



**RESTRICTED USE OR CONDITIONAL
DRIVER LICENSE APPLICATION**

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.

Case No.
Order No.
LAM LRN LDP LNO

IMPORTANT: You cannot use a **restricted use license** to drive a vehicle for hire, *unless your license is suspended or revoked because of an uninsured accident, an insurance lapse, uninsured operation of a motor vehicle, or for delinquent child support payments.* You cannot use a **restricted use license** to operate a commercial vehicle. You cannot use a **conditional license** to drive a commercial vehicle or a vehicle for hire.

CHECK THE BOX OF THE TYPE OF SERVICE YOU NEED (YOU CAN MARK MORE THAN ONE)

Apply for a restricted use license
 Replace a restricted use or conditional license
 Renew a restricted use or conditional license
 Apply for a conditional license
 Change information on a restricted use or conditional license

IDENTIFICATION INFORMATION

FULL LAST NAME

FULL FIRST NAME

FULL MIDDLE NAME

NYS DRIVER LICENSE OR NON-DRIVER ID CARD NUMBER

SOCIAL SECURITY NUMBER* (SSN)

*You must provide your SSN. Authority to collect your SSN is granted by Sections 490.3 and 502 of the Vehicle and Traffic Law. The information will be used only for exchange with other jurisdictions, to assist in verification of identity, and to invoke driver license sanctions pursuant to V&T Law Section 510(4-e) and 510(4-f). Your number will not be given to the public, or appear on any form or information request.

SUFFIX

DATE OF BIRTH Month Day Year

SEX Male Female

HEIGHT Feet Inches

EYE COLOR

TELEPHONE NUMBER Area Code ()

Has your name changed? Yes No If "Yes", print your former name exactly as it appears on your present license or non-driver ID card.

MOBILE PHONE NUMBER

Area Code ()

EMAIL

ADDRESS WHERE YOU GET YOUR MAIL (This address will appear on your document.)

- Include Street Number and Name, Rural Delivery and/or box number (If PO Box, also fill in "Address Where You Live" below)

Apt. No. City or Town State Zip Code County

ADDRESS WHERE YOU LIVE IF DIFFERENT FROM MAILING ADDRESS - DO NOT GIVE P.O. BOX.

Apt. No. City or Town State Zip Code County

HAS YOUR MAILING ADDRESS CHANGED? Yes No HAS THE ADDRESS WHERE YOU LIVE CHANGED? Yes No

If you answered yes to either of the questions above, then addresses on all vehicle registrations tied to your ID number will also be updated with this address, unless you check this box . If you are registered to vote, your voter registration record will be updated when you complete and submit this form. If you do NOT want your new address on your voter registration record, check this box . If you do not check the box, your new address will be sent to the Board of Elections of your county of residence.

OTHER CHANGE: What is the change and the reason for it (new license class, wrong date of birth, etc.)?

VETERAN STATUS

Check this box if you would like to have "Veteran" printed on the front of your photo document.

You must present proof that indicates an honorable discharge from military service. For more information, refer to form MV-44.1.

NEW YORK STATE ORGAN AND TISSUE DONATION (You must fill out the following section)

To enroll in the New York State Donate LifeSM Registry, check the "yes" box and then sign and date below. You are certifying that you are: 16 years of age or older; consenting to donate your organs and tissues for transplantation and research; authorizing DMV to transfer your name and identifying information to the Donate Life Registry; and authorizing Donate Life NYS to give access to this information to federally regulated organ donation organizations and NYS-licensed tissue and eye banks and hospitals upon your death. "ORGAN DONOR" will be printed on the front of your DMV photo document. You will receive a confirmation, which will provide you an opportunity to limit your donation. If you are 16 or 17 years of age, parents/legal guardians may change your decision upon your death. For more information, contact DLNYS at donatelife.ny.gov.

Check this box to make a \$1 voluntary contribution to the Life...Pass It On Trust Fund for organ and tissue donation research and outreach. Your total transaction fee will include the \$1.

You must answer the following question: Would you like to be added to the Donate Life Registry? Yes (sign and date consent below) Skip This Question

♥ Donor Consent Signature: Date:

VOTER REGISTRATION QUESTIONS

(Please check "yes" or "no.") **NOTE:** If you do not check either box, you will be considered to have decided not to register to vote.

