APPLICATION FOR LICENSE OR IDENTIFICATION CARD

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF MOTOR VEHICLES

THIS SPACE FOR OFFICE USE ONLY

LICENSE NO.	PRINT FULL NAME LAST FIRST MIDDLE/MAIDEN OR SUFFIX	DATE
CLASS	MAILING ADDRESS	☐ Original ☐ Duplicate ☐ Renewal ☐ Out-of-State Transfe
RESTRICTIONS	RESIDENCE ADDRESS	TESTS ☐ Written ☐ Driving
ENDORSEMENTS	CITY/TOWN ZIP	☐ Operator ☐ ID Card ☐ Commercial

DATE OF BIRTH (MM/DD/YY)	RACE	SEX	EYES	HEIGHT	WEIGHT	SOCIAL SECURITY NUMBER	DOMICILE CODE
/ /							

ORGAN DONOR? ☐ Yes ☐ No REGISTER TO VOTE? ☐ Yes ☐ No SOCIAL SECURITY NUMBER TO APPEAR ON LICENSE? ☐ Yes ☐ No

By submitting this application, I am consenting to registration with the Federal Selective Services System, if so required. If under 18 years of age, I understand that I will be registered when I attain 18 years of age as required by Federal law.

☐ CHANGE/CORRECTION ☐ NAME CHANGE FROM: ______ ☐ CHANGE DOB FROM ______ TO ______

☐ CHANGE CLASS FROM ______ TO ______ ☐ ADD RESTRICTION ______ LIFT RESTRICTION ______

VISUAL ACUITY: LEFT 20/______ RIGHT 20/______ BOTH 20/______ ☐ WITHOUT CORRECTIVE LENS ☐ WITH CORRECTIVE LENS

HEARING: ☐ GOOD ☐ DEAF ☐ POOR

PHYSICAL INFIRMITIES: ☐ NONE NOTED ☐ MISSING EXTREMITIES ☐ OTHER ☐ STIFFNESS ☐ MENTAL ☐ SHAKINESS

ANSWER THE FOLLOWING QUESTIONS: (New Applicants Must Answer #1 Through #8). **CIRCLE ONE**

1. Have you ever applied for or been previously issued a learner's permit or driver's license? Y N
2. Have you ever had a commercial driver's license? Y N
   If your answer to question **one or two** is yes, list the state(s)of issuance and the license/permit number(s): ______
3. Have you ever held a license in any name other than the one on this application? Y N
   If yes, list the name(s). ______
4. Are you currently under suspension in this or any other state? If yes, list the name of the state. ______ Y N
5. Are you a United States citizen? Y N
   If no, are you a permanent resident alien? Y N
   If no, what documents are presented to show legal presence? ______ What is the expiration date of your status? ______
6. Have you ever experienced any loss of consciousness other than normal sleep? Y N
   If yes, explain: ______
7. Do you currently have any physical or mental condition which could impair your ability to operate a motor vehicle safely? Y N
8. Do you wear contact lenses or glasses when driving? Y N

TO BE USED ONLY IF APPLICANT IS A MINOR (CHECK APPROPRIATE BOX)

☐ ISSUE OPERATOR CLASS ☐ ISSUE "02" RESTRICTED LEARNER'S LICENSE ☐ ISSUE IDENTIFICATION CARD

☐ ISSUE DUPLICATE LICENSE/IDENTIFICATION CARD ☐ LIFT "02" OR "61" RESTRICTION

I certify that I am the ☐ custodial parent ☐ legal domiciliary parent ☐ legal guardian of the minor applying and this is my authorization to the Office of Motor Vehicles to issue a license/identification card as indicated above. I hereby declare with proof by documents presented that he/she was born on the ______ day of ______, ______. I also declare by my signature below that information furnished by minor and me is complete and correct.

Signature of person authorized to sign in accordance with R.S. 32:407. **NOTE: Only the domiciliary parent can sign if joint custody has been awarded.**

______ Printed Name ______ ______

First Middle/Maiden Last First Middle/Maiden Last License/ID No.

______

MVCA Signature & Operator No./Notary Public Signature & Seal

DECLARATION OF INTENT

By my signature affixed below, I certify under penalty of law, that: (1) all statements on this application are true and correct; (2) I have obtained Louisiana registration on all vehicles I intend to operate in the State of Louisiana; (3) I have and will maintain vehicle liability insurance or security on all owned vehicles, as required by R.S. 32:861-865; (4) I may be subject to certain criminal and/or civil penalties for offenses involving a commercial motor vehicle or a commercial driver's license if I am the operator of such motor vehicle or the holder of such license; (5) I meet the qualifications of 49 CFR 391 for interstate operation of a commercial motor vehicle (if applicable); (6) I am in compliance with the CMV Safety Act of 1986; I do not and will not have in my possession more than one driver's license; (7) I hereby give my consent, under the provisions of R.S. 32:661 et. Seq., to take a chemical test to determine the presence of alcohol or a controlled dangerous substance in my blood while operating a motor vehicle, if requested to do so by a law enforcement officer.

______ ______

DATE SIGNATURE OF APPLICANT SIGNATURE OF M.V. COMPLIANCE OFFICER OPERATOR # OFFICE #

REMARKS: (FOR OFFICE USE ONLY) ______

MVCA INITIALS ( )