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

FIRST NAME		MIDDLE NAME	LAST NAME		SUFFIX	
ALASKA LICENSE/ID # ☐ New		DATE OF BIRTH	SOCIAL SECURITY NUMBER ☐ None	SEX	HEIGHT (Feet/Inches) ft in	WEIGHT (LBS)
HAIR COLOR	EYE COLOR		EMAIL ADDRESS		PHONE NUMBER	
BIRTH CITY		BIRTH STATE (if USA)		BIRTH COUNTRY		
ADDRESSES (Residence must be printed on card)				CITY	STATE	ZIP
MAILING:						
RESIDENCE: ☐ Same as Mailing						

(select all that apply; only one credential may receive the REAL ID certification)

IDENTIFICATION CARD:	☐ Standard ☐ REAL ID
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DRIVING CREDENTIAL:	☐ Standard ☐ REAL ID	COMMERCIAL PERMITS, LICENSES & ENDORSEMENTS
☐ Instruction Permit	☐ Motorcycle Permit	Class A: ☐ CDL ☐ Permit ☐ Passenger ☐ School Bus
☐ Driver License	☐ Motorcycle License	Class B: ☐ CDL ☐ Permit ☐ Doubles/Triples ☐ Tank
		Class C: ☐ CDL ☐ Permit ☐ Hazardous Materials

1. What is your citizenship status? ☐ U.S. Citizen ☐ Noncitizen U.S. National ☐ Noncitizen 2. Have you ever been known by a different legal name? ☐ Yes ☐ No Name(s): _____ 3. Would you like to be an organ donor? (Selecting No will cancel your current organ donor status, if applicable) ☐ Yes ☐ No 4. Optional Designators you would like to receive: ☐ Veteran (Proof of Service) ☐ Hidden Disability (Form 486) 5. Would you like to register to vote or make changes to your voter registration? ☐ Yes ☐ No 6. If you marked "Yes" to the previous question, do you meet the eligibility requirements described below to vote? ☐ Yes ☐ No	Only answer the following questions if you are applying for a permit or license 7. Within the last 10 years, have you held an instruction permit or driver license in another state? ☐ Yes ☐ No Date(s) and State(s): _____ 8. Have your driving privileges ever been suspended or revoked, and/or have you had a driving application denied? ☐ Yes ☐ No Date and Reason: _____ 9. Within the last five years have you: A. Had a medical condition or impairment, mental or physical disorder, seizure, or any other serious health problem that may affect your ability to safely operate a motor vehicle? ☐ Yes ☐ No Explanation: _____ B. Been convicted of 3 or more drug or alcohol offenses under AS 28.15.181(a)(1)(5)(8), AS 28.33.030 or AS 28.33.031? ☐ Yes ☐ No If yes, must provide a physician verification the problem is under control (A&B) or proof of completion of a rehabilitative treatment program (B)
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VOTER ELIGIBILITY 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. I certify under penalty of perjury all information provided on this form is true. False statements are punishable under AS 11.56.210 & 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 Signature (must sign in front of DMV rep)	Today's Date	DMV REP USERNAME/Office #

PARENT/LEGAL GUARDIAN CONSENT FOR DRIVING CREDENTIAL

If you are a minor applying for a driving credential this section must be completed.

A legal document proving relationship is required for initial consent of minors.

NAME OF PARENT or LEGAL GUARDIAN : _____

Relationship to Applicant: _____ Parent/Guardian License or ID Number: _____
(or alternate ID information)

By signing below, I certify:

- I. I am eligible to authorize this minor for the applicable credential, as pursuant to AS 28.15 .071.
- II. 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.
- III. I understand 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 sign in front of DMV rep or notary)

Date

DMV REP Username/ Office #

THE SECTION BELOW SHOULD ONLY BE USED IF YOU ARE UNABLE TO SIGN IN FRONT OF A DMV REPRESENTATIVE

(SEAL)

Subscribed before me this _____ day _____ of, 20__

Notary Signature: _____ Commission Expiration Date: _____

DMV USE ONLY BELOW

REQUIRED VISION TEST RESULTS: Corrective Lenses: ☐ Yes ☐ No Left: 20/____ Both: 20/____ Right: 20/____

CDL COLOR BLIND TEST RESULTS: ☐ Pass ☐ Fail

MED CARD PROVIDED: ☐ Yes ☐ No

PHYSICIAN NOTE PROVIDED: ☐ Yes ☐ No

DOCUMENTS ACCEPTED: _____

KNOWLEDGE TESTS: ☐ General ☐ Motorcycle ☐ Alcohol & Drug Awareness

CDL KNOWLEDGE TESTS: ☐ CDL General ☐ Combination ☐ Air Brake ☐ Double/Triple ☐ Passenger ☐ School Bus ☐ HazMat ☐ Tank

ROAD TESTS PASSED: ☐ Non-Commercial ☐ Motorcycle ☐ Commercial

DATE: _____ BATCH #: _____ LDAP: _____ OFFICE #: _____ PAYMENT TYPE: _____

ADDITIONAL INFORMATION/NOTES: