## NEWYORK STATE OF OPPOSITUACY. Department of Motor Vehicles

## APPLICATION FOR PERMIT, DRIVER LICENSE OR NON-DRIVER ID CARD

PRINT CLEARLY IN BLUE OR BLACK INK.

This form is also available at dmv.ny.gov

		M	V-4	4 (	3/	18
PA	G	E	1	0	F	2

OFFICE USE ONLY

Image #

APPLYING FOR:			PURPO	SE FOR	APPLIC	ATION:				
License Permit ID card	New Renew	Update Info	Change Typ			Del Control of the Co	ditional	Restricted	Trans	fer to NY
Do you now have, or did you e or non-driver ID card? Ye Applying for a Non-Driver ID card.	ver have a <u>New York</u> dr es	今までにNYで免 ある方は番号を	許やIDを取得した 記入する			R ON NYS		CENSE, LEA	RNER PE	RMIT,
FULL LAST NAME 氏名(姓) FULL FIRST NAME 氏名(名)			Do exp	ired wit trict of C 'es", wh	hin the la columbia ere was i	ast two ye or a Canad it issued?	ears, issue dian Provin	er license to	er US S	tate, the
SUFFIX DATE OF BIRTH Mr. / Ms. Day  Let 年  Has your name changed? 口 Ye	SEX 月日	HEIG Female 女 女 former,name exacti	HT E'	YE COLO	OR <b>色</b>	Area Cod	ONE NUM e ) 電話番	Out-of-State BER (Home		ID No.:
現在所持している免許やID			/							
OTHER CHANGE: What is the ch (new license of SOCIAL SECURITY NUMBER* ( ソーシャル・セキュリティ番	You <u>must</u> prod Traffic Law. The driver license s	vide your SSN. Aut e information will b anctions pursuant	e used for exch to V&T Law Se	your SSN ange with ction 510(	N is grante n other juri (4-e) and 5	d by Section sdictions, to 10(4-f). You	assist in ve r SSN will n	erification of ideat to be given to	lentity, and the public	for
ADDRESS WHERE YOU GET YOU THIS ADDRESS WILL APPEAR ON YOU DMVからの郵便を受け取る位	OUR STANDARD IDENTITY	DOCUMENT	or Town	na/or box	number (ii	State	Zip Code		unty	w)
ADDRESS WHERE YOU LIVE R THIS ADDRESS WILL APPEAR ON Y	EQUIRED IF DIFFERENT FR			T GIVE P	O. BOX.					
居住している住所(上記の住	所と違う場合)	Apt. No. City o	or Town		15-5	State	Zip Code		unty	-
If you answered yes to either of the check this box . If you are registed on your voter registration record, ch	red to vote, your voter regis	stration record will	be updated who	en you co	mplete an	d submit this	s form. If yo	u do NOT wa	int your ne	w address
VETERAN STATUS Check	this box if you would like t ust present proof that indic	o have "Veteran" p cates an honorable	orinted on the f e discharge fro	ront of you	our photo ( y service (	document. DD-214, DI	D-215, or se	ee form MV-4	4.1).	
NEW YORK STATE ORGAN AN To enroll in the New York State Don or older; consenting to donate life information to the Donate Life organizations and NYS-licensed document. You will receive a co guardians may change your dec  You must answer the following qu  ♥ Donor Consent Signature: X	ate Lifé <sup>M</sup> Registry, check th 器・器官の提供 S」にチェックし、サインをすると たの情報がDMVからDonate 人はDLNYSへお問い合わせく	e "ves" box and the transportation a と、臓器・器官の提信 e Life Registry へ送 ださい。	en sign and dat dresearch a 供に同意したとる られます。 your act DLNYS at d	e below. uthorizing yath of donation onatelife.r	You are come and the property of the property	transfer you federally re inted on the a 16 or 17 yea ate consent	ur name an egulated org front of you ears of age,	nd identifying	to mak voluntan to the Li On Trus organ a donation and outr total tran	eck this box (e a \$1 y donation fePass It tt Fund for and tissue a research each. Your saction fee de the \$1.
VOTER REGISTRATION QUES  If you are not registered to選挙の投  ✓ YES - Complete Voter Registration	悪人登録をするか?d (アメリ	res" or "no".) NO カ国籍ではない人間 thecessary if you h	LINO			100		nave decided in Register/Alre		
		PLEASE COMP				-	-			
CDL Certifications NI	NA EI EA	License Class		Specia						TEENS
Document Type Proof Submitted:  C Enhanced Sirth Certifica  E REAL ID U.S. Passpor  U Standard (Not for Federal	Learner Permit MV-45	DHS Document(s) Medical Certificate (C Image Retrieval Social Security Card	Credit C	ard	ctions ved By				Date	

