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	i or ulis	36611011							u. (virgilia (Joue 32.2-3000)
Mail In / DMV Connect Only - Are you a citizen of the United States of America?					Mail In / DMV Connect Only - Do you want to register to vote or change your voter registration address?					
YES (INITIAL BO)	X)		NO (INI)	TIAL BOX)		YES (INITI) :	NO (INITIA	L BOX)
			INFOR	RMATION	FOR THE VIR	J GINIA TRANS	SPLANT COUNC	CIL		-
Yes, I would like to become an organ, eye and tissue donor.										
Mamy.										DL 1P (12/08/2022)
w w w . d m v \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 	tor Vehicles	DRIVE	ER'S LICE	ENSE A	ND IDENTI	FICATION	CARD APPI	LICAT	TION	LOG#
Purpose: Use	this form	to apply fo	or a driver's lic	cense, learn	er's permit, or id	entification card	d.			
Instructions: Submit completed application to any DMV Customer Center. Complete front and back of this application.										
2541 12 12			. , .			TION TYPE		- AL ID		
REAL ID: ID require Would you like to a										quirements.
Yes - I wo	uld like to	use my li	icense/identifi	ication card		domestic flight	or enter a secure			ry base on or after May 7,
			se/identificatio litary base on			Limits Apply" ar	nd I will need anoth	her form	of ID to board	a domestic flight or enter
☐ Driver's Licens	е						classification not applica	ble)	☐ Ider	ntification (ID) Card
Learner's Pern	nit <u>and</u> Dri	ver's Lice	ense		Driver's Licens		Bus Endorsement		☐ Hea	ring Impaired ID Card
Driver's Licens			pelow)		_ ` *		oreign Diplomats		☐ Ema	ancipated Minor ID Card
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		er Motorcy	ycle Classifica	ation or obta	_	-	ditional testing may	y be req		pplicable box below.
M 2 (2 whe		entificatio	on Card (check	L one of the follo	M 3 (3 wheels	•	ng my current licen	se or ID	_ `	ooth 2 and 3 wheels)
I certify I cannot su						Lost Sto	· , _			
					APPLICANT I	NFORMATIO	N			
NOTE: YO	OUR ADD	RESS BE	ELOW MUST				CE WILL NOT FO	RWARD	YOUR LICEN	ISE OR ID CARD.
FULL LEGAL NAME (I	ast, first, m	iddle, suffix	()							
BIRTHDATE (mm/dd/y							SOCIAL SEC	URITY N	UMBER (SSN)	I HAVE NOT BEEN ISSUED A SSN.
BANTIDATE (IIIII/dd/)	yyy) PH	ONE NUMI	BER (optional)	SEX (check	cone)			GHT FT.	UMBER (SSN) EYE C	ISSUED A SSN.
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APPLICANT INFORMATION (continued)										
Do you currently have or have you ever held a license, ID card or learner's permit from another state, U.S. territory or foreign country?										
If yes, provide the following:	LICENSE/ID CARD NUMBER	ISSUE DATE (mm/dd/yyyy)	EXPIRATION DATE (mm/dd/yyyy)	STATE/COUNTRY						
PARENT OR LEGAL GUARDIAN CONSENT										
Check applicable box, review certification statement, print your name and sign where indicated. I authorize issuance of a learner's permit/driver's license. I certify that the applicant is a resident of Virginia. I certify that the applicant is attending school regularly and is in good academic standing, but if not, I authorize issuance of a learner's permit/driver's license. I certify that this applicant will operate a motor vehicle for at least 45 hours (15 of which will occur after sunset) while holding a learner's permit.										
If the applicant attends public school, I authorize the principal or designee of the public school attended by the applicant to notify the juvenile and domestic relations district court (within whose jurisdiction the applicant resides) when the applicant has had 10 or more unexcused absences from school on consecutive school days.										
If a Special Indicator Rec	quest is checked on this application	on, I request on behalf of the app	licant that it be shown on the lear	ner's permit/driver's license.						