If you are not registered to vote where you live now, would you like to apply to register?

YES - Complete Voter Registration Application Section (Not necessary if you bring this form to a DMV office.) NO - I Decline to Register/Already Registered.

PLEASE COMPLETE AND SIGN PAGE 2. →

FOR OFFICE USE	Eye Test <input type="checkbox"/> Pass <input type="checkbox"/> Corrective Lens	License Class	D	DJ	E	M	MJ	NCDL-C
	Restrictions <input type="text"/>	Special Conditions	AM	LR	CL	NF	DP	IL
	Exp. Date <input type="text"/>	Proof Submitted	Stop/Response		Validation Number			
	Fee <input type="text"/>	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driver License/ID <input type="checkbox"/> Credit Card <input type="checkbox"/> Passport <input type="checkbox"/> INS Papers <input type="checkbox"/> Image Retrieval <input type="checkbox"/> Social Security Card Other: <input type="text"/>	Approved By <input type="text"/>	Date <input type="text"/>				
		Office <input type="text"/>						

1. Have you had, or are you currently receiving treatment or taking medication for any condition which causes unconsciousness or unawareness such as convulsive disorder, epilepsy, fainting or dizzy spells, or heart ailment? Yes No

If "Yes", you and your doctor must complete form MV-80U.1, even if you have been released from the Medical Review Program. This form can be obtained at any Motor Vehicles office or at dmv.ny.gov.

2. Do you need a hearing aid and/or full view mirror while operating a motor vehicle? Yes No

3. Have you lost use of a leg, arm, hand or eye? Yes No

3a. If you are renewing your license and answered "Yes", is this a new condition since your last license? Yes No

3b. If you answered "NO" to 3a, has your condition worsened since your last license? Yes No

CERTIFICATION - I certify that the information I have given on this application is true. If I am applying for a replacement license, I certify that the license has been lost, stolen or mutilated and that, if the lost license is found, I will turn it in to the Department of Motor Vehicles. I will pay the full tuition and other required fees for the rehabilitation program (if applicable), attend the program (if required), and will drive within the conditions required for the restricted or conditional license. I understand that failure to do so will result in the revocation of my restricted or conditional license, and the reinstatement of the suspension or revocation against my full license. If I am a male at least 18 but less than 26 years old, I consent to be registered with the Selective Service System, if so required by federal law, and authorize the forwarding of any personal information required for such registration. My signature below also authorizes use of my credit card, if applicable.

IMPORTANT: Making a false statement in any license or non-driver ID card application, or in any proof or statement in connection with it, or deceiving or substituting, or causing another person to deceive or substitute in connection with such application, may subject you to criminal prosecution for a misdemeanor or felony under the Vehicle and Traffic Law and/or the Penal Law.

SIGN HERE ➔

DATE: _____ / _____ / _____

PLEASE PRINT NAME ➔

HOW TO APPLY FOR A RESTRICTED USE OR CONDITIONAL DRIVER LICENSE

Follow the instructions below that apply to you. You must apply in person. You can do this at most, but not all, Motor Vehicles offices. Contact the nearest office to find out where you can apply.

TO APPLY
for a
restricted
use or
conditional
license

1. Complete both sides of this application and sign your name in the "Certification" box.
2. Present this application and proof of identity. Refer to form ID-44 "Proofs of Identity" for a list of acceptable documents that you can show for proof.
3. Complete the Restricted Use License Attachment (form MV-693) or the Conditional License Attachment (form MV-2020) if applicable, or any additional forms provided by the Motor Vehicles office.
4. Pay the appropriate fee.

TO REPLACE
your restricted
use or
conditional
license

1. Complete both sides of this application and sign your name in the "Certification" box. Your name, date of birth and sex must be entered **exactly** as they were shown on your last license.
2. Present this application, and proof of identity. Refer to form ID-44 "Proofs of Identity" for a list of acceptable documents that you can show for proof. To replace a mutilated license, turn in the license with this application.
3. Pay the appropriate fee.
4. If your Restricted Use License Attachment (form MV-693) or Conditional License Attachment (form MV-2020) is lost, you must complete a new attachment.

