



# DC DRIVER LICENSE or IDENTIFICATION CARD APPLICATION

**Questions:** Please visit our website at [dmv.dc.gov](http://dmv.dc.gov) or call 311 in DC or 202.737.4404 outside the 202 area code.

A. What do you need?		
<input type="checkbox"/> Driver License	<input type="checkbox"/> Identification Card	<input type="checkbox"/> Motorcycle Endorsement

B. Tell us about yourself			
Last Name	First Name	Middle Name	Jr./Sr./III, etc.
Address where you live		Apt/Unit #	City & State Washington, DC
Date of Birth / /	Social Security #	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified
Weight LBS	Height FT IN	Eye Color	Hair Color
Phone ( )	Email	Other names you have used on a Driver License or ID Card.	
<p>Any person using a fictitious name or address and/or knowingly making any false statement on this application is in violation of DC Law and subject to a fine of not more than \$1,000 or 180 days imprisonment or both. (D.C. Official Code 22-2405).</p> <p><b>I hereby certify, under penalty of perjury, that the information contained on this application is true and correct.</b></p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p>			

C. Tell us about your driving history		
1. Have you ever had a Driver License? <i>If yes, from which country, state, or jurisdiction?</i> _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Has your license ever been suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has your application for a Driver License been denied in another country or state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D. Tell us about your medical history <i>Skip this section if you are only here for an ID card.</i>		
1. Do you require corrective lenses or glasses for the vision screening test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you required to wear a hearing device while driving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>In the past 5 years, have you had or been treated for any of the following?</b> <i>If yes, to an item, please complete the Medical/Eye form.</i>		
1. Alzheimer's Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Insulin Dependent Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Glaucoma, Cataracts, or Eye Diseases	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Seizure or Loss of Consciousness <i>If yes, when was your last seizure? _____</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have other mental or physical conditions that would impair your ability to drive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

E. Tell us about your preferences	
1. All males 18-26 years old will be registered with <b>Selective Service</b> . <i>To opt out, complete the opt-out form</i>	
2. I would like to add a <b>Veteran designation</b> to my license/ID card.	<input type="checkbox"/> Yes <i>If yes, provide proof of your status</i>
3. I would like to be an <b>organ and tissue donor</b> .	<input type="checkbox"/> Yes
4. I would like to <b>register to vote, update my party or change my name</b> .	<input type="checkbox"/> Yes <i>If yes, complete page 2</i>
5. I would like my address updated at the Board of Elections?	<input type="checkbox"/> Yes
6. What language should we use to communicate with you? _____	

Office Use:

F. If you are 70+ years of age, your licensed medical practitioner MUST complete this section		
Practitioner's Name ( <i>print</i> )	Practitioner's Identification Number	Phone Number
Does the applicant have the ability to safely drive a vehicle?		
<input type="checkbox"/> Yes, the applicant can safely drive a vehicle. <input type="checkbox"/> No, the applicant cannot safely drive a vehicle.		
Practitioner's Signature: _____	Date: _____	

**To confidentially report waste, fraud or abuse by a DC Government Agency or official, call the DC Inspector General at 1.800.521.1639**

Office Use: Employee Signature: _____	Form revised November 2017 Date: _____
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# DC VOTER REGISTRATION FORM AND INSTRUCTIONS

## BOARD OF ELECTIONS

### A. What do you need?

### B. Tell us about yourself

Last Name		First Name		Middle Name	Jr./Sr./III, etc.
Address where you live			Apt/Unit #	City & State Washington, DC	ZIP Code
Date of Birth / /	Social Security #	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	
Phone ( )	Email				
Address Where You Get Your Mail (if different from above)					

Voter registration information is public. With the exception of full/partial social security numbers, dates of birth, email addresses and phone numbers. In order for your residence and/or mailing address to be kept confidential, you must submit to the Board of Elections' Registrar a court order directing that such information must be kept confidential.

You are not a registered voter until you receive your voter registration card in the mail.

If you do not receive a voter registration card within three (3) weeks of completing this applications, call the Board of Elections at (202) 727-2525.

You may also visit our website at [www.dcboee.org](http://www.dcboee.org). Hearing impaired individuals with TDD, call (202) 639-8916.

Información en Español: Si le interesa obtener este formulario en Español, llame (202) 727-2525.

### Party Registration: To vote in a primary election in the District of Columbia you must be registered to vote in one of the following four (4) parties (Check ONE box below):

Democratic   
  DC Statehood Green Party   
  Republican   
  Libertarian

If you register with "No Party (Independent)" or with another party not listed above, you may not vote in primary elections.

No Party (Independent)   
  Other (write party name here) \_\_\_\_\_

If you have a disability and need help with voting, please tell us what type of disability (optional)

Name and address on last voter registration (include county, city, and state if outside of D.C.)

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### E. Tell us about your preferences

4. I would like to **register to vote, update my party or change my name.**     Yes

5. I would like my address updated at the Board of Elections?     Yes

6. What language should we use to communicate with you?

#### Voter Declaration – Read and Sign

Under penalty of perjury, I swear or affirm that I am a U. S. Citizen; I live in the District of Columbia at the address above; I do not claim voting residency outside of the District of Columbia; I am at least 16 years old; I am not in jail for a felony conviction and I have not been found by a court to be legally incompetent to vote.

**WARNING:** If you sign this statement even though you know it is untrue, you can be convicted and fined up to \$10,000 and/or jailed for up to five (5) years.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

