Bus ___/___/___ P ___ F ___ ___/___/___ P ___ F ___ ___/___/___ P ___ F ___ Hazmat Test Results _____ Kiosk Tester Unique ID Number: _____
If necessary, attach an additional DE-36 to record more test scores OR application referral information.		