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

PERSONAL INFORMATION	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	
	ALASKA LICENSE/ID NUMBER	<input type="checkbox"/> NONE	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
				<input type="checkbox"/> NONE	
	SEX	HEIGHT (FEET/INCHES)	WEIGHT (LBS)	HAIR COLOR	EYE COLOR
	BIRTH CITY	BIRTH STATE		BIRTH COUNTRY	
	MAILING ADDRESS	CITY	STATE	ZIP	
	RESIDENCE ADDRESS (Printed on Card)	CITY	STATE	ZIP	
EMAIL ADDRESS			PHONE NUMBER		

FEDERAL LIMIT SELECTION	CARD TYPE(S)	LICENSE AND/OR PERMIT TYPE	OPTIONAL CARD DESIGNATORS	COMMERCIAL CLASS	COMMERCIAL ENDORSEMENT(S)
<input type="checkbox"/> REAL ID COMPLIANT <input type="checkbox"/> STANDARD <i>Standard cards may not be used for commercial air travel after 5/3/23.</i>	<input type="checkbox"/> IDENTIFICATION CARD <input type="checkbox"/> DRIVER LICENSE <input type="checkbox"/> INSTRUCTION PERMIT	<input type="checkbox"/> NON-COMMERCIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> OTHER _____	<input type="checkbox"/> ORGAN DONOR <input type="checkbox"/> VETERAN <input type="checkbox"/> HIDDEN DISABILITY	<input type="checkbox"/> CLASS A <input type="checkbox"/> CLASS B <input type="checkbox"/> CLASS C	<input type="checkbox"/> PASSENGER <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> DOUBLES/TRIPLES <input type="checkbox"/> TANK <input type="checkbox"/> HAZARDOUS MATERIALS

ADDITIONAL DRIVER AND VOTER INFORMATION	1. Are you a United States citizen?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	2. If you marked no to the previous question, are you a United States national?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	3. Would you like to be an organ donor? (Selecting no will cancel your current organ donor status, if applicable.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
	4. Have you ever been known by a different legal name? Name(s): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
	5. Within the last 10 years, have you held a permit or driver's license in another state? Date(s) and State(s): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
	6. Have your driving privileges ever been suspended or revoked, and/or have you had a driving application denied? Date(s) and Reason(s): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
	7. Within the past five 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? Explanation: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
	8. Would you like to register to vote or make changes to your voter registration?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	9. If you marked yes to the previous question, do you meet the eligibility requirements to register to vote?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p><i>Voter Registration Information: To register to vote, you must be a US Citizen, an Alaska resident, and 18 years of age or older, or within 90 days of turning 18. 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 register to vote, the office at which you submit this voter registration application will remain confidential and will be used only for voter registration purposes. To vote, you cannot be under 18, registered in another jurisdiction, judicially determined to be of unsound mind, or convicted of a felony involving moral turpitude, unless, having been so convicted, you have been unconditionally discharged from incarceration, probation, and/or parole.</i></p>		

APPLICANT SIGNATURE

- I. I certify under penalty of perjury that all information provided on this application is true. False statements are punishable under AS 11.56.210 and AS 15.56.050.
- II. I acknowledge that by receiving an Alaskan credential, any other credential from another state may be cancelled or invalidated.
- III. I understand the type of license(s) that are available to me and I have chosen the license that I would like.
- IV. If I made an anatomical gift, I understand the information on my license will be transmitted to a donor registry created under AS 13.50.110.
- V. I understand it is my responsibility to notify DMV if my license is destroyed or mutilated or if my anatomical gift is revoked under AS 13.52.183.
- VI. If I registered to vote using this form, I meet the requirements to register to vote, I will meet the requirements to vote, and I am not registered to vote in another jurisdiction or I agree to cancel that registration.

APPLICANT PRINTED NAME

APPLICANT SIGNATURE

DATE

LDAP/OFFICE (DMV)

CONSENT FOR MINOR APPLICANTS

NAME OF PARENT, LEGAL GUARDIAN OR RESPONSIBLE ADULT

RELATIONSHIP TO APPLICANT

By signing below, I certify that I am eligible to authorize this minor for the applicable credential, as pursuant to AS 28.15.071, and if this minor is applying for a provisional license, they have had at least 40 hours of driving experience, including at least 10 hours in progressively challenging circumstances. I understand that I am liable for damages caused by the minor when driving a motor vehicle and I may file a written request with DMV to cancel the license or permit.

ADULT SIGNATURE (MUST BE SIGNED IN FRONT OF NOTARY OR DMV)

DATE

IDENTITY DOCUMENT #

NOTARY PUBLIC OR DMV REPRESENTATIVE

DATE

COMMISSION EXPIRATION

NOTARY STAMP:

DMV USE SECTION
FORM REVISION DATE: FEB 2022

LDAP/OFFICE: _____

DATE: _____

BATCH #: _____

PAYMENT TYPE: _____

DOCUMENTS ACCEPTED: _____

ADDITIONAL INFORMATION: _____

VISION TEST RESULTS: Left: 20/____ Right: 20/____ Both: 20/____

Corrective Lenses: Yes No

Color Blind Test: Pass Fail

Other Verification: Med Card Doctor's Note

KNOWLEDGE TEST(S): General Motorcycle Alcohol

CDL General Tank Double/Triple Air Brake

HAZMAT Passenger School Bus Combo

ROAD TEST(S) PASSED: Standard Commercial