

D1

STATE OF ALASKA DIVISION OF MOTOR VEHICLES DRIVER LICENSE, PERMIT OR IDENTIFICATION CARD TRANSACTION APPLICATION

FIRST NAME		MIDDLE NAME		LAST NAME		SUFFIX	
ALASKA LICENSE/ID # <input type="checkbox"/> New	DATE OF BIRTH	SOCIAL SECURITY NUMBER <input type="checkbox"/> None	SEX	HEIGHT (Feet/Inches)	WEIGHT (LBS)		
HAIR COLOR	EYE COLOR	BIRTH CITY	BIRTH STATE (if USA)		BIRTH COUNTRY		
CONTACT INFORMATION (Residence Address must be printed on REAL IDs)			CITY	STATE	ZIP		
MAILING ADDRESS:							
RESIDENCE ADDRESS: <input type="checkbox"/> Same as Mailing Address							
EMAIL ADDRESS				PHONE NUMBER			

IDENTIFICATION CARD: <input type="checkbox"/> Standard <input type="checkbox"/> REAL ID	COMMERCIAL PERMITS & LICENSES	COMMERCIAL ENDORSEMENTS	OPTIONAL DESIGNATORS
DRIVING CREDENTIAL: <input type="checkbox"/> Standard <input type="checkbox"/> REAL ID <input type="checkbox"/> Class-D Instruction Permit <input type="checkbox"/> Motorcycle Permit <input type="checkbox"/> Class-D Driver License <input type="checkbox"/> Motorcycle License	Class A: <input type="checkbox"/> CDL <input type="checkbox"/> Permit Class B: <input type="checkbox"/> CDL <input type="checkbox"/> Permit Class C: <input type="checkbox"/> CDL <input type="checkbox"/> Permit	<input type="checkbox"/> Passenger <input type="checkbox"/> School Bus <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Tank <input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> Veteran <input type="checkbox"/> Hidden Disability

Remember: a form of REAL ID will be required for commercial air travel beginning May 03, 2023

<p>1. What is your Lawful Status? <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. National <input type="checkbox"/> Non-U.S. Citizen</p> <p>2. Have you ever been known by a different legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No Name(s): _____</p> <p>3. Would you like to be an organ donor? (Selecting No will cancel your current organ donor status, if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Would you like to register to vote or make changes to your voter registration? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. If you marked "Yes" to the previous question, do you meet the eligibility requirements described below to vote? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Only answer the following questions if you are applying for a permit or license</p> <p>6. Within the last 10 years, have you held an instruction permit or driver license in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s) and State(s): _____</p> <p>7. Have your driving privileges ever been suspended or revoked, and/or have you had a driving application denied? <input type="checkbox"/> Yes <input type="checkbox"/> No Date and Reason: _____</p> <p>8. Within the past 5 years, have you had a medical condition or impairment, mental or physical disorder, seizure, or any other serious health problem that may affect your ability to safely operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation: _____</p>
---	--

VOTER ELIGIBILITY INFORMATION: To register to vote, you must be a US Citizen, an Alaska resident, and 18 years of age or older, or within 90 days of turning 18. If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for voter registration purposes. If you register to vote, the office at which you submit this voter registration application will remain confidential and will be used only for voter registration purposes. To vote, you cannot be under 18, registered in another jurisdiction, judicially determined to be of unsound mind, or convicted of a felony involving moral turpitude, unless, having been so convicted, you have been unconditionally discharged from incarceration, probation, and/or parole.

<p>I. I certify under penalty of perjury all information provided on this form is true. False statements are punishable under AS11.56.210 & AS 15.56.050.</p> <p>II. I acknowledge that by receiving an Alaskan credential, any other credential from another state may be cancelled or invalidated.</p> <p>III. I understand the type of license(s) that are available to me, and I have chosen the license that I would like.</p> <p>IV. If I made an anatomical gift, I understand the information on my license will be transmitted to a donor registry created under AS 13.50.110.</p> <p>V. I understand it is my responsibility to notify DMV if my license is destroyed or mutilated or if my anatomical gift is revoked under AS 13.52.183.</p> <p>VI. If I registered to vote using this form, I meet the requirements to register to vote, I will meet the requirements to vote, and I am not registered to vote in another jurisdiction or I agree to cancel that registration.</p>	_____ Applicant Signature (must sign in front of DMV rep)	_____ Date	_____ DMV REP LDAP/Office #
---	--	---------------	--------------------------------

PARENT/LEGAL GUARDIAN CONSENT FOR DRIVING CREDENTIAL

**If you are a minor applying for a driving credential this section must be completed.
A legal document proving relationship is required for initial consent of minors.**

NAME of PARENT or LEGAL GUARDIAN: _____

RELATIONSHIP to APPLICANT: _____ LICENSE/ID NUMBER: _____
(or alternate ID information)

By signing below, I certify:

- I. I am eligible to authorize this minor for the applicable credential, as pursuant to AS 28.15.071.
- II. If this minor is applying for a provisional license, they have had at least 40 hours of driving experience, including at least 10 hours in progressively challenging circumstances.
- III. I understand I am liable for damages caused by the minor when driving a motor vehicle and I may file a written request with DMV to cancel the license or permit.

Adult Signature (must sign in front of DMV rep or notary) **Date** **DMV REP LDAP / Office #**

THE SECTION BELOW SHOULD ONLY BE USED IF YOU ARE UNABLE TO SIGN IN FRONT OF A DMV REPRESENTATIVE (SEAL)

Subscribed before me this _____ day _____ of, 20____

Notary Signature: _____ Commission Expiration Date: _____

DMV USE ONLY BELOW

REQUIRED VISION TEST RESULTS: Corrective Lenses: Yes No Left: 20/____ Both: 20/____ Right: 20/____

CDL COLOR BLIND TEST RESULTS: Pass Fail

MED CARD PROVIDED: Yes No

PHYSICIAN NOTE PROVIDED: Yes No

DOCUMENTS ACCEPTED: _____

KNOWLEDGE TESTS: General Motorcycle Alcohol & Drug Awareness

CDL KNOWLEDGE TESTS: CDL General Combination Air Brake Double/Triple Passenger School Bus HazMat Tank

ROAD TESTS PASSED: Non-Commercial Motorcycle Commercial

DATE: _____ BATCH #: _____ LDAP: _____ OFFICE #: _____ PAYMENT TYPE: _____

ADDITIONAL INFORMATION/NOTES: