



Department of Motor Vehicles

REQUEST FOR NYS DRIVING PRIVILEGES

To request clearance for New York State driving privileges, please provide the information below and include the non-refundable fee of \$100.

Full Last Name		Full First Name	MI
Date of Birth (mm/dd/yy) / /	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	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 _____

You must pay the \$100 fee with a check or money order made payable to "Commissioner of Motor Vehicles." Mail your payment and this completed form to:

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

