



PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.

This form is also available on DMV's web site at: [dmv.ny.gov](http://dmv.ny.gov)OFFICE USE ONLY  
Image #

I AM APPLYING FOR A (check any that apply):

☐ Learner Permit ☐ ID card ☐ Renewal ☐ Replacement ☐ Change ☐ NYS license in exchange for a license from another US State, the District of Columbia or Canadian Province

IDENTIFICATION INFORMATION Do you now have, or did you ever have a New York:

Driver license? . . . . ☐ Yes ☐ No  
Learner permit? . . . . ☐ Yes ☐ No  
Non-driver ID Card? ☐ Yes ☐ No

If "Yes", enter the identification number as it appears on the license, learner permit, or non-driver ID card. →

NYS DRIVER LICENSE, LEARNER PERMIT, or  
NON-DRIVER ID CARD NUMBER

FULL LAST NAME

FULL FIRST NAME

FULL MIDDLE NAME

SUFFIX

DATE OF BIRTH

SEX

HEIGHT

EYE COLOR

DAY PHONE NO.

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.

Do you have or did you ever have a driver license that is valid or that expired within the last two years, issued by another US State, the District of Columbia or a Canadian Province? ☐ Yes ☐ No

If "Yes", where was it issued? \_\_\_\_\_

Date of Expiration: Type of License: Out-of-State License ID No.:

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.

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

Apt. No.	City or Town	State	Zip Code	County
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Has your mailing address changed? ☐ Yes ☐ No Has the address where you live changed? ☐ Yes ☐ No

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 additional information, please see form MV-44.1.

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

To enroll in the NYS Department of Health's Donate Life<sup>SM</sup> Registry, check the "yes" box and then sign and date below. You are certifying that you are: 18 years or older; consenting to donate all of your organs and tissues for transplantation, research or both; authorizing DMV to transfer your name and identifying information to DOH for enrollment in the Registry; and authorizing DOH to allow 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 from DOH, which will also provide you an opportunity to limit your donation.

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: \_\_\_\_\_

☐ Check this box to make a \$1 voluntary contribution to the Life...Pass It On Trust Fund. The \$1 donation will be added to your total transaction fee. A contribution to the Fund is used for organ donation and transplant research and educational projects promoting organ and tissue donation.

VOTER REGISTRATION QUESTIONS (Please answer "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, or if you are changing your address, would you like the Board of Elections to be notified?

☐ YES - Complete Voter Registration Application Section (Not necessary if you will be applying in person at a DMV office).

☐ NO - I Decline to Register/Already Registered/I do not want to notify the Board of Elections of my change of address.

PLEASE COMPLETE AND SIGN PAGE 2.

FOR OFFICE USE	Other Restrictions		License Class	A	B	C	NCDL-C	D	DJ				
	Endorsements			E		ID	M		MJ				
	CDL Certifications	NI	NA	EI	EA	Special Conditions	AM	DP	LR	TR	LS	BC	
						ML	NF	TD	UC	UP	UR	X8	XT
<input type="checkbox"/> TEENS	Proof Submitted:	<input type="checkbox"/> Driver License/ID	<input type="checkbox"/> DHS Document(s)	<input type="checkbox"/> Social Security Card	Approved By								Date
<input type="checkbox"/> License/Permit Surrendered for Non-Driver ID Card	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Learner Permit	<input type="checkbox"/> Medical Certificate (CDL Only)	<input type="checkbox"/> Credit Card	Office								
	<input type="checkbox"/> U.S. Passport	<input type="checkbox"/> MV-45	<input type="checkbox"/> Image Retrieval	<input type="checkbox"/> ATM Card									
	<input type="checkbox"/> Foreign Passport	<input type="checkbox"/> Out of-State-License											
	Other:												

**DRIVER LICENSE and LEARNER PERMIT APPLICANTS ONLY**

1. Have you had a driver license, learner permit, or privilege to operate a motor vehicle suspended, revoked or cancelled, or an application for a license denied in this state or elsewhere, in this or any other name? ☐ Yes ☐ No  
If "Yes", has your license, permit or privilege been restored, or your application approved? ☐ Yes ☐ No
2. 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](http://dmv.ny.gov).
3. Do you need a hearing aid and/or full view mirror while operating a motor vehicle? ☐ Yes ☐ No
4. Have you lost use of a leg, arm, hand or eye? ☐ Yes ☐ No
- 4a. If you are renewing your license and answered "Yes", is this a new condition since your last license? ☐ Yes ☐ No
- 4b. If you answered "NO" to 4a, has your condition worsened since your last license? ☐ Yes ☐ No

