



DRIVER LICENSE / PERMIT / ID CARD APPLICATION

DRIVER LICENSE <input type="checkbox"/> CLASS C <input type="checkbox"/> CLASS C RESTRICTED TYPE: _____	INSTRUCTION PERMIT <input type="checkbox"/> CLASS C <input type="checkbox"/> MOTORCYCLE	MOTORCYCLE ENDORSEMENT <input type="checkbox"/>	IDENTIFICATION CARD <input type="checkbox"/>	AT-RISK <input type="checkbox"/>
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LAST NAME (PRINT LEGAL NAME)	FIRST NAME	FULL MIDDLE NAME	SOCIAL SECURITY NUMBER — —
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OREGON LICENSE/ID NUMBER	DATE OF BIRTH (M-D-Y)	MOTHER'S MAIDEN NAME	APPLICANT'S PLACE OF BIRTH (CITY & STATE OR COUNTRY)
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RESTRICTIONS	Do you want your license/ID card to show that you are an anatomical donor? <input type="checkbox"/> YES <input type="checkbox"/> NO	HEIGHT FT. IN.	WEIGHT LBS.	SEX (CIRCLE) M F	HAIR COLOR	EYE COLOR
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RESIDENCE ADDRESS	MAILING ADDRESS, CITY, STATE, ZIP CODE (IF DIFFERENT FROM RESIDENCE ADDRESS)
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CITY, STATE, ZIP CODE	CLASS OF PREVIOUS LICENSE	HOW LONG HAVE YOU BEEN DRIVING? (YEARS) (MONTHS)
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Do you now have, or have you ever had, an instruction permit, identification card, commercial driver license or driver license from Oregon issued in your name or any other name or other Oregon driver license number? <input type="checkbox"/> YES <input type="checkbox"/> NO	EXPIRATION DATE	LICENSE / ID NUMBER	NAME ON PREVIOUS LICENSE / ID
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Do you now have, or have you ever had, an instruction permit, identification card, commercial driver license or driver license from any other state or country issued in your name or any other name? <input type="checkbox"/> YES <input type="checkbox"/> NO	EXPIRATION DATE	STATE OR COUNTRY	LICENSE NUMBER
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Are you currently or have you ever had your license to drive or right to apply for the privilege suspended, revoked, canceled or refused? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE	STATE	REASON
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You are required to report any mental or physical condition or impairment that affects your ability to drive safely. You are not required to report all your health conditions – only those that affect your ability to drive safely. DMV will use your answers to the following questions only for the purpose of determining your eligibility for an Oregon license. If you have a condition or impairment that makes you unable to safely operate a motor vehicle, you are not eligible for a license until you have provided additional medical information and/or passed DMV tests. **If you answer "Yes" to any one of the questions below, we will not be able to issue you a license at this time.**

- Do you have a vision condition or impairment that **has not been corrected** by glasses, contacts or surgery that affects your ability to drive safely? YES NO
- Do you have any physical or mental conditions or impairments that affect your ability to drive safely? YES* NO
 *If Yes: a) What is the condition or impairment?: _____
 b) Describe how this affects your ability to drive safely: _____
- Do you use alcohol, inhalants, or controlled substances to a degree that affects your ability to drive safely? YES* NO
 *If Yes: a) Describe how your use affects your ability to drive safely: _____

I understand: DMV will cancel or suspend my permit, license or ID if I make any false statement or show false evidence of age, identity, legal presence, Social Security Number, full legal name, and/or residence address on this application. If I am convicted of such act(s), I can be fined and/or sentenced to jail. Disclosure of my Social Security Number is mandatory and may be used for: enforcing child support laws; verifying identity and residency; and by other government agencies who request it from DMV. (ORS 25.785, ORS 807.021, ORS 807.050, OAR 735-062-0005). I certify the vehicle I will use for the license test has insurance coverage meeting the requirements of ORS 806.060. I also certify that I am domiciled in Oregon as required by ORS 807.050 and ORS 807.400.

SIGNATURE OF APPLICANT (FULL LEGAL NAME) X
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For applicants under 18 years of age and their parent or legal guardian: the signatures on this application certify the applicant has complied with the driving experience requirements under ORS 807.065(1)(2) if applying for a class C license. (Check **one** of the following.)

<input type="checkbox"/> 50 hours of supervised driving and completed an ODOT-approved traffic safety education course
<input type="checkbox"/> 100 hours of supervised driving <input type="checkbox"/> Out-of-State license

ORS 807.060 requires the signature of the applicant's mother, father, or legal guardian if an applicant for driving privileges is under 18 years of age. Proof of legal guardianship is required.

SIGNATURE OF BIOLOGICAL OR ADOPTIVE PARENT – OR LEGAL GUARDIAN X
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STOP - DO NOT WRITE IN THE AREA BELOW - FOR DMV OFFICE USE ONLY

OUTSTANDING REQUIREMENTS	DATE RECEIVED	TSR ID	VISION / HEARING		
<input type="checkbox"/> LP, SSN or ADDRESS			VISION: <input type="checkbox"/> OK <input type="checkbox"/> OK W/BIOPTIC HEARING: <input type="checkbox"/> GOOD <input type="checkbox"/> DEAF		
<input type="checkbox"/> REIN. FEE/SR-22			<input type="checkbox"/> OK/WCL LENSES	DATE	TSR ID
<input type="checkbox"/> OTHER:			REFERRED: <input type="checkbox"/> ACUITY <input type="checkbox"/> F.O.V.		