THE	ESE QUESTIONS MUS	BE COMPLET	ED FOR <u>all</u> license/pei	RMIT TRANSACTIONS	全ての申	請者は質問	に答える	<b>2</b> 2
1.	denied in this state or e	ur driver license, learner permit, or privilege to drive a motor vehicle been suspended, revoked or cancelled, or has your application for a license been in this state or elsewhere, in the name you provide on this form or any other name? Yes No, has your license, permit or privilege been restored, or has your application been approved? No						
2.	(for example, a convuls	lave you received treatment, do you currently receive treatment, or do you take medication for any condition that causes unconsciousness or unawareness or example, a convulsive disorder, epilepsy, fainting or dizziness, or a heart condition)?   Yes No  You marked "Yes", you must submit form MV-80U.1, even if you were released from the Medical Review Program. You can get this form at any Motor leading or at draw my gov.						
3.			ew mirror to drive a motor ve	ehicle?  Yes  No				
	Have you lost the use of	e of a leg, arm, hand or eye?  Yes No						
	4a. If you need to renev 4b. If you marked "NO"	w your driver licer to 4a, has your o	nse and you marked "Yes", condition gotten worse since	did this occur since your your last driver license?	last driver licen: Yes	se? L Yes No	□ No	
PA	RENT/GUARDIAN CON	ISENT Jun	nior License Non-driver	ID Card (under 16)				
ur af	nderstand that I am respiter sunset, prior to the a	ponsible <mark>申請者</mark>	cant, and I consent to the i が16歳、17歳の場合は保 road test, and that this cert Id and has a Driver Educatio	護者のサインが必要 meation (MV-262) must	urs of supervise be presented at t	ed "practice" dri	ving, including oad test. Not	g 15 hours of driving to parent/guardian:
	Parent or Guardian Sign Here							
	-		TEENO		(Re	lationship to Appli	cant)	(Date)
	en Electronic Event No		n to be notified if the under	18 year-old applicant	ID Number on N	NYS Driver Lice	ense, Permit	or Non-driver ID
re	eceives a conviction, sus	pension, revocat	tion or an accident on their MV-1046, How to Enroll in Ti	license file. For more	Card of Conser	nting Parent or	Guardian Al	pove (Required)
T	EENS FAQs. This is a F	REE service.	VIV-1046, HOW to ETHOR III TE	EENS OF MV-1000,				
CC	MMERCIAL DRIVER L	ICENSE APPLIC	CANTS ONLY 商用車免	許申請者のみ				
		as a driver licen	se issued to you from ano		the District of C	Columbia ?	Yes No	
If	Non-excepted Interfor excepted operate Non-excepted Intrathan for excepted of Excepted Interstate Excepted Intrastate and K restrictions.	estate (NI) - Certifion).  state (NA) - Certification).  e (EI) -You are agree (EA) - You are	rate (or expect to operate) a fied medical status is required ified medical status is required ge 18 or older and you operate age 18 or older and you operate certified medical status (NI Please see DMV form MV-	d. You are age 21 or olded. You are age 18 or olded. You are age 18 or olded, or expect to operate, in ate, or expect to operate, or NA) you must provi	er and you opera der and you oper terstate in Excep- in Excepted Ope	rate, or expect to rate, or expect to ted Operation Of ration ONLY and	operate, inte o operate, in I NLY. You mus d in NYS ONL'	NYS only (other than have A3 restriction.  Y. You must have A3  Medical Examiner's
		ot alleady off file.	Predate ace Divivioni inv	44.0 II additional linoline	11077 10 7700000 10	o morp you dotor	mino your an	ving type:
-	ERTIFICATION	on I have given o	n this application and on any	v documentation provide	d in support of th	his application is	s true and cor	molete
1		178	it on this application, or subr					
If	I am applying for a repla	acement docume	ent, I certify that my NY State	document has been los	st, stolen, or mut	ilated.		
If re	I am transferring an Ou	t-of-State Driver	License to a NY State Drive ed the license, that license	er License, I certify that,	when I obtained	my out-of-state	driver licens iled a driving	e, I was a permanent skills road test in NY
a	pplicable), attend the pro-	ogram (if require	stricted Use License, I certid), and will drive within the cted or conditional license and	conditions required for the	ne restricted or o	conditional licen	se. I underst	and that failure to do
If S	I am a male at least 1 selective Service System	8 but less than , if so required by	26 years old, I understand y federal law, and authorizat	that the act of making ion of the forwarding of	this application my personal info	shall serve as rmation require	consent to b d for such reg	e registered with the jistration.
	SIGN HERE	X サイン		EVIE			DATE:	付
F	PLEASE PRINT NAME	氏名	(ブロック体)				/	
		EYE TEST RES	SULTS		Applicant's Sign	ature		Examiner's Initials
	FICE Passed in Office		aistry Corrective Lens		- ppour o orgin			

MV-44 (1/18)