

APPLICATION FOR LICENSE OR IDENTIFICATION CARD

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS OFFICE OF MOTOR VEHICLES

THIS SPACE FOR OFFICE USE ONLY							DATE
LICENSE NO.	PRINT FULL NAME LAST FIRST MIDDLE/MAIDEN OR SUFFIX						REAL ID CREDENTIAL YES NO
CLASS	MAILING ADDRESS CITY/TOWN STATE ZIP					ORIGINAL RENEWAL	DUPLICATE OUT-OF-STATE TRANSFER
RESTRICTIONS	RESIDENCE ADDRESS					TEST WRITTEN DRIVING	
ENDORSEMENTS	CITY/TOWN ZIP					OPERATOR ID CARD COMMERCIAL TIP	
DATE OF BIRTH (MM/DD/YY)	RACE	SEX	EYE COLOR	HEIGHT	WEIGHT	SOCIAL SECURITY NUMBER	DOMICILE CODE
ORGAN DONOR? YES NO REGISTER TO VOTE? YES NO By submitting this application, I am consenting to registration with the Federal Selective Service 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(S) _____ LIFT RESTRICTION(S) _____							
VISUAL ACUITY: LEFT 20/____ RIGHT 20/____ BOTH 20/____ WITHOUT CORRECTIVE LENS WITH CORRECTIVE LENS INTRASTATE VISION WAIVER HEARING: GOOD DEAF POOR PHYSICAL INFIRMITIES: NONE NOTED MISSING EXTREMITIES STIFFNESS SHAKINESS MENTAL OTHER: _____							

ANSWER THE FOLLOWING QUESTIONS:

- | | |
|--|------------|
| | CIRCLE ONE |
| 1) Have you ever applied for or been previously issued a learner's permit or driver's license? | YES NO |
| 2) Have you ever had a commercial driver's license? | YES NO |
| 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? | YES NO |
| 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(s): _____ | YES NO |
| 5) Are you a United States citizen? | YES NO |
| If no, are you a permanent resident alien? | YES NO |
| 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? | YES NO |
| If yes, explain: _____ | |
| 7) Do you currently have any physical or mental condition which could impair your ability to operate a motor vehicle safely? | YES NO |
| 8) Do you wear contact lenses or glasses when driving? | YES NO |
| 9) Would you like the Office of Motor Vehicles to retain a copy of your source documents? | YES NO |

ISSUE OPERATOR CLASS	ISSUE LEARNER'S LICENSE "02"	ISSUE INTERMEDIATE LICENSE "61"	ISSUE TEMPORARY INSTRUCTION PERMIT (TIP)
ISSUE IDENTIFICATION CARD ISSUE DUPLICATE LICENSE/TIP/LEARNER'S PERMIT/INTERMEDIATE LICENSE/IDENTIFICATION CARD			
HAS A MINIMUM OF FIFTY HOURS OF BEHIND THE WHEEL DRIVING EXPERIENCE WITH A LICENSED ADULT DRIVER (AT LEAST FIFTEEN HOURS MUST BE NIGHTTIME DRIVING)			
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 attest that he/she has held the learner's license for at least 180 days while remaining accident free, except where the licensee was not at fault, and has not received convictions for moving violations or violations of the seatbelt or curfew laws of this state or any law pertaining to drug or alcohol use. 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.			
_____ First Middle/Maiden Last		_____ First Middle/Maiden Last	
_____ MVCA Signature & Operator #		_____ Notary's Printed Name, Signature, Number	

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; (8) New residents to the state, who own vehicles, shall have thirty (30) days from the date of this notification to pay applicable use tax before penalties and interest begin to accrue. (9) I am aware that any credential I hold, whether surrendered or not, may be cancelled as a result of the new issuance due to state laws and policies in the state that issued the credential. (10) I have been provided with information as required by R.S. 32:410(E)(4)(b).

