



DC DRIVER LICENSE or IDENTIFICATION CARD APPLICATION

The information you provide will be used to **register you to vote** or update your registration **unless you decline** in Section G.

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 (a mailing only address cannot be used)		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	Hair Color	Eye Color
Other names you have used on a Driver License or ID Card.			
Cell Phone ()		Alternate Phone ()	
		Text Notification <input type="checkbox"/> Yes Standard rates apply	
		Email	

C. Tell us about your driving history		
1. Have you ever had a Driver License?	<i>If yes, write from what 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		<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. What language should we use to communicate with you?	_____	
Special Designations (Optional): <i>Add to my Driver License or ID Card</i>	<input type="checkbox"/> Autism	<input type="checkbox"/> Visually Impaired
	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Hearing Impaired
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:	Form revised October 2021
	Employee Signature:	Date:

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

Continued on Next Page →

G. Voter Registration

Unless you decline, the information you have provided on this application will be used to register you to vote or update your registration. If you do not meet the voter registration requirements listed below, or if you do not want to register to vote, you **MUST** decline.

To **register to vote**, you must:

- Be a U. S. Citizen
- Live in the District of Columbia. (You may not vote in an election in the District of Columbia unless you have lived in the District of Columbia for at least 30 days before the election in which you intend to vote.)
- Not claim voting residence outside of the District of Columbia
- Be at least 16 years old. (You may pre-register at 16. You may vote in a primary election if you are at least 17 years old and you will be 18 years old by the next general election. You may vote in a general or special election if you are at least 18 years old.)
- Not have been found by a court to be legally incompetent to vote

I decline. Do not register me to vote or update my voter registration.
(If you decline, skip to Section H, Applicant Certification)

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**):

Democratic Party D.C. Statehood Green Party Republican Party Libertarian Party

If you register as "No Party (independent)" or with another party not listed above, you may not vote in primary elections.

If you do not choose a party, you will be registered as "No Party (independent)."

No Party (independent) Other (write party name here) _____

If you need help with voting, please tell us what type of help you need (optional):

Address where you get your mail (if different from above):

Name and address on your last voter registration (include city and state if outside of D.C.):

Would you like information on serving as a poll worker in the next election? Yes No

Important Notices. Voter registration information is public, with the exception of full/partial social security numbers, voter registration numbers, dates of birth, email addresses, and phone numbers. If you decline to register to vote, your decision will be confidential. If you choose to register to vote, the agency at which your voter registration application is submitted will remain confidential and will be used only for your voter registration purposes.

In order for your residence and/or mailing address to be kept confidential, you must submit to the Board of Elections' Registrar of Voters a court order directing that such information must be kept confidential.

If you believe that someone has interfered with your right: a) to register to vote; b) to decline to register to vote; c) to privacy in deciding whether to register or in applying to register to vote; or d) to choose your own political party or other political preference, you may file a complaint with the Executive Director of the Board of Elections, 1015 Half Street, SE, Suite 750, Washington, DC 20003.

If you do not receive a voter registration card within three weeks of completing this application, call the Board of Elections at 202-727-2525. You may also visit the Board of Elections' website at www.dcboe.org. For TTY assistance, call 711. Si necesita esta informacion en español, llame al 202-727-2525.

H. Applicant Certification

I hereby certify, under penalty of perjury, that the information contained on this application is true and correct. If I am applying to register to vote, I swear or affirm that I meet each requirement listed in Section G. I understand that: a) 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 up to \$1,000 and/or up to 180 days imprisonment (DC Official Code 22-2405), and; b) any person who registers to vote or attempts to register and makes any false representations as to their qualifications for registering is in violation of DC Law and subject to a fine of up to \$10,000 and/or up to 5 years imprisonment (DC Official Code 1-1001.14(a)).

Applicant Signature: _____ Date: _____