,	nts made and the information sub	•								
request on behalf of the a	I authorize issuance of an ID card. I certify that the applicant is a resident of Virginia. If a Special Indicator Request is checked on this application, I request on behalf of the applicant that it be shown on the identification card. I certify that the statements made and the information submitted by me are true and correct.									
PARENT/LEGAL GUARDIAN NAM		PARENT/LEGAL GUARDIAN SIG		DATE (mm/dd/yyyy)						
	WE (print)	7,4,2141,223,42,33,4,4,31,4,4,31	510 CT	27 (IIIII) dd, yyyy)						
If you answered YES, the court ma	APPLICANT UNDER AGE 18 Have you ever been found not innocent of any offense in a Juvenile and Domestic Relations Court in this or any other state? YES NO If you answered YES, the court making the adjudication of "not innocent" or a court within the jurisdiction where the juvenile's parent/legal guardian resides must provide court consent below. COURT CONSENT In my opinion the applicant's request for a learner's permit/driver's license should be granted. should not be granted.									
JUDGE NAME (print)		JUDGE SIGNATURE		DATE (mm/dd/yyyy)						
		SELECTIVE SERVICE								
All males under the age of 26	are required to check one of the	following. Failure to provide a re	sponse will result in denial of your	application.						
I am already registered with	h Selective Service									
		or a coccept agricultural works	er (H-2A Visa) and not required to	ragiatar						
	· ·	Ğ								
<u> </u>	•		to register me with Selective Servi							
By signing this application, I consent to be registered with Selective Service, if required by federal law. If under age 18, an appropriate adult must complete and sign below: I authorize DMV to send information to Selective Service which will be used to register applicant when he is 18 years old.										
SIGNATURE (check one and sign)	AN JUDGE, JUVENILE DOME	STIC RELATIONS COURT	ANCIPATED MINOR						
		VETERAN INDICATOR								
☐ I would like to add/keep th	ne veteran indicator on my driver's									
	•									
	eep the veteran indicator on my d									
You must complete a Virginia Veteran Military Service Certification (DL 11) form and provide an acceptable veteran service proof document to add the veteran indicator, unless you have already done so.										
	GOVERNMEN	NT EMPLOYEES - (Fee waiv	ver certification)							
I certify that I am employed by		· · · · · · · · · · · · · · · · · · ·	•							
I certify that I am employed by the: Commonwealth of Virginia or City of County of Town of to operate a motorcycle solely in the course of this employment and, because of such employment, I am entitled to the waiver of the motorcycle class endorsement fee, provided I have paid for and hold a valid Virginia driver's license or have made application for such.										
		NOTICE								
Va. Code §§46.2-323 and 46.2-342 require that you provide DMV with the information on this form (including your social security number). Your personally identifiable information is being collected for record keeping purposes and will be disseminated only in accordance with Va. Code §§46.2-208, 46.2-209, and the Driver's Privacy Protection Act, 18 USC §2721. Persons convicted of certain sexual offenses (as listed in Va. Code §9.1-902) must register or re-register with the Virginia Department of State Police as provided in Va. Code §§9.1-901, 9.1-903, and 9.1-904. If you provide a non-Virginia residence/home address or non-Virginia mailing address, your application for a driver's license or permit may be denied. Upon issuance of a driver's license, commercial driver's license or identification card in the Commonwealth of Virginia, any driver's license, commercial driver's license or identification card previously issued by another state must be surrendered and will be cancelled by the issuing state.										
CERTIFICATION										
I certify and affirm that I am a	resident of Virginia. that all inform		n is true and correct. that any doc	uments I have presented to						
I certify and affirm that I am a resident of Virginia, that all information presented in this application is true and correct, that any documents I have presented to DMV are genuine, and that my appearance, for purpose of my DMV photograph, is a true and accurate representation of how I generally appear in public. I make this certification and affirmation under penalty of perjury and understand that making a false statement on this application is a criminal violation. By signing this form, I authorize DMV to verify the information provided on this application, as required to determine eligibility.										
APPLICANT NAME (print)	r ure initornation provided on this	APPLICANT SIGNATURE	nine eligibility.	DATE (mm/dd/yyyy)						