TO CHANGE
information
on your
restricted use
or conditional
license

1. Complete both sides of this application (use your new information), and sign your name in the "Certification" box.
2. Present this application, your current license, your Restricted Use License Attachment (form MV-693) or Conditional License Attachment (form MV-2020), proof of identity, and proof of the change that you need. Refer to form ID-44 "Proofs of Identity" for a list of acceptable documents that you can show for proof.
3. Pay the appropriate fee.

TO RENEW
your restricted
use or
conditional
license

1. Complete both sides of this application, and sign your name in the "Certification" box.
2. Present this application, the Restricted Use License Attachment (form MV-693) or Conditional License Attachment (form MV-2020), your current license, and proof of identity. Refer to form ID-44 "Proofs of Identity" for a list of acceptable documents that you can show for proof.
3. Take a vision test in any Motor Vehicles office or have your vision tested by one of the following providers: licensed physician, physician assistant, registered nurse, nurse practitioner, ophthalmologist, optometrist, optician, pharmacists who are enrolled in DMV's Vision Registry, staff supervised by any of these providers and the staff of organizations that are authorized by the New York State DMV to give the vision test.
4. Pay the appropriate fee.

NEW YORK STATE VOTER REGISTRATION APPLICATION INFORMATION

(Please read before you complete application on the other side.)

OFFICE USE ONLY

Use the NYS Voter Registration Application to Register to Vote in NYS Elections, and/or:

- change the name or address on your voter registration
- become a member of a political party
- change your party membership

To Register You Must:

- be a U.S. citizen;
- be 18 years old by the end of this year;
- not be in prison or on parole for a felony conviction;
- not claim the right to vote elsewhere

Información en español: si le interesa obtener este formulario de registro del votante en español. Llame al 1-800-367-8683

এই ফর্মটি বাংলায় পেতে চাইলে এই নম্বরে
ফোন করুন: **1-800-367-8683**

한국어: 한국어 양식을 원하시면
1-800-367-8683 으로 전화하십시오.

中文資料: 如果你有興趣索取本中文資料
表格, 請電 1 - 800 - 367-8683

If you do not complete the NYS Voter Registration Application, you will be considered to have declined to register to vote. If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for voter registration purposes. If you do register to vote, the office at which you submit a voter registration application will remain confidential and will only be used for voter registration purposes. If you believe that someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the NYS Board of Elections, 40 Steuben Street, Albany, NY 12207-2109 (phone: 1-800-469-6872).

Your completed application will be sent to the Board of Elections and you will be notified by your County Board of Elections when your application has been processed. If you have any questions about filling out the voter registration application or registering to vote, you should call your County Board of Elections or call 1-800-FOR-VOTE (TDD/TTY dial 711) (only for voter registration questions). If you live in New York City, you should call 1-866-VOTE-NYC. You may also find answers or tools at the NYS Board of Elections website: www.elections.ny.gov

NEW YORK STATE VOTER REGISTRATION APPLICATION

Only fill this out if you want to register to vote or change your address or other information with the Board of Elections.

If you register to vote, your completed voter registration application will be sent directly to the Board of Elections. If you decline to register, your decision will remain confidential. You will be notified by your County Board of Elections when your voter registration application has been processed.

Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answer NO, you cannot register to vote</i>		Will you be 18 years of age or older on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answer NO, you cannot register to vote unless you will be 18 by the end of the year.</i>		Telephone Number (optional)
Have you voted before? <input type="checkbox"/> Yes <input type="checkbox"/> No What Year?	Voting information that has changed: skip if this has not changed or you have not voted before.	Your name was _____	Your state or NYS County was: _____	
		Your address was _____		

Political Party

You must make 1 selection. Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party unless state party rules allow otherwise.

I wish to enroll in a political party:

- Democratic party
- Republican party
- Conservative party
- Green party
- Working Families party
- Independence party
- Women's Equality party
- Reform party
- Other _____

I do not wish to enroll in a political party

- No party

AFFIDAVIT: I swear or affirm that

- I am a citizen of the United States.
- I will have lived in the county, city, or village for at least 30 days before the election.
- I meet all requirements to register to vote in New York State.
- This is my signature or mark on the line below.
- The above information is true. I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years.

Sign X _____