

STATE OF ALASKA DIVISION OF MOTOR VEHICLES
APPLICATION FOR ALASKA DRIVER LICENSE,
PERMIT OR IDENTIFICATION CARD

ALASKA ID/DL #		<input type="radio"/> FIRST ALASKA ID/DL		DATE OF BIRTH		**YOUR PHOTO WILL BE TAKEN TODAY **		
LEGAL FIRST NAME				LEGAL MIDDLE NAME <input type="radio"/> NO MIDDLE NAME				
LEGAL LAST NAME					SUFFIX			
SEX <input type="radio"/> FEMALE <input type="radio"/> MALE	HEIGHT FT IN	WEIGHT LBS	HAIR COLOR <input type="radio"/> BALD <input type="radio"/> BLACK <input type="radio"/> BROWN <input type="radio"/> RED <input type="radio"/> GRAY <input type="radio"/> PURPLE <input type="radio"/> PINK <input type="radio"/> BLONDE <input type="radio"/> BLUE <input type="radio"/> GREEN <input type="radio"/> SANDY <input type="radio"/> WHITE <input type="radio"/> ORANGE		EYE COLOR <input type="radio"/> BLACK <input type="radio"/> BROWN <input type="radio"/> GRAY <input type="radio"/> PINK <input type="radio"/> BLUE <input type="radio"/> GREEN <input type="radio"/> HAZEL <input type="radio"/> MULTI			
MAILING ADDRESS				CITY/STATE/ZIP		ADDRESS TO BE PRINTED ON CARD <input type="radio"/> MAILING <input type="radio"/> RESIDENCE		
RESIDENCE ADDRESS				CITY/STATE/ZIP				
<input type="radio"/> FEDERALLY COMPLIANT (REAL ID) <input type="radio"/> FEDERAL LIMITS APPLY (STANDARD)								
LICENSE/PERMIT/ID <input type="radio"/> Instruction Permit (IP) <input type="radio"/> Non-Commercial Driver License (D) <input type="radio"/> Motorcycle Permit (IM) <input type="radio"/> Motorcycle License (M1) or (M3) <input type="radio"/> Identification Card (ID) <input type="radio"/> Other _____		OPTIONAL DESIGNATORS <input type="radio"/> Hidden Disability (Proof of eligibility required) <input type="radio"/> Veteran (Proof of honorable discharge required) <input type="radio"/> Organ Donor I would like to donate \$_____ to the anatomical gift awareness fund.		COMMERCIAL LICENSE/PERMIT Commercial Driver License*: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C Commercial Learner's Permit*: <input type="radio"/> IA <input type="radio"/> IB <input type="radio"/> IC *Form 413 may be required			COMMERCIAL ENDORSEMENTS <input type="radio"/> Passenger (P) <input type="radio"/> School Bus (S) <input type="radio"/> Doubles / Triples (T) <input type="radio"/> Hazardous Materials (H) <input type="radio"/> Tank (N) <input type="radio"/> HazMat (H) + Tank (N) = (X)	
ABOUT YOU:								
ARE YOU A U.S. CITIZEN? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> U.S. NATIONAL								
WOULD YOU LIKE TO REGISTER TO VOTE OR MAKE CHANGES TO YOUR VOTER REGISTRATION? <input type="radio"/> YES <input type="radio"/> NO CHANGE								
HAVE YOU EVER BEEN KNOWN BY A DIFFERENT LEGAL NAME? If YES list: _____								
DO YOU CURRENTLY HOLD A LICENSE, PERMIT OR ID IN ANOTHER STATE? <input type="radio"/> YES <input type="radio"/> NO If YES provide: License#: _____ State: _____ <div style="text-align: center;"><input type="radio"/> REAL ID <input type="radio"/> STANDARD</div>								
HAVE YOU EVER HELD A LICENSE, PERMIT OR ID IN ANOTHER STATE? LIST: _____								
What has made you smile today? (Optional)								
ADDITIONAL INFORMATION NEEDED THAT WILL NOT APPEAR ON YOUR CARD:								
SOCIAL SECURITY NUMBER				<input type="radio"/> I have never been assigned a SSN (SSA letter required.)				
I WAS BORN IN... (CITY/STATE/COUNTRY)								
EMAIL: (OPTIONAL)								
PHONE#: (OPTIONAL)								
TELL US ABOUT YOUR DRIVING HISTORY:								
HAS YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED OR REVOKED, OR HAD YOU APPLICATION EVER BEEN DENIED? <input type="radio"/> YES <input type="radio"/> NO								
IF YES LIST LAST 2 INSTANCES:								
#1: _____		DATE/STATE: _____		#2: _____		DATE/STATE: _____		
WITHIN THE PAST 5 YEARS, HAVE YOU HAD A MEDICAL CONDITION OR IMPAIRMENT, MENTAL OR PHYSICAL DISORDER, SEIZURE, OR ANY OTHER SERIOUS HEALTH PROBLEM THAT COULD AFFECT YOUR ABILITY TO SAFELY OPERATE A MOTOR VEHICLE? <input type="radio"/> YES <input type="radio"/> NO								
IF YES EXPLAIN: _____								
STOP DO NOT SIGN UNTIL DIRECTED BY A DMV REPRESENTATIVE STOP								
<ul style="list-style-type: none">I acknowledge that receiving an Alaska Permit, License or ID card may cancel or invalidate any Permit, License or ID card from another state per the laws of that state.I certify that I understand the options for driver's license and identification card types available today and have knowingly selected the type indicated on this form. I certify that other than the credential I am surrendering today, I do not have a driver's license or Real ID credential in another state.I have personally reviewed the information on this application and certify under penalty of perjury that to the best of my knowledge and belief the information on this application is true and correct. <p>NOTE: Making a false statement in connection with this application may be punishable by a maximum penalty of \$50,000 or five years imprisonment or both per AS 11.46.505.</p>								
X _____ SIGN HERE		_____ DATE		_____ LDAP/OFFICE				

PARENT / GUARDIAN CONSENT FOR A MINOR:

Pursuant to AS 28.15.071, an application for a person under the age of 18 must be signed by a parent or legal guardian. The person who authorizes issuance of the license or permit is liable for damages caused by the minor when driving a motor vehicle. You may file a written request to cancel the license or permit.

Parent / Guardian Consent for a Minor applying for a Motorcycle Permit or License requires a separate Form 433M with the consent of both parents.

FULL LEGAL NAME OF PARENT OR LEGAL GUARDIAN

RELATIONSHIP TO APPLICANT

PARENT ID/DL #

STATE:

EXPIRES:

FULL LEGAL NAME OF MINOR

TYPE OF LICENSE OR PERMIT YOU ARE GIVING CONSENT TO:☐ Instruction Permit (IP)☐ Provisional Driver License (D)☐ Driver License (unrestricted) (D)☐ ATV & Snow Machine License (R)

By signing below, I agree to the terms and conditions stated above. If upgrading from a permit to a provisional license, I further certify that the applicant has had at least 10 hours of driving experience in inclement weather (snow / ice / rain / darkness / etc.) for a total of 40 hours driving experience.

X

Signature of Parent or Legal Guardian (Do not sign until directed to by the DMV representative)

DATE

**FOR DIVISION USE ONLY****DID THE APPLICANT TAKE A TEST?**

Test scores are valid for one year. All tests must be verified in the testing system.

KNOWLEDGE/SKILLS TESTS

TEST(S) VALID FOR ONE YEAR

☐ General☐ Motorcycle☐ Alcohol☐ Road**Commercial:**☐ CDL General☐ Combo (IA req)☐ Double/Triple☐ Tank☐ Air Brake☐ Passenger☐ School Bus☐ HAZMAT**VISION TEST**

LEFT: 20/____ BOTH: 20/____ RIGHT: 20/____



WITH C/L



WITHOUT C/L

COLOR BLIND TEST(CDL/CLP)



PASS



FAIL



MED CARD



DR NOTE

OPTIONAL ADDITIONAL REP INFORMATION:**DOCUMENTS ACCEPTED**PRIMARY: ☐ US Passport ☐ Birth Cert. ☐ Perm Res Card ☐ Other:NAME CHANGE: ☐ Marriage Cert. ☐ Divorce Decree ☐ Other:SSA: ☐ SS Card ☐ SSOLV Only ☐ W-2 ☐ 1099 ☐ Letter

RESIDENCE: (#1)

(#2)

ADDITIONAL NOTES

Was this transaction unusual? Use this area to further explain.

DATE

BATCH

FEE\$

PAYMENT

☐ CA ☐ CK ☐ CC

DONATION?

LDAP/OFFICE