

# License, Permit and Non-Driver Identification Card Application



## I Am Applying For:

Permit	<input type="checkbox"/> First Time <input type="checkbox"/> Renewal <input type="checkbox"/> Duplicate <input type="checkbox"/> Change <input type="checkbox"/> Student <input type="checkbox"/> GDL
License / Identification Card	<input type="checkbox"/> First Time <input type="checkbox"/> Renewal <input type="checkbox"/> Duplicate <input type="checkbox"/> Change <input type="checkbox"/> Upgrade <input type="checkbox"/> Downgrade <input type="checkbox"/> Transfer <input type="checkbox"/> Non-Driver ID <input type="checkbox"/> Non-Driver ID (Disabled) <i>may check more than one</i>
Type (check all that apply)	<input type="checkbox"/> Auto <input type="checkbox"/> Motorcycle <input type="checkbox"/> Agricultural <input type="checkbox"/> Moped <input type="checkbox"/> Boat <input type="checkbox"/> Trike
Designations	<input type="checkbox"/> Veteran Status <input type="checkbox"/> Insulin Dependent Diabetic <i>(Additional documentation may be required)</i>
Restrictions	<input type="checkbox"/> Corrective Lenses <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Other <i>(Additional documentation may be required)</i>

By checking the downgrade box above and signing this application, I acknowledge that I wish to voluntarily downgrade my current New Jersey driver license from \_\_\_\_\_ to \_\_\_\_\_

## Applicant Information (Please PRINT)

NJ Driver License Number		
Last Name, Suffix	First Name	Middle Name
Gender (M, F)	Height (feet) _____ (inches)	Weight (lbs) _____
	Date of Birth (MM/DD/YYYY)	*Social Security Number
Mailing Address, City, State, Zip Code <i>(Where you want us to send your mail)</i>		County
Has your name or address changed?	Previous Name	Other Names (AKA)
Residential Address, City, State, Zip Code <i>(Where you actually reside, if different from mailing address)</i> County		Eye Color <i>(check one)</i> <input type="checkbox"/> 1 - Black <input type="checkbox"/> 2 - Brown <input type="checkbox"/> 3 - Gray <input type="checkbox"/> 4 - Blue <input type="checkbox"/> 5 - Hazel <input type="checkbox"/> 6 - Green
Father's Last Name	Mother's Maiden Name	
E-mail <i>(Optional)</i>	Phone Number <i>(Optional)</i>	

### FOR OUT OF STATE TRANSFERS

State	Driver License Number	Name on out of state license or non-driver identification card <i>(if different from above)</i>
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\*Required by N.J.A.C. 13:21-1.3; the number will be used to prevent errors, enforce federal and state laws and assist in the collection of motor vehicle fees.

## Required Questions

- 1(a). Are you a citizen of the United States of America?  Yes  No 1(b). If yes, would you like to register to vote?  Yes  No
2. If applying for an address change, would you like the new address to be the address used for voter registration purposes?  Yes  No
3. If 18 or older, do you want the organ donor designation on your license?  Yes  No
4. Do you have a driver license or non-driver identification card in any other state, province, territory or country?  Yes  No  
If yes, where and driver license number?
5. Have you ever had a New Jersey motor vehicle document issued?  Yes  No  
If yes, explain:
6. Do you have a mental, physical or convulsive disorder?  Yes  No If yes, explain:
7. Is your driving or any CDL privilege suspended, revoked, disqualified or cancelled in any state, province, territory or country?  Yes  No  
If yes, explain:
8. Replacement license or identification card (check one of the following):  I am exchanging/surrendering my current license or ID card  
I certify I cannot exchange/surrender my current license or ID card because it is:  Lost  Stolen  Destroyed or Mutilated  N/A
9. Are you more than 6 months behind on child support and/or court ordered health care coverage payments, subject to a child support related warrant, or in violation of a subpoena related to a paternity or child support action?  Yes  No

**Note:** You cannot obtain an over 21 (horizontal) license until your 21<sup>st</sup> birthday or after.

You may either print this form on both sides of a single sheet OR print and attach the two separate sheets. Both Pages 1 and 2 must be completed, signed and submitted for your application to be considered. **APPLICANT'S NAME, SIGNATURE AND DATE ARE REQUIRED ON BOTH PAGES.**

Name (PRINT) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR MVC USE ONLY - DO NOT WRITE BELOW THIS LINE

	Document Type	Document Number	Expiration Date	Boat Certificate <input type="checkbox"/>
Primary ID <input type="checkbox"/>				SAVE verified <input type="checkbox"/> Initials:
Secondary ID <input type="checkbox"/>				Transaction #
Proof of SSN <input type="checkbox"/>		First ID check-print & sign name	Second ID check-print & sign name	Employee Signature:
Proof of Address <input type="checkbox"/>				



**Parent or Legal Guardian Consent Certification For Applicant Under 18 (If applicable)**

I authorize the issuance of a learner's permit/driver license/identification card. I certify that I have received the Graduated Driver License Handbook. I certify that the statements made and the information submitted by me regarding this application are true and correct.

Parent or Legal Guardian Name and DL # (Please <b>PRINT</b> )	Parent or Legal Guardian Signature	Date
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**Driving School/High School Section (If applicable)**

I certify that this student is enrolled in an approved driver education course at this high school or licensed driving school.

Name of School	School Wall License #
Print Instructor Name	Instructor ID Number
Signature of Principal or Person Operating Duly Licensed Driving School	Date

**Non-Driver Identification Card (Disabled)**  
(If applicable)**To be completed by a physician.**

I certify that \_\_\_\_\_ has: \_\_\_\_\_  
(please PRINT name of patient) (explain nature of disability)

\_\_\_\_\_

\_\_\_\_\_

_____	Signature of Person Completing Certification	Date
Name of Person Completing Certification (Please <b>PRINT</b> )	Medical License Number	State of Issuance
Street Address	City	State Zip Code

**Consent For Underage Farm Vehicle Driver License (If applicable)**

I, \_\_\_\_\_ hereby certify that the above named applicant is 16 years of age. It is my understanding that should the applicant successfully pass an examination, a conditional license will be issued permitting the operation only of vehicles bearing Agricultural Tractor, Farm Use of Farmer Truck registration plates. This is my consent for the Chief Administrator of the Motor Vehicle Commission to issue a permit to the above named applicant for the purpose of securing such a license.

Parent or Legal Guardian Name (Please <b>PRINT</b> )	Parent or Legal Guardian Signature	Date
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**Authorization and Certification**

I certify under penalty of law the information contained herein is true and correct. I hereby authorize the Social Security Administration to release to the New Jersey Motor Vehicle Commission information concerning my Social Security Identification number for the purpose of identification.

Applicant's Signature	Date
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Name (**PRINT**) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

A person who applies for a driver license or registration during suspension, revocation, or disqualification shall be subject to a fine of up to \$500 and/or imprisonment for not more than three months. A person who gives a fictitious name or address, or misstatement of fact, is subject to a fine of up to \$10,000 and/or imprisonment for up to 18 months, and suspension of driving and/or registration privileges for up to two years.

This form is also available on the New Jersey Motor Vehicle Commission's web site at: [www.njmvc.gov](http://www.njmvc.gov)