

VERIFICATION FOR REDUCED FEE IDENTIFICATION CARD

Instructions to the governmental or non-profit entity:

Please complete this form in its entirety and give to the applicant for further processing. This form must be presented to the Department of Motor Vehicles (DMV) within 60 days of its completion by the governmental or non-profit entity.

Applicant Informat	tion (Please Print):			
LAST NAME	FIRST		MIDDLE	DATE OF BIRTH (MM/DD/YYYY)
ADDRESS	CITY	STATE	ZIP CODE	CA DRIVER LICENSE / IDENTIFICATION CARD NUMBER
Chapter 2 or Chapte 10.3 of Part 6 of, Di card for a reduced f	er 3 of Part 3 of, or P	art 5 of, or Article and Institution cle Code § 1490	cle 9 of Chapter 10 ns Code and is qual (2)(c).	ements for assistance programs under 0 of Part 6 of, or Chapter 10.1 or Chapter Ilified to obtain a California Identification
		PRINTED NAME OF REF	PRESENTATIVE FOR ENTITY	
		ENTI	TY NAME	
				()
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
I certify (or declar true and correct.	e) under penalty of	perjury under	the laws of the S	tate of California that the foregoing is
X				
Instructions to the		EPRESENTATIVE FOR ENT	TITY	DATE

Instructions to the applicant:

Please bring this original, completed form (Verification for Reduced Fee Identification Card DL 937), to the DMV along with your payment and a completed Driver License or Identification Card Application (DL 44 form). Additional documentation may be required to complete your application. For more information, please refer to the California Driver Handbook or online at www.dmv.ca.gov. *This form must be presented to DMV within 60 days of its completion by the governmental or non-profit entity.*

Save time, make an appointment online at www.dmv.ca.gov or call 1-800-777-0133.