

Application for a Driver's License or Identification Card

Complete both sides of this application. All requested information is mandatory.



Email Address _____

YOU MUST ANSWER "YES" OR "NO" TO ALL QUESTIONS BELOW, UNLESS YOU DO NOT MEET THE QUESTION'S CRITERIA.

YES NO

☐ YES ☐ NO

Has your address changed since your last License/ID issuance?
If "yes" please list previous address below:

**Please remember WV law requires you to notify DMV within 20 days after a change of address.*

Are you a U.S. Citizen? If "no", you must provide your Alien Registration Number below.

Alien Registration # _____

Have been issued a license/ID in another jurisdiction in the last 10 years? ☐ YES ☐ NO

List jurisdiction and License/ID # _____

Do you have a suspended/revoked license or a pending license suspension/revocation in ANY jurisdiction within the previous five years?

If "yes" you are required to provide a letter of explanation including the date of the incident.

Have you been refused a license by any jurisdiction within the previous five years? If "yes" you are required to provide a letter of explanation including the date of the incident.

APPLICANTS THAT OWE A CHILD SUPPORT OBLIGATION ONLY: Do you owe an obligation that is more than six months in arrears?

APPLICANTS THAT OWE A CHILD SUPPORT OBLIGATION ONLY: Are you the subject of a child support-related warrant, subpoena, or court order?

LEVEL 2 GDL Applicants ONLY: Have you been convicted of a traffic violation in the past 6 months?

LEVEL 3 GDL Applicants ONLY: Have you been convicted of a traffic violation in the past 12 months?

Social Security Number _____


Do you have any visual/medical condition(s) affecting your ability to drive safely? If "yes" you are required to provide a letter of explanation.

Do you wish to be designated on your license as an organ donor?

By checking "yes", I agree that the DMV may furnish my personal information to designated organ donation groups.

☐ **Yes**

☐ **No**

 **Organ Donor Indicator**

Do you wish to be designated on your license as diabetic? If so, a licensed physician must certify your condition by completing the MEDICAL ENDORSEMENT section on side two of this application.

Do you wish to be designated on your license as hearing impaired?
If so, a licensed audiologist must certify your condition by completing the MEDICAL ENDORSEMENT section on side two of this application.

Veterans of the United States Military ONLY: Do you wish to have the United States Veterans designation on your license? If you choose to have the veterans designation DMV is required to verify your status with your DD Form 214, WD AGO 53, WD AGO 55, WD AGO 53-55, NAMPERS 553, NAWMVC 78PD, NAVCG 553, Military Identification Card, or a Current Military license plate registration card. (A CSR may verify status as a current military licensee's plate holder through the vehicle system if an applicant does not have their registration card on hand).

Have you ever experienced seizures or loss of consciousness, emotional or mental illness, alcohol or drug problems, or any physical condition that requires you to use special equipment to drive? If "yes" you are required to provide a letter of explanation.

Ages 18 and up ONLY: Do you wish to register to vote?

You must complete BOTH sides of this application. An incomplete application will not be processed.