



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, SUFFIX, DATE OF BIRTH, SEX, HEIGHT, EYE COLOR, TELEPHONE NUMBER

NYS DRIVER LICENSE OR NON-DRIVER ID CARD NUMBER

Number grid for driver license or ID card

SOCIAL SECURITY NUMBER\* (SSN)

Number grid for social security number

\*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.

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.

Name change input field

MOBILE PHONE NUMBER

Mobile phone number input field

EMAIL

Email input field

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)

Mailing address input fields: Apt. No., City or Town, State, Zip Code, County

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

Residence address input fields: 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

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 NYS Department of Health's Donate Life 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, 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. If you are 16 or 17 years of age, parents/legal guardians may rescind or amend your decision upon your death.

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.

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, or if you are changing your address, would you like the Board of Elections to be notified?

YES - Complete Voter Registration Application Section 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: Eye Test, License Class, Restrictions, Exp. Date, Proof Submitted, Stop/Response, Validation Number, Approved By, Date, Office

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.? Will you be 18 years of age or older on or before election day? Telephone Number (optional) Have you voted before? Voting information that has changed: Your name was Your address was Your state or NYS County 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

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](http://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.

MV-44CR (11/16)

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### 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)