NEW YORK STATE | Department of Motor Vehicles

VEHICLE ESCORT DRIVER APPLICATION

dmv.ny.gov

PLEASE PRINT WITH BLUE OR BLACK INK IN THE BOXES

Note: To become a certified vehicle escort driver, you ***MUST:***

- Have a valid driver license
- Be at least 21 years old
- Pay a $40 fee
- Pass a written exam
- Present proof of ID *(as listed on ID-44)*

Action Wanted: ☐ Original Certification ☐ Renewal ☐ Replace Certificate ☐ Amend Certification

Note: If you are a New York licensed driver and need to change your name and/or address, you must notify DMV of any change BEFORE you submit this application.

If you are applying for a replacement or need to change your name and/or address on your certificate, complete this form and mail it to: **Department of Motor Vehicles, 207 Genesee Street, 15th Floor Utica, NY 13501-2874.** A $5.00 check *(payable to the Commissioner of Motor Vehicles)* is required for a replacement certificate.

If you are applying for a renewal, complete this form and mail it to: **Department of Motor Vehicles, 207 Genesee Street, 15th Floor, Utica, NY 13501-2874.** A $40 check (payable to *Commissioner of Motor Vehicles)* is required for a renewal.

Name of Applicant *(Last, First, Middle)*

Phone Number *(Include area code)*

Date of Birth Month / Day / Year

Sex ☐ M ☐ F ☐ X

Height FEET / INCHES

Eye Color

State/Province of driver license | Driver License Number

Client ID number as it appears on your NYS Vehicle Escort card (if available)

Address Where You Get Your Mail *(Include Street Number and Name, Rural Delivery, and/or Box)* *Apt. #*

City or Town **State** **Zip Code** **County**

Address Where You Live - If different from your mailing address
(Include Street Number and Name, Rural Delivery, and/or Box) *Apt. #*

City or Town **State** **Zip Code** **County**

Address Change for: ☐ Mailing Address ☐ Legal Address

Does any of the information on your Escort Certificate have to be changed?
☐ Yes ☐ No

Name Change: *Print your former name exactly as it appears on your escort certificate*

Other Change: *What is the change and the reason for it (wrong date of birth, etc.)?*

I state that the information I have given on this application is true to the best of my knowledge. I certify that I am the holder of a valid driver license that is not now suspended or revoked, and that I have not lost my privilege to drive in New York State.

SIGN HERE X _____
(Sign name in full - You must sign your own name.)

DMV USE ONLY

Expiration Date	Proof Submitted:	Approved By
Fee	☐ Driver License/ID	Office / Date:

reset/clear