



APPLICATION FOR DRIVING PRIVILEGES OR ID CARD

ORIGINAL RENEWAL REPLACEMENT

DRIVER LICENSE <input type="checkbox"/> CLASS C <input type="checkbox"/> LT <input type="checkbox"/> CLASS C RESTR'D CONVERT	INSTRUCTION PERMIT <input type="checkbox"/> CLASS C <input type="checkbox"/> MOTORCYCLE	MOTORCYCLE <input type="checkbox"/> ENDORSEMENT <input type="checkbox"/> 3-WHEEL	ID CARD <input type="checkbox"/>	AT-RISK <input type="checkbox"/>
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LAST NAME (PRINT NAME)	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER
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DRIVER / ID NUMBER	DATE OF BIRTH (M-D-Y)	MOTHER'S MAIDEN NAME	APPLICANT'S PLACE OF BIRTH (CITY & STATE OR COUNTRY)
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RESTRICTIONS	Do you want your license or ID card to show that you are an anatomical donor? <input type="checkbox"/> YES <input type="checkbox"/> NO	WEIGHT LBS.	HEIGHT FT. IN.	SEX (CIRCLE) M F	HAIR COLOR	EYE COLOR
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RESIDENCE ADDRESS	MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE ADDRESS)
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CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
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CURRENT OR PREVIOUS MILITARY SERVICE: By checking this box I authorize DMV to send my name and address to the Oregon Department of Veterans' Affairs (ODVA) for the purpose of receiving benefit information.

Do you now have or have you ever had, an Oregon driving privilege or ID card or a driver license or permit from another state or country issued in your current name or any other name? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN	WHERE / NUMBER	NAME ON PREVIOUS LICENSE / CARD
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Are you currently or have you ever had your privilege to drive or right to apply for the privilege suspended, revoked, canceled or refused? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN / WHERE	REASON
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You are required to report any mental or physical condition or impairment that affects your ability to drive safely. You are not required to report all your health conditions – only those that affect your ability to drive safely. DMV will use your answers to the following questions only for the purpose of determining your eligibility for an Oregon driving privilege. If you have a condition or impairment that makes you unable to safely operate a motor vehicle, you are not eligible for a driving privilege until you have provided additional medical information and/or passed DMV tests. **If you answer "Yes" to any one of the questions below, we will not be able to issue you a license at this time.**

- 1) Do you have a vision condition or impairment that **has not been corrected** by glasses, contacts or surgery that affects your ability to drive safely? YES NO
 2) Do you have any physical or mental conditions or impairments that affect your ability to drive safely? YES* NO

*If Yes: a) What is the condition or impairment?: _____
 b) Describe how this affects your ability to drive safely: _____

- 3) Do you use alcohol, inhalants, or controlled substances to a degree that affects your ability to drive safely? YES* NO
 *If Yes: a) Describe how your use affects your ability to drive safely: _____

I understand: DMV will cancel or suspend my permit, license or ID if I make any false statement or show false evidence of age, identity, legal presence, Social Security number, full legal name, and/or residence address on this application. If I am convicted of such act(s), I can be fined and/or sentenced to jail. Disclosure of my Social Security number is mandatory and may be used for: enforcing child support laws; verifying identity and residency; and by other government agencies who request it from DMV. (ORS 25.785, ORS 807.021, ORS 807.050, OAR 735-062-0005). I certify the vehicle I will use for the license test has insurance coverage meeting the requirements of ORS 806.060. I also certify that I am a resident of or domiciled in Oregon as required by ORS 807.062 and ORS 807.400.

SIGNATURE OF APPLICANT
X

For applicants under 18 years of age and their parent or legal guardian: the signatures on this application certify the applicant has complied with the driving experience requirements under ORS 807.065(1)(2) if applying for a class C license. (Check one of the following.)
 50 hours of supervised driving and completed an ODOT - approved traffic safety education course
 100 hours of supervised driving Out-of-State license

ORS 807.060 requires the signature of the applicant's mother, father, or legal guardian if an applicant for driving privileges is under 18 years of age. Proof of legal guardianship is required.
 SIGNATURE OF BIOLOGICAL OR ADOPTIVE MOTHER OR FATHER – OR LEGAL GUARDIAN
X

STOP - DO NOT WRITE IN THE AREA BELOW - FOR DMV OFFICE USE ONLY

OUTSTANDING REQUIREMENTS	DATE RECEIVED	TSR ID	VISION / HEARING			
<input type="checkbox"/> LP or ADDRESS			VISION: <input type="checkbox"/> OK <input type="checkbox"/> OK W/BIOPTIC LENSES <input type="checkbox"/> OK/WCL LENSES			
<input type="checkbox"/> REIN. FEE/SR-22			HEARING: <input type="checkbox"/> GOOD <input type="checkbox"/> DEAF			
<input type="checkbox"/> OTHER:			<input type="checkbox"/> F RESTRICTION <input type="checkbox"/> G RESTRICTION			
<input type="checkbox"/> STATEMENT OF ENROLLMENT			DATE _____ TSR ID _____			
			REFERRED: <input type="checkbox"/> ACUITY <input type="checkbox"/> F.O.V.			

