



Department of Motor Vehicles

REQUEST FOR NYS DRIVING PRIVILEGES

To request clearance for New York State Driving Privileges, please fill in the following information and include a non-refundable \$25.00 check/money order made payable to the Commissioner of Motor Vehicles.

Full Last Name		Full First Name	MI
Date of Birth (mm/dd/yy) / /	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Daytime Phone Number (Area Code) - (Optional) () -	
NYS Driver License, Learner Permit or Non-Driver ID Card Number (if available)			

CURRENT OUT-OF-STATE RESIDENCE ADDRESS

Number and Street		Apt. Number
City or Town	State	Zip Code

MAILING ADDRESS IF DIFFERENT THAN RESIDENCE

Number and Street		Apt. Number
City or Town	State	Zip Code

Signature (required)  _____
 (Sign name in full)

Date _____

Mail form and check/money order to:

NYS Department of Motor Vehicles
 6 Empire State Plaza
 Albany, NY 12228
 Attention: Driver Improvement Unit, Room 336