**PARENT/GUARDIAN CONSENT** ☐ Junior License ☐ Non-driver ID Card (under 16)

I am the parent or guardian of the applicant, and I consent to the issuance of a learner permit, license or (if under 16) a non-driver ID card to him/her. I understand that I am responsible for certifying that the applicant has completed at least 50 hours of supervised "practice" driving, including 15 hours of driving after sunset, prior to the applicant taking a road test, and that this certification (MV-262) must be presented at the time of the road test. Note to parent/guardian: If the driver license applicant is 17 years old and has a Driver Education Student Certificate of Completion (MV-285), consent is not required.

Parent or Guardian  
Sign Here ➔



(Relationship to Applicant)

(Date)

**Teen Electronic Event Notification Service (TEENS)**

I would like to enroll in the TEENS program to be notified if the under 18 year-old applicant receives a conviction, suspension, revocation or an accident on their license file. For more information about this program, see form MV-1046, How to Enroll in TEENS or MV-1056, TEENS FAQs. This is a **FREE** service. ➔

**NYS Client ID of Consenting Parent or Guardian Above- Required**

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**COMMERCIAL DRIVER LICENSE APPLICANTS ONLY**

1. In the past 10 years, was a driver license issued to you from another state in the U.S. or the District of Columbia ? ☐ Yes ☐ No

If YES, write the name of each one (if you turn in a license from another state, do not include that state): \_\_\_\_\_

2. You **MUST** certify to DMV that you operate (or expect to operate) a CMV in one of the following four driving types (select only one):

- ☐ **Non-excepted Interstate (NI)** - certified medical status required. (Age 21 or older; operate/expect to operate Interstate)
- ☐ **Non-excepted Intrastate (NA)** -certified medical status required. (Age 18 or older; operate/expect to operate in NYS only; must have K restriction)
- ☐ **Excepted Interstate (EI)** - (Age 18 or older; operate/expect to operate Excepted Operation Only; must have A3 restriction)
- ☐ **Excepted Intrastate (EA)** - (Age 18 or older; operate/expect to operate Excepted Operation Only and in NYS Only; must have A3 and K restriction)

If the driving type you selected requires certified medical status (NI or NA) you must provide a legible copy of your current USDOT Medical Examiner's Certificate to DMV if it is not already on file. Please see DMV form MV-44.5 if additional information is needed to help you determine your driving type.

**CERTIFICATION**

I certify that the information I have given on this application is true. If I am applying for a replacement license or non-driver identification card, I certify that the license or non-driver identification card has been lost, stolen or mutilated and that, if the lost license or non-driver identification card is found, I will turn it in to the Department of Motor Vehicles. If I am exchanging my out-of-state license for a NYS license, I certify that I was a permanent resident of the state or province in which my license was issued at the time the license was issued, that such license has been valid for at least 6 months, and that I have not failed a road test in NYS in the last 12 months. 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 ➔

PLEASE PRINT

NAME ➔

**CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:**

My signature authorizes \_\_\_\_\_  
to use my credit card for payment of fees in connection with this application, and I understand that I must be present for this transaction.

Sign  
Here ➔

(Cardholder-Sign Name in Full)

OFFICE	TEST RESULTS			Applicant's Signature		Examiner's Initials
	Eye	<input type="checkbox"/> Pass	<input type="checkbox"/> Corrective Lens	1		
	Written	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	2		

MV-44 (5/15)

**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 decline to register, your decision will remain confidential. 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](http://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 If you answer NO, you cannot register to vote	Will you be 18 years of age or older on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer NO, you cannot register to vote unless you will be 18 by the end of the year.	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** To vote in a primary election, you must be enrolled in one of these listed parties - except the Independence Party, which permits non-enrolled voters to participate in certain primary elections.

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 \_\_\_\_\_ Date \_\_\_\_\_

MV-44 (5/15)