



TRAVEL LICENSE / IDENTIFICATION APPLICATION

Motor Vehicle Division

40-5122 R03/23 azdot.gov

What are you applying for?

- Driver License Identification Card Commercial License
 Permit (Not For Federal Identification) CDL Permit (Not For Federal Identification) Motorcycle

Have you ever had a DL/ID issued in Arizona? Yes

Contact Number (optional) ()

Social Security Number - -	Applicant Name (First, Middle, Last)			Suffix
Residence Street Address	(Apt / Unit #)	City	State	Zip
Mailing Address (if different from above) <input type="checkbox"/> <i>Appear on license</i>	(Apt / Unit #)	City	State	Zip

Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Weight (lbs)	Height (Ft/In)	Eye Color	Hair	Date of Birth (Month/Day/Year)
---	--------------	----------------	-----------	------	--------------------------------

Voter Registration: Do you want to register to vote or update your voter registration **and** do you meet all the following eligibility requirements? (1) I am a **U.S. citizen**; (2) I am an **Arizona resident**; (3) I will be at least **18 years old** by the next general election; (4) I have **NOT** been convicted of a **felony** (or had my civil rights restored); and (5) I have **NOT** been found mentally **incapacitated** with my voting rights revoked.

To vote in the next election, you must register at least 29 days before the election. The place where you register, or your decision not to register, will be kept confidential. Submitting a false voter registration is a class 6 felony.

YES, register me to vote or update my registration. By signing below, I swear or affirm that I meet all eligibility requirements listed above.

1. I want to be placed on the **Active Early Voting List** (AEVL) and receive an early ballot by mail for each election I am eligible for.

2. **Party Preference:** Republican Democrat Other _____ None/No Party

NO, do not use this information for voter registration.

- DONOR** I check this box to become an organ/tissue donor and join the DonateLifeAZ Registry. **DONOR** will print on my license.
- I am a U.S. Military veteran who was enlisted, drafted, inducted or commissioned to serve in the active military, naval, or air service and I was not dishonorably discharged. I would like the word "VETERAN" printed on my license/ID. **(Proof Required)**
- I have a medical condition that I want displayed on my license/ID. **(Proof Required)**
- Do you have a physical, psychological or visual condition (**other than wearing corrective lenses**), or alcohol/drug dependency or are you currently taking any medications that could affect your ability to safely operate a motor vehicle? **YES**

Please Explain

5. Have you ever been determined to be incapacitated by a court? **YES**

CDL APPLICANT ONLY

States where you held any type of license in the last 10 years (CFR) 49 Section 384.206

Non-Excepted Interstate: I certify that I operate, or expect to operate, in interstate commerce and that I meet the qualifications under 49 CFR 391. I understand that I am required to obtain a medical examiner's certificate according to 49 CFR 391.45.

Non-Excepted Intrastate: I certify that I operate in intrastate commerce and therefore am subject to Arizona driver qualifications. I understand that I am required to obtain a medical examiner's certificate according to 49 CFR 391.45.

I do not want a Travel DL/ID (Federal REAL ID Act compliant credential). I understand that by checking this box, my license or ID will state NOT FOR FEDERAL IDENTIFICATION across the top and cannot be used at airport security or to enter federal buildings, military bases or nuclear power plants and might not be usable for other purposes.

All Applicants: I certify under penalty of perjury that the information above is true and correct. I understand that I must report a change of address or name to MVD within 10 days. **All Driver Applicants:** I understand the laws, rules and regulations described in the Arizona Driver License Manual, and that I must report to MVD in writing, within 10 days, any medical condition that develops or worsens that may affect my ability to safely operate a motor vehicle.

Social Security Number: You are required by A.R.S. §§ 28-3158(D)(4) and §§ 28-3165(F), under authority of 42 U.S.C. §§ 405(c)(2)(C) and § 666 (a)(13)(A), to provide your Social Security Number. It will be used to verify your identity and to comply with federal and state child support enforcement laws. It will not be used as your driver license or identification card number.

Male Applicants Under 26: By submitting this application, I consent to registration with the Selective Service System if I am required to register under federal law. If I am under 18, I understand that I will be registered as required by federal law when I become 18.

Applicant Signature

Notary Stamp

Acknowledged before me this date.	Notary or MVD Agent Signature & RACF
-----------------------------------	--------------------------------------

Date	County (notary only)	State	Commission Expires
------	----------------------	-------	--------------------

MVD AGENT – Vision Results

Passed Vision Exam – YES or Passed Daylight Restriction Vision Exam – YES - Corrective Lens – MVD Agent RACF _____

Legal Guardian Certificate
For under 18 license/permit applicants
Initial one of the boxes that applies to your relationship with the applicant:

Notary Stamp

1. Natural/Adoptive parent, married to other natural/adoptive parent (Initial) _____
2. Natural/Adoptive parent with sole custody (Initial) _____
3. Natural/Adoptive parents share joint custody (**Both parents signatures required**) (Initial) _____
4. Full legal guardian (Initial) _____ (**Proof required**) _____
5. Other (Initial) _____ (**Proof required**) _____

Driving Practice Certificate

____ (Initials) By initialing, I attest that the Driver License applicant has completed one of the following:

- The applicant completed at least 30 hours of supervised driving practice, including at least 10 hours at night for a graduated driver license; at least 30 hours of motorcycle riding practice for a motorcycle license or motorcycle endorsement.

OR:

- The applicant completed at least 20 hours of supervised driving practice including at least 6 hours at night if the applicant completed a driver education program offered by a traffic survival school or a certified defensive driving school approved by the Arizona Supreme Court; at least 30 hours of motorcycle riding practice for a motorcycle license or motorcycle endorsement.

OR:

- The minor has completed a High School Driver Education or Authorized Third Party Driver License Driver Education Program and provided proof of completion within twelve months of issuance.

I am responsible for any negligence or willful misconduct caused by the minor applicant.

Parent or Guardian Name				Parent or Guardian Name			
Parent or Guardian Signature				Parent or Guardian Signature			
Acknowledged before me this date.		Notary or MVD Agent Signature & RACF		Acknowledged before me this date.		Notary or MVD Agent Signature & RACF	
Date	County (notary only)	State	Commission Expires	Date	County (notary only)	State	Commission Expires

MVD AGENT

Driving/MSF Certificate Submitted Date: _____

CDL Permit/Endorsement Knowledge Test

Date	<input type="checkbox"/> Pass	MVD Agent RACF
------	--------------------------------------	----------------

Rules of the Road

Date	<input type="checkbox"/> Pass	MVD Agent RACF
------	--------------------------------------	----------------

Parking Testing

Date	<input type="checkbox"/> Pass	MVD Agent RACF
------	--------------------------------------	----------------

CDL Road/Skills Test

Date	<input type="checkbox"/> Pass	MVD Agent RACF
------	--------------------------------------	----------------

Motorcycle Knowledge Test

Date	<input type="checkbox"/> Pass	MVD Agent RACF
------	--------------------------------------	----------------

Road/Skills Test

Date	<input type="checkbox"/> Pass	MVD Agent RACF
------	--------------------------------------	----------------

MVD AGENT

Primary

Used OnBase/Base Record date: _____

Social Security Verification

Used OnBase Doc date: _____

Residency

I certify that the documents used in order to establish this customers identity and eligibility have been verified and scanned into the system.

MVD Agent Signature & RACF _____