



PRINT CLEARLY IN BLUE OR BLACK INK.

This form is also available at dmV.ny.gov

OFFICE USE ONLY
Image #

APPLYING FOR: License Permit ID card
PURPOSE FOR APPLICATION: New Renew Update Info Change Type Replacement Conditional Restricted Transfer to NY

IDENTIFICATION INFORMATION
Do you now have, or did you ever have a New York driver license, learner permit, or non-driver ID card?
ID NUMBER ON NYS DRIVER LICENSE, LEARNER PERMIT, or NON-DRIVER ID CARD

FULL LAST NAME 氏名(姓)
FULL FIRST NAME 氏名(名)
FULL MIDDLE NAME
SUFFIX Mr./Ms.
DATE OF BIRTH 生 年 月 日
SEX Male Female 男 女
HEIGHT Feet Inches 身長
EYE COLOR 目の色
TELEPHONE NUMBER (Home/Mobile) Area Code 電話番号

Has your name changed? Yes No If "Yes", print your former name exactly as it appears on your present license or non-driver ID card.

現在所持している免許やIDと名前が違う場合はここに記入
OTHER CHANGE: What is the change and the reason for it (new license class, wrong date of birth, etc.)? 他の変更点 (誕生日の記載間違いなど)

SOCIAL SECURITY NUMBER* (SSN) ソーシャル・セキュリティ番号
* You must provide your SSN. Authority to collect your SSN is granted by Sections 490(3) and 502(1) of the Vehicle and Traffic Law.

ADDRESS WHERE YOU GET YOUR MAIL - Include Street Number and Name, Rural Delivery and/or box number (If PO Box, also fill in "Address Where You Live" below)
THIS ADDRESS WILL APPEAR ON YOUR STANDARD IDENTITY DOCUMENT
DMVからの郵便を受け取る住所

ADDRESS WHERE YOU LIVE REQUIRED IF DIFFERENT FROM ADDRESS FOR MAIL - DO NOT GIVE P.O. BOX.
THIS ADDRESS WILL APPEAR ON YOUR ENHANCED/REAL ID IDENTITY DOCUMENT
居住している住所 (上記の住所と違う場合)

HAS YOUR MAILING ADDRESS CHANGED? Yes No HAS THE ADDRESS WHERE YOU LIVE CHANGED? Yes No
現在所持している免許やIDと住所が違う場合は[YES]にチェック
If you answered yes to either of the questions above, then addresses on all vehicle registrations tied to your ID number will also be updated with this address, unless you check this box.

VETERAN STATUS Check this box if you would like to have "Veteran" printed on the front of your photo document. You must present proof that indicates an honorable discharge from military service (DD-214, DD-215, or see form MV-44.1).

NEW YORK STATE ORGAN AND TISSUE DONATION (You must fill out the following section)
To enroll in the New York State Donate Life Registry, check the "yes" box and then sign and date below. You are certifying that you are: 16 years of age or older; consenting to donate organs, tissues for transplantation and research; authorizing DMV to transfer your name and identifying information to the Donate Life organizations and NYS-licensed organizations and NYS-licensed document. You will receive a cc guardians may change your der
臓器・器官の提供
[YES]にチェックし、サインをすると、臓器・器官の提供に同意したとみなされあなたの情報がDMVからDonate Life Registryへ送られます。詳しくはDLNYSへお問い合わせください。
You must answer the following question: Would you like to be added to the Donate Life Registry? Yes (sign and date consent below) Skip This Question
Donor Consent
Signature: X Date

VOTER REGISTRATION QUESTIONS (Please check "yes" or "no") NOTE: If you do not check either box, you will be considered to have decided not to register to vote.
If you are not registered to 選挙の投票人登録をするかどうか (アメリカ国籍ではない人は[NO])
YES - Complete Voter Registration Application Section (Not necessary if you bring this form to a DMV office). NO - I Decline to Register/Already Registered

PLEASE COMPLETE AND SIGN PAGE 2.

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CDL Certifications NI NA EI EA License Class Special Conditions TEENS
Document Type Proof Submitted: Driver License/ID DHS Document(s) Other Restrictions
Enhanced Birth Certificate Learner Permit Medical Certificate (CDL Only)
REAL ID U.S. Passport MV-45 Image Retrieval Credit Card
Standard (Not for Federal Purposes) Foreign Passport Out-of-State License Social Security Card ATM Card
Approved By Date
Office

