NEW YORK STATE | Department of Motor Vehicles

APPLICATION FOR NAME CHANGE ONLY ON STANDARD PERMIT, DRIVER LICENSE OR NON-DRIVER ID CARD

This form is also available at **dmv.ny.gov**

OFFICE USE ONLY
Image #

SEE **INSTRUCTIONS** ON PAGE 2. ***PRINT*** *CLEARLY IN BLUE OR BLACK INK.*

CURRENT DOCUMENT

☐ License ☐ Permit ☐ ID card

IDENTIFICATION INFORMATION

ID NUMBER ON NEW YORK STATE DRIVER LICENSE, LEARNER PERMIT, or NON-DRIVER ID CARD (REQUIRED)

A new permit, driver license, or ID card issued by New York State may cancel any permit, driver license, or ID card you hold in any other U.S. state or the District of Columbia.

YOUR NAME AS IT APPEARS ON YOUR CURRENT NEW YORK STATE DRIVER LICENSE, LEARNER PERMIT, OR NON-DRIVER ID CARD

NEW FULL LAST NAME

NEW FULL FIRST NAME

NEW FULL MIDDLE NAME

Do you have a permit or driver license that is valid or that has expired within the last two years, issued by any place other than New York State?

☐ Yes ☐ No

If "Yes", where was it issued? _____

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

An out-of-state permit, driver license or ID card may be subject to cancellation upon issuance of a New York permit, driver license or ID card.

SUFFIX

DATE OF BIRTH Month / Day / Year

SEX ☐ M ☐ F ☐ X

HEIGHT Feet / Inches

EYE COLOR

TELEPHONE NUMBER (Home/Mobile)

Area Code ( )

SOCIAL SECURITY NUMBER* (SSN)

If you have not already changed your name with the Social Security Administration, your application will be rejected.

*You must provide the number. Authority to collect your SSN is granted by Sections 490(3) and 502(1) of the Vehicle and Traffic Law. The information will be used for exchange with other jurisdictions, to assist in verification of identity, and for driver license sanctions pursuant to V&T Law Section 510(4-e) and 510(4-f). Your SSN will not be given to the public.

ADDRESS WHERE YOU LIVE - *DO NOT GIVE P.O. BOX. THIS ADDRESS WILL APPEAR ON YOUR PHOTO DOCUMENT.*

	Apt. No.	City or Town	State	Zip Code	County

ADDRESS WHERE YOU GET YOUR MAIL - *Required if different from address where you live. Include street number and name, Rural Delivery and/or box number.*

	Apt. No.	City or Town	State	Zip Code	County

VETERAN STATUS

☐ Check this box if you would like to have "Veteran" printed on the front of your photo document. You must provide proof that indicates an honorable discharge from military service (ex: DD-214, DD-215).

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

To enroll in the New York State 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 and research; authorizing DMV to transfer your name and identifying information to the Donate Life Registry; and authorizing federally regulated organ procurement organizations and New York State licensed tissue and eye banks to have access to this information upon your death. "ORGAN DONOR" *will be printed on the front of your DMV photo document*. You will receive a confirmation, which will also provide you an opportunity to change or limit your donation. If you are 16 or 17 years of age at your time of death, parents/legal guardians may change your decision upon your death. For more information, please visit donatelife.ny.gov.

☐ Check this box to make a $1 voluntary donation 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 and Date

REGISTRATION WITH THE UNITED STATES SELECTIVE SERVICE SYSTEM (SSS)

All male U.S. citizens and immigrants ages 18 through 25 must register with SSS or violate the law. Failure to register is a felony punishable by up to five years in prison and/or a $250,000 fine. If not registered by age 26, you can no longer register and will permanently lose benefits associated with registration, and you will be disqualified from access to: U.S. citizenship if an immigrant; Pell Grants and federal student aid; job training programs; and all federal and postal jobs and many state employment jobs. Should you elect not to register you may do so by checking the "No" box and the pre-mentioned benefits will be lost. ☐ NO

PLEASE COMPLETE AND SIGN PAGE 2. →

OFFICE USE ONLY					
License Class		Special Conditions			☐ TEENS
Other Restrictions		Approved By	Date	Office	

THESE QUESTIONS MUST BE COMPLETED FOR ALL LICENSE/PERMIT TRANSACTIONS

1. Has your driver license, learner permit, or privilege to drive a motor vehicle been suspended, revoked or cancelled, or has your application for a license been denied in this state or elsewhere, in the name you provide on this form or any other name?
   ☐ Yes ☐ No
   If "Yes", has your license, permit or privilege been restored, or has your application been approved?
   ☐ Yes ☐ No
2. Have you received treatment, do you currently receive treatment, or do you take medication for any condition that causes unconsciousness or unawareness (for example, a convulsive disorder, epilepsy, fainting or dizziness, or a heart condition)?
   ☐ Yes ☐ No
   If you marked "Yes", you must submit form MV-80U.1, even if you were released from the Medical Review Program. You can get this form at any Motor Vehicles office or at dmv.ny.gov
3. Do you need a hearing aid and/or full view mirror to drive a motor vehicle?
   ☐ Yes ☐ No
4. Have you lost the use of a leg, arm, hand or eye?
   ☐ Yes ☐ No
   4a. If you need to renew your driver license and you marked "Yes", did this occur since your last driver license?
   ☐ Yes ☐ No
   4b. If you marked "NO" to 4a, has your condition gotten worse since your last driver license?
   ☐ Yes ☐ No

CERTIFICATION

I certify that the information I have given on this application and on any documentation provided in support of this application is true and complete.

I understand that making a false statement on this application, or submitting any documentation in support of this application that is false, may be punishable as a criminal offense.

I understand that personally identifiable information collected for the purpose of issuing a license or identification card may be verified against nationwide DMV systems for accuracy.

If I am a male at least 18 but less than 26 years old, unless I have opted "no" to United States Selective Service System (SSS) registration on Page 1, I hereby affirmatively opt to register with the SSS and consent to DMV forwarding my personal information to the SSS for registration.

PRINT NAME HERE

DATE: _____

SIGN HERE →

Your entire signature must be contained within the box.

INSTRUCTIONS

- This form is ONLY to be used to apply for a name change on an existing STANDARD license, permit, or non-driver ID (All EDL, REAL ID, and CDL are excluded).
- No other information changes are allowed as part of this transaction (height, gender, address, etc.).
- The name on your new Social Security card must exactly match the name requested for your new DMV document.
- You must have a Social Security number on file with the Department of Motor Vehicles.
- You must provide a copy of your current license/photo document and Social Security card with this request.
- You must provide copies of any of the following that are appropriate proofs of your name change: government-issued marriage certificate, government-issued court order, amended birth certificate, divorce papers (must indicate a name change), OR naturalization papers.
- Your full signature must remain within the signature box. This signature will be used on your new document. Signatures with lines touching or crossing over the edges of the box will be rejected.
- You must pay the fee listed at dmv.ny.gov/driver-license/fees-refunds "Fee to change information on a driver license or learner permit". If you do not pay the fee, you will not receive your new document.
- You may mail this application and payment (personal check or money order) to the following New York State DMV location:

NYSDMV - Utica Processing Center
207 Genesee Street, 15th Floor
Utica, NY 13501

This application will only affect your photo document. You will need to apply for a name change on your other DMV-issued documents (registration, title, etc) separately. For more information, visit dmv.ny.gov/address-change/how-change-information-dmv-documents.

NEW FULL LAST NAME _____

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 or Pre-Register to Vote in NYS Elections unless you decline such registration. You may also use the Registration Application to:

- change the name or address on your voter registration
- become a member of a political party
- change your party membership
- pre-register to vote if you are 16 or 17 years of age

To Register You Must:

- be a U.S. citizen
- be 18 years old (you may pre-register at 16 or 17 but cannot vote until you are 18)
- not be in prison for a felony conviction
- not claim the right to vote elsewhere
- not found to be incompetent by a court

If you are a victim of domestic violence, certain sex offenses, or stalking, you may contact the State Board of Elections before or after registering or pre-registering to vote in order to receive information regarding the address confidentiality program for victims of domestic violence and certain sex offenses. To ensure confidentiality such victims should contact the State Board of Elections before registering or pre-registering 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 sign the application and do not check the box declining to register to vote, you thereby consent to the use of any information required to complete the voter registration application. 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. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency. 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 New York State Board of Elections, 40 North Pearl Street, Albany, NY 12207-2729 (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 New York State Board of Elections website www.elections.ny.gov

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料:若您有興趣索取中文資料表格, 請電: 1-800-367-8683

한국어: 한국어 양식을 원하시면 1-800-367-8683 으로 전화 하십시오.

যদি আপনি এই ফর্মটি বাংলাতে পেতে চান তাহলে 1-800-367-8683 নম্বরে ফোন করুন

NEW YORK STATE VOTER REGISTRATION APPLICATION

IF YOU ARE NOT A CITIZEN OF THE UNITED STATES, YOU MUST CHECK THE BOX BELOW. NON-CITIZENS WHO REGISTER OR PRE-REGISTER TO VOTE MAY BE SUBJECT TO CRIMINAL PENALTIES AND SUCH VOTER REGISTRATION OR PRE-REGISTRATION MAY RESULT IN DEPORTATION OR REMOVAL, EXCLUSION FROM ADMISSION TO THE UNITED STATES, OR DENIAL OF NATURALIZATION.

☐ **I DECLINE USE OF THIS FORM FOR VOTER REGISTRATION AND PRE-REGISTRATION PURPOSES. DO NOT FORWARD MY INFORMATION TO THE BOARD OF ELECTIONS.**
IF YOU DO NOT CHECK THIS BOX, AND YOU PROVIDE YOUR SIGNATURE ON THE SPACE BELOW, YOU WILL HAVE APPLIED TO REGISTER OR PRE-REGISTER TO VOTE, AND YOU WILL HAVE ATTESTED TO YOUR ELIGIBILITY TO REGISTER OR PRE-REGISTER TO VOTE.

Are you a citizen of the U.S.? ☐ Yes ☐ No *If you answer NO, you cannot register to vote.*	Will you be 18 years of age or older on or before election day? ☐ Yes ☐ No Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote, and that until you will be eighteen years of age at the time of such election your registration will be marked "pending" and you will be unable to cast a ballot in any election? ☐ Yes ☐ No If you answer **NO** to both of the prior questions, you cannot register to vote.
Have you voted before? ☐ Yes ☐ No What Year?	Voting information that has changed: Skip if this has not changed or you have not voted before. Your name was Your address was Your state or New York State County was:
More Information (Optional)	Email Telephone Number

Political Party

You must make 1 selection. ONLY ENROLLED MEMBERS OF A POLITICAL PARTY MAY VOTE IN THAT PARTY'S PRIMARIES.

I wish to enroll in a political party:

- ☐ Democratic party
- ☐ Republican party
- ☐ Conservative party
- ☐ Working Families 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-44NC (2/26)

reset/clear