KNOWLEDGE TEST				DRIVE TEST				
DATE STAMP	TEST	SCORE	TSR ID	1	DATE	CLASS	SCORE	TSR ID
DATE STAMP	TEST	SCORE	TSR ID	2	DATE	CLASS	SCORE	TSR ID
DATE STAMP	TEST	SCORE	TSR ID	3	DATE	CLASS	SCORE	TSR ID

DOCUMENTS PRESENTED			DOCUMENTS PRESENTED			DOCUMENTS PRESENTED							
<input type="checkbox"/> PROOF OF SSN / VERIFICATION	<input type="checkbox"/> US BIRTH CERTIFICATE	<input type="checkbox"/> US PASSPORT / CARD	<input type="checkbox"/> FOREIGN PASSPORT & DHS DOCUMENT	<input type="checkbox"/> DHS DOCUMENT	<input type="checkbox"/> OTHER (Specify) _____	<input type="checkbox"/> NSPN	<input type="checkbox"/> PROOF OF SSN / VERIFICATION	<input type="checkbox"/> US BIRTH CERTIFICATE	<input type="checkbox"/> US PASSPORT / CARD	<input type="checkbox"/> FOREIGN PASSPORT & DHS DOCUMENT	<input type="checkbox"/> DHS DOCUMENT	<input type="checkbox"/> OTHER (Specify) _____	<input type="checkbox"/> NSPN
DATE	TSR ID	2nd CHECK	DATE	TSR ID	2nd CHECK	DATE	TSR ID	2nd CHECK					

DATE STAMP	FEE \$	TSR ID
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DRIVE TEST SCORE SHEET

COURSE				DATE			
PLATE / TEMP.				REPRESENTATIVE			

INSURANCE INFORMATION

INSURANCE CO.	EXPIRATION DATE	INSURANCE CO.	EXPIRATION DATE	INSURANCE CO.	EXPIRATION DATE
POLICY NUMBER		POLICY NUMBER		POLICY NUMBER	

	1	2	3		1	2	3
A. Starting				F. Speed			
1. Signal..... 5-10				1. Too fast..... 5-25			
2. Observation - ahead, side, rear..... 5-25				2. Too slow..... 5-25			
B. Stopping				G. School Zones			
1. Too suddenly..... 5-10				1. Too fast..... 5-25			
2. Observation..... 5-20				2. Crosswalks..... 5-10			
3. Unnecessary..... 5-15				H. Attention			
4. On crosswalks - in intersections..... 5-10				1. Intersection, RR, driveway.....10-25			
C. Turning				2. Other traffic..... 5-25			
1. Signal..... 5-10				3. Pedestrians..... 5-25			
2. From wrong lane - one-way, two-way..... 5-25				4. Strays from driving..... 5-25			
3. Into wrong lane - one-way, two-way..... 5-25				5. Reacts slowly in emergency..... 5-25			
4. Swings wide - cuts corner..... 5-20				I. Driving attitude			
5. Speed..... 5-20				1. Depends upon others for safety..... 5-25			
6. Observation - ahead, side, rear..... 5-25				2. Too aggressive - inconsiderate..... 5-25			
D. Lane Use/Change				3. Fails to anticipate..... 5-25			
1. Signal..... 5-10				J. Miscellaneous			
2. Observation - ahead, side, rear..... 5-25				1. Inexperience, improper vehicle control, traffic..... 5-25			
3. Position - right, left, drift..... 5-20				2. Right-of-way..... 5-30			
E. Signs and Signals				3. Too close - following, stopping, side.....10-25			
1. Proceeded through - stopped by examiner.....10-30				4. Backing - parking..... 5-25			
2. Rolled through..... 5-25				5. Passing..... 5-25			
3. Observation..... 5-20				6. Posture..... 5-10			
4. Improper maneuver..... 5-15				7. Freeways..... 5-20			

Grounds For Immediate Failure	TOTAL DEDUCTIONS	1	2	3
<ol style="list-style-type: none"> 1. An accident involving any amount of property damage or personal injury. 2. The applicant refuses to perform any maneuver which is part of the prescribed driving test. 3. Any dangerous action in which: <ol style="list-style-type: none"> a. An accident is prevented by expert driving or action on the part of other drivers. b. The examiner is forced to assist the driver in avoiding an accident physically or orally. c. The applicant drives or backs over curb or sidewalk. d. The applicant creates a serious traffic hazard by stalling or other improper driving behavior. 4. The applicant commits any of the following: <ol style="list-style-type: none"> a. Passes another car which is stopped at a crosswalk, yielding to a pedestrian, or passes a school bus stopped with its red lights flashing. b. Makes or starts to make a turn from the wrong lane under traffic conditions that render such actions dangerous. c. Runs through or has to be stopped from running one red light or one stop sign. 5. Applicant is unable to properly operate vehicle equipment or, after proceeding a short distance on the drive course, it becomes apparent that the applicant is dangerously inexperienced. 	SCORE			