KNOWLEDGE TEST				DRIVE TEST				
DATE STAMP	TEST	SCORE	TSR ID	1	DATE	CLASS	SCORE	TSR ID
DATE STAMP	TEST	SCORE	TSR ID	2	DATE	CLASS	SCORE	TSR ID
DATE STAMP	TEST	SCORE	TSR ID	3	DATE	CLASS	SCORE	TSR ID

DOCUMENTS PRESENTED			DOCUMENTS PRESENTED			DOCUMENTS PRESENTED		
<input type="checkbox"/> US BIRTH CERTIFICATE/PASSPORT/PASSPORT CARD			<input type="checkbox"/> US BIRTH CERTIFICATE/PASSPORT/PASSPORT CARD			<input type="checkbox"/> US BIRTH CERTIFICATE/PASSPORT/PASSPORT CARD		
<input type="checkbox"/> FOREIGN PASSPORT & DHS DOC. or ADMIT. STAMP			<input type="checkbox"/> FOREIGN PASSPORT & DHS DOC. or ADMIT. STAMP			<input type="checkbox"/> FOREIGN PASSPORT & DHS DOC. or ADMIT. STAMP		
<input type="checkbox"/> DHS DOCUMENT			<input type="checkbox"/> DHS DOCUMENT			<input type="checkbox"/> DHS DOCUMENT		
<input type="checkbox"/> OTHER (Specify) _____			<input type="checkbox"/> OTHER (Specify) _____			<input type="checkbox"/> OTHER (Specify) _____		
<input type="checkbox"/> LP=C <input type="checkbox"/> LP=F <input type="checkbox"/> LP=P <input type="checkbox"/> LP=U			<input type="checkbox"/> LP=C <input type="checkbox"/> LP=F <input type="checkbox"/> LP=P <input type="checkbox"/> LP=U			<input type="checkbox"/> LP=C <input type="checkbox"/> LP=F <input type="checkbox"/> LP=P <input type="checkbox"/> LP=U		
DATE	TSR ID	2nd CHECK	DATE	TSR ID	2nd CHECK	DATE	TSR ID	2nd CHECK

DATE STAMP						FEE \$		TSR ID	
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DRIVE TEST SCORE SHEET

COURSE				DATE			
PLATE / TEMP.				REPRESENTATIVE			

INSURANCE INFORMATION

INSURANCE CO.	EXPIRATION DATE	INSURANCE CO.	EXPIRATION DATE	INSURANCE CO.	EXPIRATION DATE
POLICY NUMBER		POLICY NUMBER		POLICY NUMBER	

	1	2	3		1	2	3
A. Starting				F. Speed			
1. Signal..... 5-10				1. Too fast..... 5-25			
2. Observation - ahead, side, rear..... 5-25				2. Too slow..... 5-25			
B. Stopping				G. Attention			
1. Too suddenly..... 5-10				1. Intersection, RR, driveway.....10-25			
2. Unnecessary..... 5-15				2. Other traffic..... 5-25			
3. On crosswalks - in intersections..... 5-10				3. Pedestrians..... 5-25			
C. Turning				4. Strays from driving..... 5-25			
1. Signal..... 5-10				5. Reacts slowly in emergency..... 5-25			
2. From wrong lane - one-way, two-way..... 5-25				H. Driving attitude			
3. Into wrong lane - one-way, two-way..... 5-25				1. Depends upon others for safety..... 5-25			
4. Swings wide - cuts corner..... 5-20				2. Too aggressive - inconsiderate..... 5-25			
5. Speed..... 5-20				3. Fails to anticipate..... 5-25			
6. Observation - ahead, side, rear..... 5-25				I. Miscellaneous			
D. Lane Use/Change				1. Inexperience, improper vehicle control, traffic..... 5-25			
1. Signal..... 5-10				2. Right-of-way..... 5-30			
2. Observation - ahead, side, rear..... 5-25				3. Too close - following, stopping, side.....10-25			
3. Position - right, left, drift..... 5-20				4. Backing - parking..... 5-25			
E. Signs and Signals				5. Passing..... 5-25			
1. Proceeded through - stopped by examiner.....10-30				6. Posture..... 5-10			
2. Rolled through..... 5-25				7. Freeways..... 5-20			
3. Observation..... 5-20							
4. Improper maneuver..... 5-15							

Grounds For Immediate Failure		1	2	3
<ol style="list-style-type: none"> 1. An accident involving any amount of property damage or personal injury. 2. The applicant refuses to perform any maneuver which is part of the prescribed driving test. 3. Any dangerous action in which: <ol style="list-style-type: none"> a. An accident is prevented by expert driving or action on the part of other drivers. b. The examiner is forced to assist the driver in avoiding an accident physically or orally. c. The applicant drives or backs over curb or sidewalk. d. The applicant creates a serious traffic hazard by stalling or other improper driving behavior. 4. The applicant commits any of the following: <ol style="list-style-type: none"> a. Passes another car which is stopped at a crosswalk, yielding to a pedestrian, or passes a school bus stopped with its red lights flashing. b. Makes or starts to make a turn into or from the wrong lane under traffic conditions that render such actions dangerous. c. Runs through or has to be stopped from running one red light or one stop sign. 5. Applicant is unable to properly operate vehicle equipment or, after proceeding a short distance on the drive course, it becomes apparent that the applicant is dangerously inexperienced. 	TOTAL DEDUCTIONS			
	SCORE			