DATE SIGNATURE OF APPLICANT SIGNATURE OF MVCA OPERATOR # OFFICE #

Remarks: MVCA Initials ()

LICENSE NO.	PRINT FULL NAME LAST	FIRST	MIDDLE/MAIDEN OR SUFFIX	DATE
DATE OF BIRTH	MAILING ADDRESS	CITY/TOWN	STATE	ZIP
				SSN

COMMERCIAL DRIVER'S LICENSE SUPPLEMENTAL & SELF CERTIFICATION

All CDL applicants, answer the following questions:

CIRCLE ONE

- | | | |
|--|-----|----|
| 1) Have you ever held a driver license in this or any other state within the past 10 years?
If yes, list the state(s) _____ | YES | NO |
| 2) Do you have a driver's license from more than one State or Jurisdiction? | YES | NO |
| 3) Are your driving privileges currently or pending suspension, revocation, or cancellation under State law or disqualification under 49 CFR 383.51? | YES | NO |
| 4) Do you meet the qualification requirements of 49 CFR 391? | YES | NO |
| 5) You must self-certify as one of the following four types of commercial driver's: | | |
| _____ Interstate non-excepted: You are an Interstate non-excepted driver and must meet the Federal DOT medical card requirements. In addition, La. R.S. 32:403.4 requires all commercial drivers to have a valid physical examination form and medical examiner's certificate. | | |
| _____ Interstate excepted: You are an Interstate excepted driver and do not have to meet the Federal DOT medical card requirements, however, La R.S. 32:403.4 requires all commercial drivers to have a valid physical examination form and medical examiner's certificate. | | |
| _____ Intrastate non-excepted: You are an Intrastate non-excepted driver and are required to meet the Federal DOT medical card requirements. In addition, La. R.S. 32:403.4 requires all commercial drivers to have a valid physical examination form and medical examiner's certificate. | | |
| _____ Intrastate excepted: You are an Intrastate excepted driver and do not have to meet the Federal DOT medical card requirements, however, La R.S. 32:403.4 requires all commercial drivers to have a valid physical examination form and medical examiner's certificate. | | |

I hereby certify that the motor vehicle in which I take/took the driving skills test is representative of the type of motor vehicle that I operate or expect to operate. By my signature affixed below, I certify under penalty of law, that all statements on this application are true and correct.

Applicants signature _____	Date _____	MVCA signature _____	Date _____
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LICENSE CLASSES

COMMERCIAL DRIVER'S LICENSE

- A** – Combination Vehicles (GVWR in excess of 26,000 lbs. or towing a vehicle with a GVWR in excess of 10,000 lbs.)
- B** – Heavy Vehicles (GVWR in excess of 26,000 lbs. (single vehicle) or towing a vehicle with a GVWR not more than 10,000 lbs.)
- C** – Light Vehicles (GVWR not more than 26,000 lbs. (single vehicle) or towing a vehicle with a GVWR not more than 10,000 lbs. or designed to transport 16 passengers or vehicles required to be placarded under the Federal Hazardous Materials Regulations or under state law or regulations)

CHAUFFEUR'S DRIVER'S LICENSE

- D** – Commercial Vehicles (Single vehicles with GVWR not more than 26,000 lbs. and not less than 10,000 lbs. or designed or utilized to transport passengers for hire or vehicles with 3 or more axles)

PERSONAL DRIVER'S LICENSE

- E** – Personal Use Vehicles (Single motor vehicles with GVWR not in excess of 10,000 lbs. utilized for personal transportation or single vehicles utilized strictly for recreational purposes or farm vehicles owned and operated within 150 air miles of owner's farm)

WRITTEN/COMPUTER PASSING TEST RESULTS

TEST	TEST #	SCORE	DATE	MVCA BADGE # AND INITIALS
PERSONAL DRIVER'S LICENSE				
CHAUFFEUR'S DRIVER'S LICENSE				
MOTORCYCLE ENDORSEMENT				

COMMERCIAL DRIVER'S LICENSE WRITTEN/COMPUTER PASSING TEST RESULTS

TEST	TEST #	SCORE	DATE	MVCA BADGE # AND INITIALS
GENERAL KNOWLEDGE				
AIR BRAKES				
COMBINATION				
HAZARDOUS MATERIALS				
TANKER				
PASSENGER				
DOUBLE/TRIPLE TRIALERS				
SCHOOL BUS				